



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Egypt Scott	Reason for Visit: Sneezing, loss of appetite, lethargy History: 9 y/o nm dsh presents for sneezing, loss of appetite, and lethargy. P has been sneezing for two weeks, has not seen any discharge from the nose. O says that his appetite is less than what it normally is, is also more lethargic. O states she saw a lump on his side (unsure which side). Also says that P is sensitive around his stomach, does not like it touched. Cat is laying on his side which is unusual for cat.
<b>SPECIES</b>	
Feline	
<b>BREED</b>	Abnormal PE/Chem/CBC/UA Results: Hydration: Appears normal. Mentation: BAR.
DSH	Eyes/Ears/Nose/Throat: NAD to inner pinnae or external ear openings. NAD to eyes or surrounding structures. No nasal discharge. Oral Cavity: Moderate to severe tartar and mild to moderate gingivitis. Lymph Nodes: NAD on peripheral lymph nodes. Skin: Full, healthy haircoat. Repeatable mild to moderate thyroid slip. Cardiovascular/Respiratory: Normal on auscultation. Abdomen/GI: Normal on palpation. Urogenital/Perineum: NAD. Musculoskeletal: BCS 7/9. Pet able to ambulate on all four legs but preferred to lay on side - client reports this is really unusual for cat. Testing Performed: Senior feline panel and UA Results: CBC: unremarkable; Chem: unremarkable; UA: pH: 7.5; Urine protein: 2+ Egypt's appetite is doing a little better. He is still hiding under the table.
<b>SEX</b>	
Neutered Male	
<b>AGE</b>	
9 Years	
<b>WEIGHT</b>	
18.1 Pounds	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Urinary System</b>
	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild non-dependent particulate sediment noted. No evidence of calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.
	The area of the aortic trifurcation was free of pathology.
<b>IMAGING PERFORMED BY</b>	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 no evidence of pelvic dilation. The left kidney measured 4.2 cm. The right kidney measured 4.5 cm.
Michaleen	<b>Adrenal Glands</b>
<b>HOSPITAL NAME</b>	The left adrenal gland was indistinctly visualized, overtly normal in size, position and shape, subjectively measuring 0.44 cm in width. No overt pathology in the area of the right adrenal gland.
DPC Vet Hospital	<b>Spleen</b>
<b>REFERRING VET</b>	The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.
Dr. Danley	<b>Liver</b>
<b>INVOICE</b>	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. The hepatic and portal vasculature were normal
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<b>DATE</b>	
7/29/23	



**PATIENT**

in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Egypt Scott

**Gastrointestinal**

**SPECIES**

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.

Feline

**BREED**

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.

DSH

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

**SEX**

**Pancreas**

Neutered Male

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.

**AGE**

**Free Abdomen**

9 Years

No omental masses, lymphadenopathy, or peritoneal effusion.

**WEIGHT**

**ULTRASONOGRAPHIC FINDINGS**

18.1 Pounds

- Sonographically unremarkable abdomen with mild urinary bladder sediment

**INTERPRETED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

No sonographic evidence of significant visceral pathology. An obvious cause of the patient's clinical signs was not definitive. The urinary bladder sediment is non-specific and may indicate cellular debris/protein, crystalline debris, lipid, or mucus. Correlation with recheck urinalysis to assess for evidence of persistent proteinuria +/- screening culture and sensitivity if evidence of inflammatory sediment, or baseline UPC if persistent proteinuria, could be considered.

