



**PATIENT**

Penelope Wershing

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

9 y

**WEIGHT**

8.5 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDMS

**HOSPITAL NAME**

Chase Veterinary Clinic

**REFERRING VET**

Hallie Lipinski, DVM

**INVOICE**

17427

**DATE**

7/27/23

**PRESENTING CLINICAL SIGNS**

Presented for hyporexia, vomiting, dental disease. Lymphocytes 6.8, ALT 481, AST 246, ALP 479. Radiographs - ingesta in stomach, no evidence of obstruction; rest WNL.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were 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 minor bilateral pyelectasia. The left kidney measured 3.6 cm in length. The right kidney measured 3.8 cm in length.

**Adrenal Glands**

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width and the right adrenal gland measured 0.30 cm width.

**Spleen**

The spleen was mildly enlarged yet maintained symmetrical capsule contour with mild medial folding of the caudal spleen present. The spleen maintained a finely textured and homogeneous parenchyma. The spleen measured 1.2 cm width at the level of the mid spleen.

**Liver/ Gallbladder**

The liver exhibited subjective borderline to mild enlargement yet primarily maintained a symmetrical capsule contour and normal hepatic parenchyma echogenicity exhibiting a mild coarse echotexture. Subtle increased to indistinct prominence of the portal vascular borders was noted. Within the ventral caudal liver, a mildly expansive, well-demarcated, subtle nonhomogeneous intraparenchymal nodule was present measuring 1.4 cm in diameter. The gallbladder was non-distended in size with normal gallbladder wall containing anechoic content with mild lumen mineral to small cholelith measuring 0.31 cm in diameter. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact normal visualized wall layering. The stomach contained a moderate amount of variably hyperechoic to progressively shadowing ingesta. There was no evidence of mechanical pyloric outflow obstruction. The gastric body wall width measured 0.25 cm.



**PATIENT**

Penelope Wershing

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 ileus, obstruction, or foreign material. The duodenum wall measured 0.24 cm width. The jejunum wall measured 0.25 cm width.

**SPECIES**

Feline

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

***Pancreas***

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**BREED**

DSH

***Free Abdomen***

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

**SEX**

FS

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

9 y

- Hepatopathy with nonspecific ventrocaudal intraparenchymal nodule, suspect inflammatory hepatopathy i.e., cholangiohepatitis with solitary nodular hyperplasia, adenoma, or similar, hepatic neoplastic criteria is thought less likely
- Mild gallbladder mineral / small cholelith
- Splenomegaly with folding - hyperplasia, hematopoiesis, incidental splenitis, early infiltrative round cell neoplasia, sedation, if clinically applicable, possible
- Moderate progressively shadowing gastric ingesta - post prandial presentation, retained food, potential for intermixed hairball density
- Sonographically unremarkable small bowel
- Mild heterogeneous pancreas - possible low-grade / chronic pancreatitis
- Minor bilateral renal pyelectasia - may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable).

**WEIGHT**

8.5 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDMS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Chase Veterinary Clinic

Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

Assuming normal clotting status and using a 25-gauge needle, screening hepatosplenic FNA cytology is warranted for further clarification.

**REFERRING VET**

Hallie Lipinski, DVM

Documented 12/hour fast with as-needed gastrointestinal support and radiographic or sonographic reassessment of the stomach for evidence of persistent retained ingesta is recommended. Triad Disease with potential nonstructural enteropathy could be a potential consideration in this patient. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

