



**PATIENT PRESENTING CLINICAL SIGNS**

Romeo Fabiani History: Vomiting, violent retching  
 Medication: Pepcid

**SPECIES** CBC - Hct 36.3, WBC 15.4 w/monocytosis. Chem - CK 479, otherwise unremarkable. UA - USG 1.052, 2+ protein.  
 Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Domestic Shorthair 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 was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

**SEX**

Neutered Male

The area of the aortic trifurcation was free of pathology.

**AGE**

9 years

Both kidneys were mildly prominent in size with normal margination. Uniform increased cortex echogenicity was noted with mildly enhanced corticomedullary border demarcation. No evidence of pyelectasia or overt pyelonephritis. The right kidney measured 4.8 cm. The left kidney measured 4.5 cm.

**WEIGHT**

16.2 Pounds

*Adrenal Glands*

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm in width. The left adrenal gland measured 0.34 cm in width.

**INTERPRETED BY**

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

*Spleen*

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.84 cm in width.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

*Liver*

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 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.

**HOSPITAL NAME**

Stanglein VC

**REFERRING VET**

Dr. Dinello

*Gastrointestinal*

The stomach exhibited mild to moderate gas distention, primarily in the fundus and gastric body. Mild retained, non-shadowing, non-obstructive ingesta and chyme were present in the pylorus. Pylorus wall measured 0.21 cm.

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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. Duodenum wall measured 0.25 cm. Jejunum wall measured 0.30 cm.

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



**PATIENT** *Pancreas*

Romeo Fabiani The pancreas base exhibited mild prominent size with symmetrical contour and subtle hypoechoic to heterogeneous parenchyma compared to adjacent omentum.

**SPECIES** *Free Abdomen*

Feline Several enlarged mid abdominal mesenteric lymph nodes were present. Example measured 1.5 cm x 0.68 cm. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

**BREED**

Domestic Shorthair No effusion.

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Neutered Male
- Mild particulate urinary bladder sediment
  - Non-specific increased renal cortex echogenicity – patient variant, potential for mild non-specific nephritis.
  - Mild gastric gas distention with minor retained, non-obstructive pyloric ingesta/chyme
  - Intermittent, mildly prominent to hypoechoic mesenteric lymph nodes – suspect minor lymphadenitis.
  - Mildly prominent to hypoechoic pancreas base – potential for low-grade to chronic active pancreatitis.

**AGE**

9 years

**WEIGHT**

16.2 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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Potential for low-grade to chronic active pancreatitis would be suspected if there is evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with spec fPL may be considered.

**IMAGING PERFORMED BY**

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ARDMS/RVT

The suspected minor mesenteric lymphadenitis may be owing to inflammatory bowel episode if the vomiting in this patient is relatively acute. Concurrent mild metabolic gastric stasis suspected without evidence of gastrointestinal foreign material or mechanical obstruction.

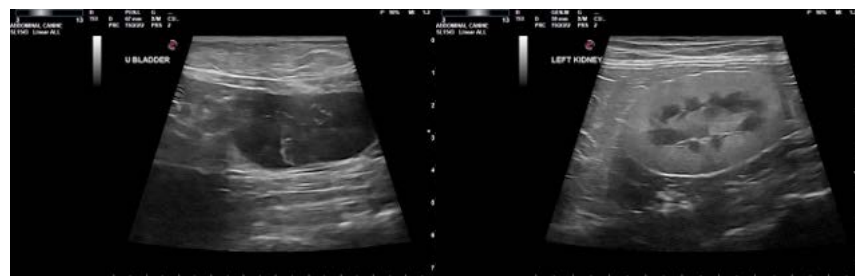
Given no evidence of thoracic or esophageal pathology on radiographs, supportive care should prove beneficial in this case. Zithromax/Metronidazole combination (given the potential for lymphadenitis) and hydrolyzed diet trial over time may prove beneficial.

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**PATIENT**

Romeo Fabiani

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered Male

**AGE**

9 years

**WEIGHT**

16.2 Pounds

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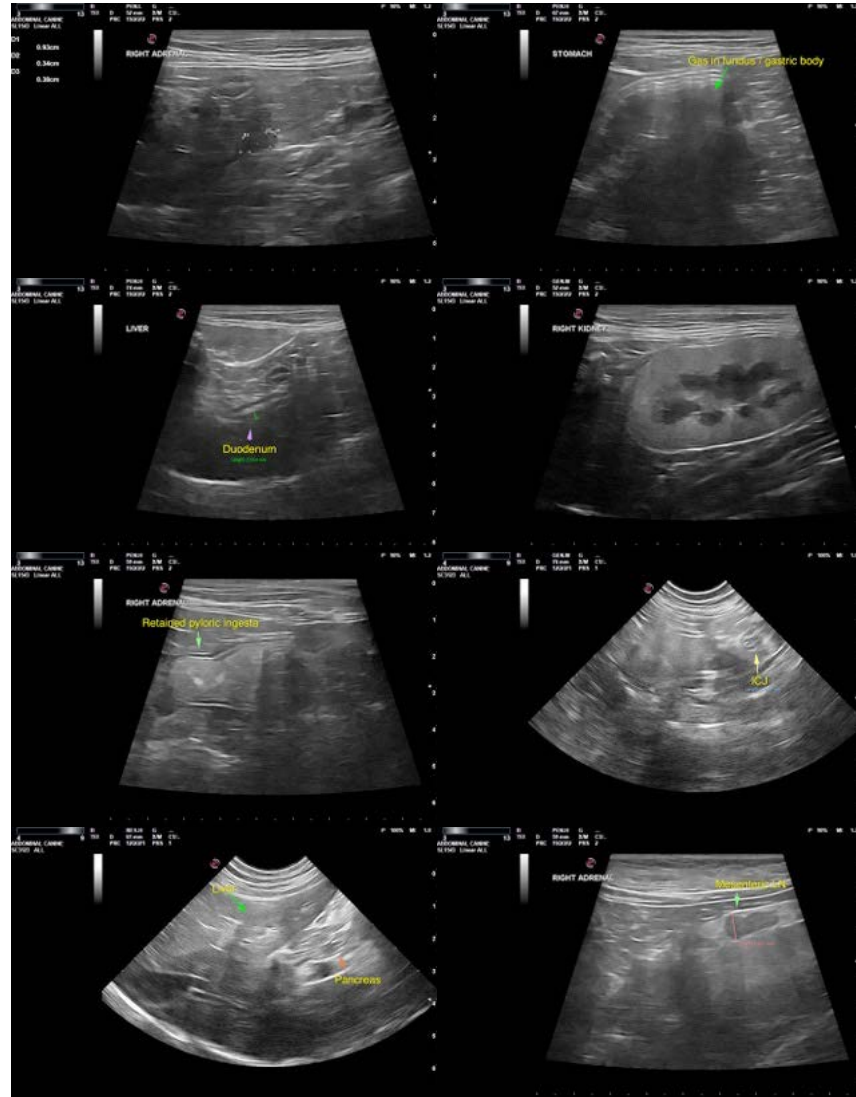
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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