



**PATIENT**

Maze Ritondo Gordan

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

2yr

**WEIGHT**

5.4kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Dr. Kari Lemanski

**HOSPITAL NAME**

Animal Emergency  
Hospital Deland

**REFERRING VET**

Dr. Kari Lemanski

**INVOICE**

14202ag

**DATE**

06/26/2023

**PRESENTING CLINICAL SIGNS**

Patient presenting for lethargy. Patient has been lethargic since Friday, not moving at all since yesterday. Owner states patient missed jump and hit cabinet - appeared ok at the time. Owner states patient is afraid of storms and there has been a child in the home. Ate this AM but owner had to bring food to patient. There is a kitten and baby fox in house with coccidia but no exposure per owner.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated with interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

**Spleen**

The spleen was normal in size and overall contour with mild non-homogenous to subtly micronodular parenchyma. No splenic masses. The spleen measured 0.82 cm in width at the level of the hilus.

**Liver/Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal hepatic vascular volume was present. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild non-organized echogenic sediment. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.24 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of obstruction or foreign material. Minor non-obstructive segmental jejunal ileus was present. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.30 cm width.



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Normal visible colon wall layers were present with apparent formed feces in lumen.

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**Pancreas**

**SPECIES**

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Feline

**Free Abdomen**

**BREED**

No omental masses or overt lymphadenopathy was present.

DSH

Scant perisplenic free fluid was present.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

FS

- Normal splenic size exhibiting subtly micronodular parenchyma, scant perisplenic free fluid.
- Normal bilateral renal size exhibiting non-specific renal medullary rim sign.
- Normal liver/urinary bladder.
- Gallbladder debris (non-mucocele).
- Unremarkable GI tract with minor segmental jejunal ileus-no evidence of obstructive pattern/foreign material.

**AGE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

The splenic presentation was non-specific and may indicate incidental benign nodular hyperplasia, hematopoiesis or splenitis. Early infiltrative neoplasia (lymphoma, sarcoma, mast cell neoplasia) cannot entirely be ruled out.

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**INTERPRETED BY**

Assuming normal clotting status with Benadryl premed and using a 25g needle, a splenic FNA for screening cytology is warranted for further assessment. Otherwise, sonographic monitoring of the spleen with initial recheck in 3-4 weeks would be a more conservative approach.

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Aside from the spleen, a non-specific abdomen without evidence of additional visceral pathology. A full urinary workup including UA, C/S and baseline UPC level if evidence of proteinuria is suggested. As needed GI support is recommended.

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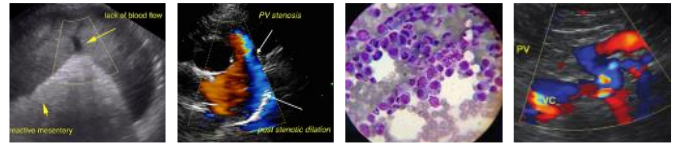
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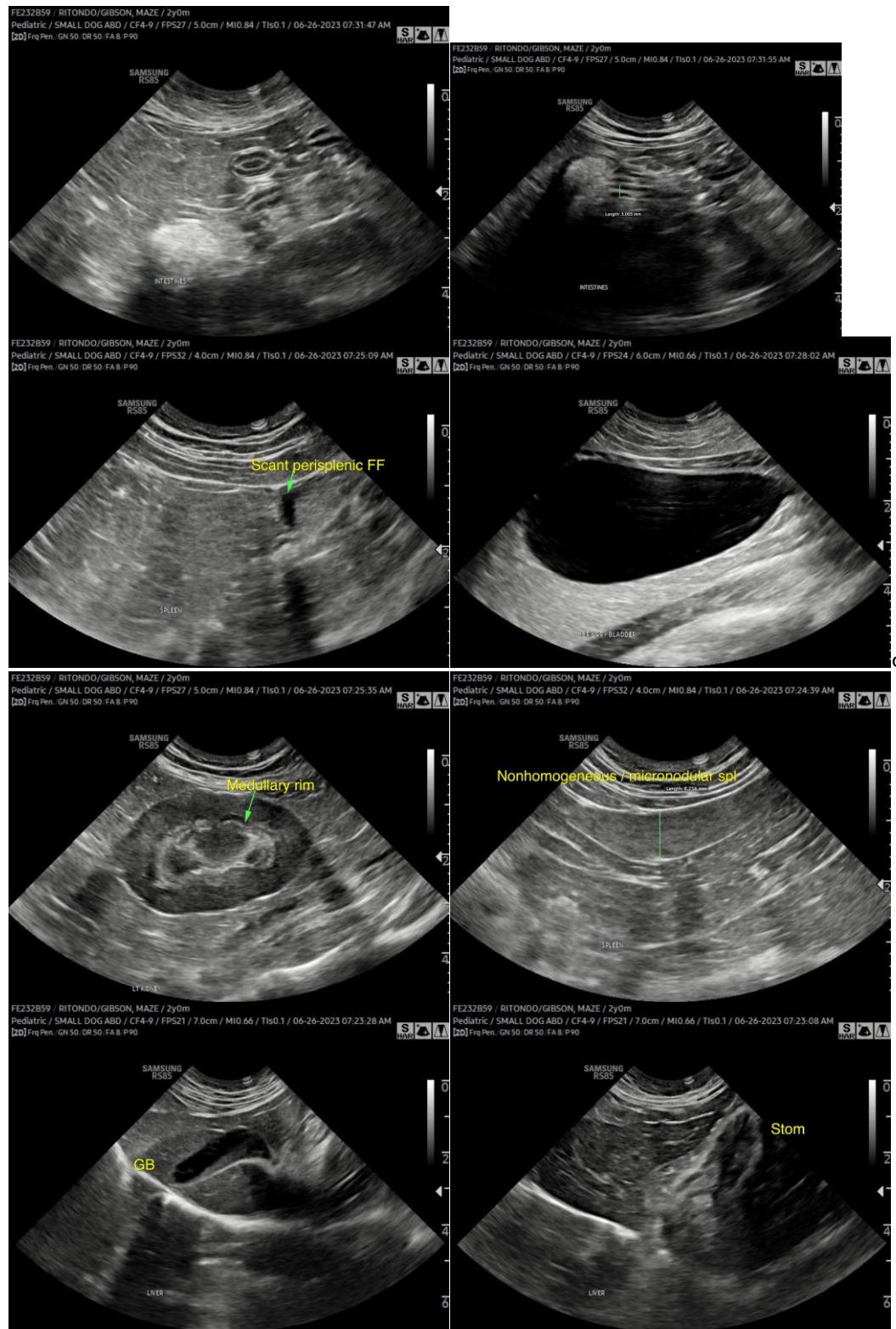
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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visible in the image/video clips provided.

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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