**INVOICE**

17427

**DATE**

7/27/23



**PATIENT**

Penelope Wershing

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

9 y

**WEIGHT**

8.5 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDMS

**HOSPITAL NAME**

Chase Veterinary Clinic

**REFERRING VET**

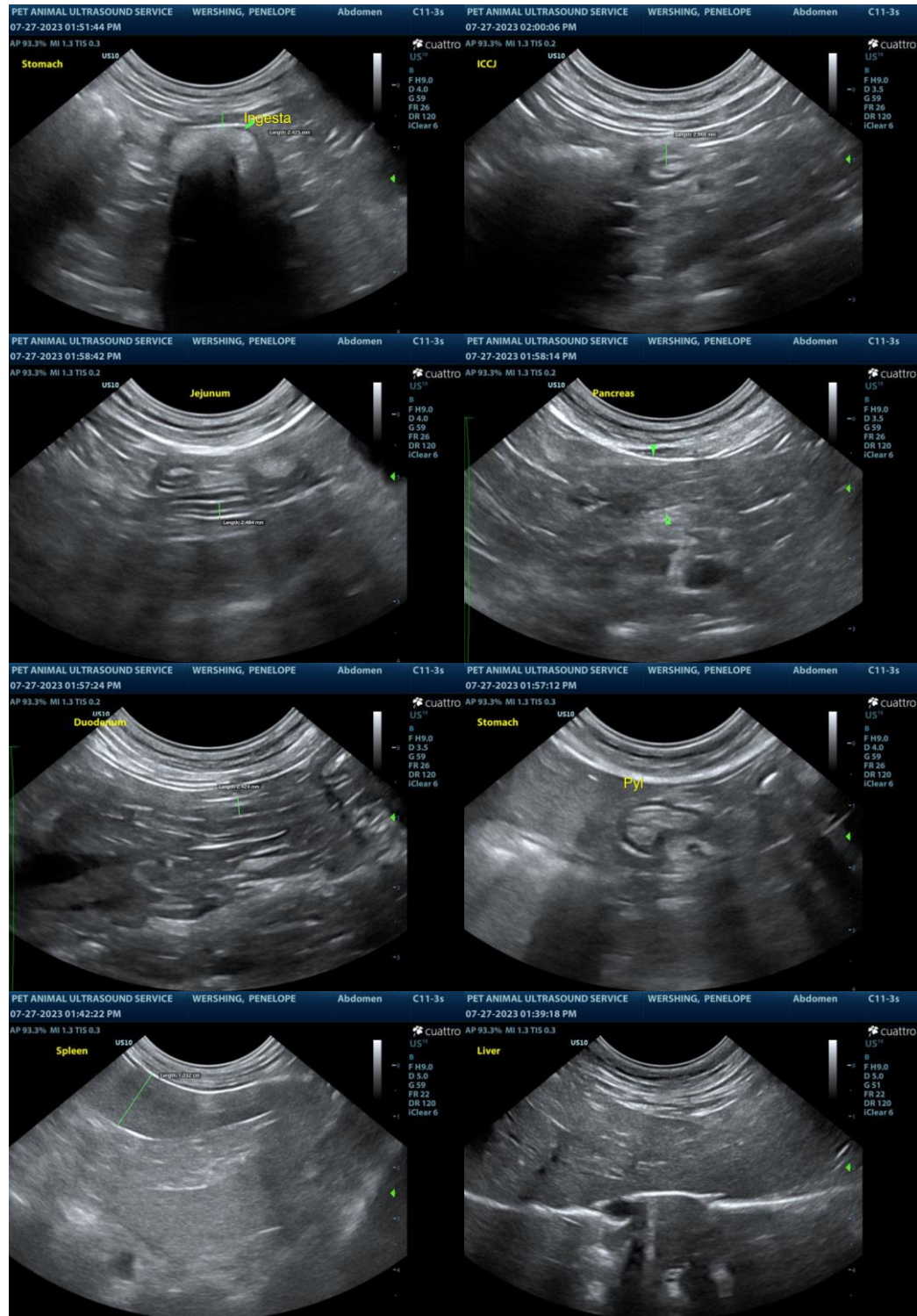
Hallie Lipinski, DVM

**INVOICE**

17427

**DATE**

7/27/23





**PATIENT**

Penelope Wershing

**SPECIES**

Feline

**BREED**

DSH

**SEX**

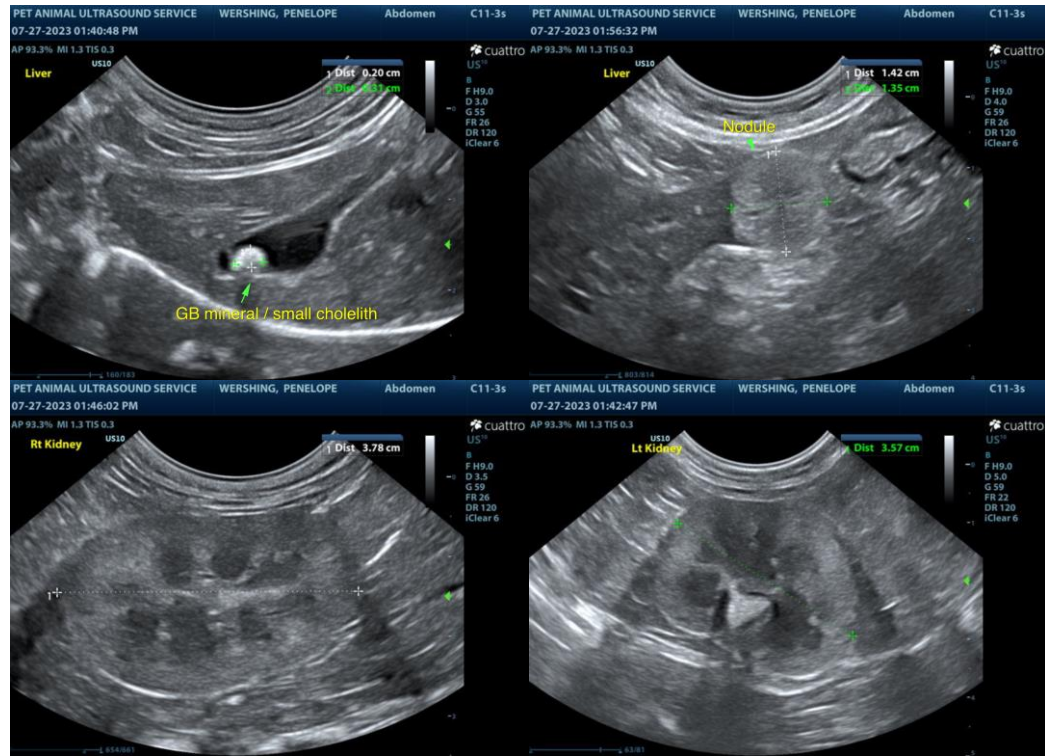
FS

**AGE**

9 y

**WEIGHT**

8.5 lbs.



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Chase Veterinary Clinic

**REFERRING VET**

Hallie Lipinski, DVM

**INVOICE**

17427

**DATE**

7/27/23

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 visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)  
 info@SonoPath.com