**IMAGING PERFORMED BY**

Michaleen

**HOSPITAL NAME**

DPC Vet Hospital

**REFERRING VET**

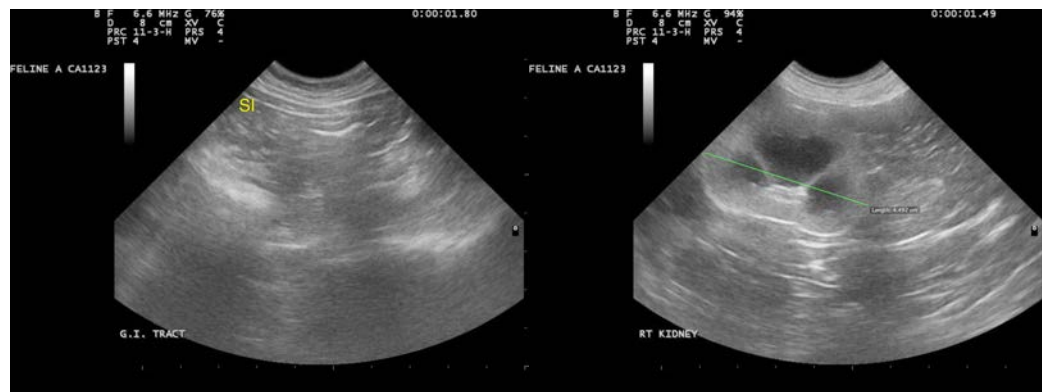
Dr. Danley

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**PATIENT**

Egypt Scott

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

18.1 Pounds

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**IMAGING PERFORMED BY**

Michaleen

**HOSPITAL NAME**

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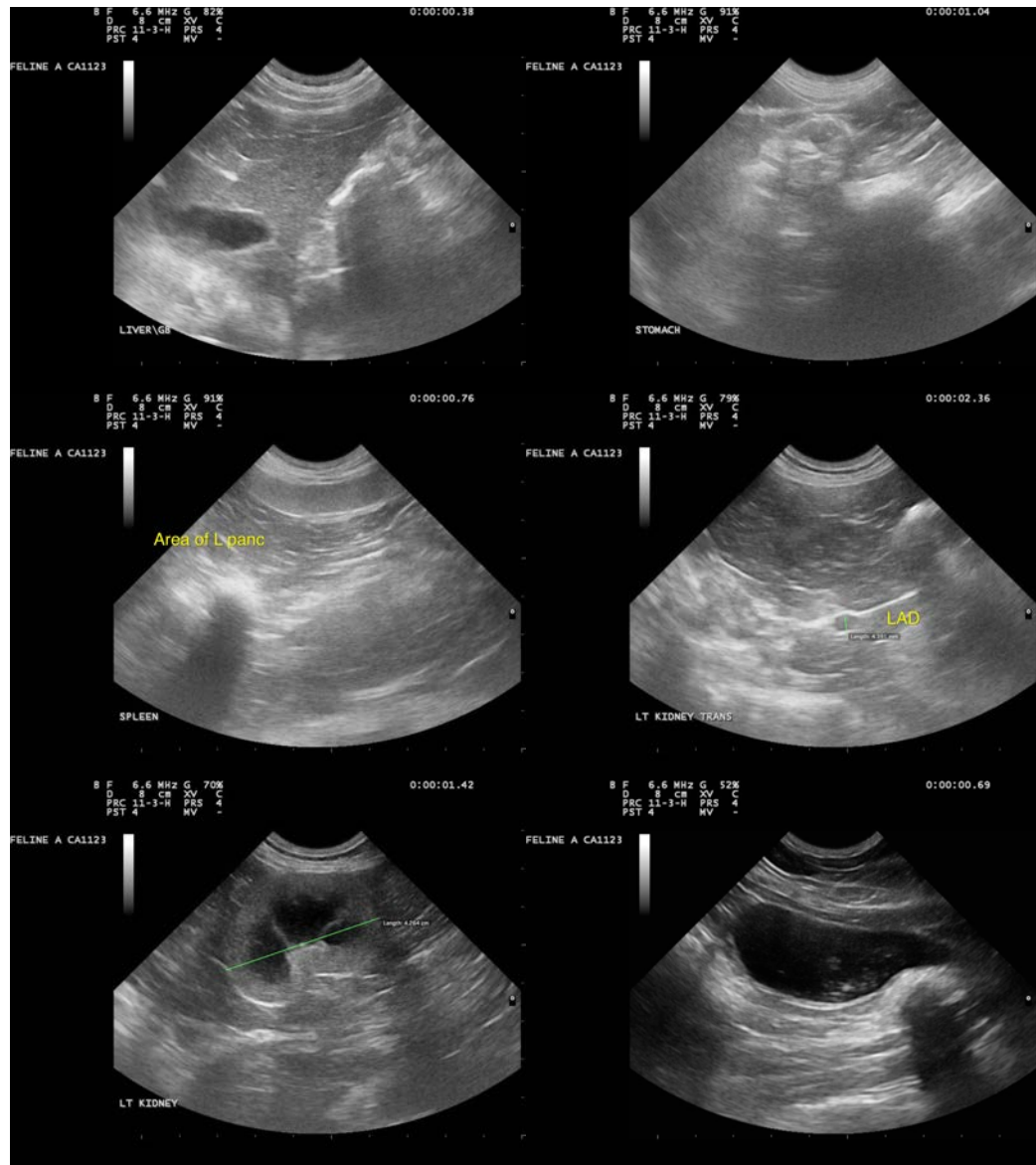
Dr. Danley

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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 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)**

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