



**PATIENT**

Cally Lampson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

7 years

**WEIGHT**

8.13 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

South Willamette VC

**REFERRING VET**

Dr. Olson

**INVOICE**

14594

**DATE**

8/12/22

**PRESENTING CLINICAL SIGNS**

Pt presented with several weeks of inappetence and decreased water intake despite treatment for constipation and UTI, did not respond to Cerenia. Today she is severely dehydrated, slightly thin, and appears painful in the abdomen. Vitals 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 no evidence of pelvic dilation. The left kidney measured 4.0 cm in length. The right kidney measured 3.9 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were mildly prominent in size exhibiting symmetrical capsule contour and homogeneous parenchyma. The left adrenal gland measured 0.58 width and the right adrenal gland measured 0.61 width.

**Spleen**

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. The spleen measured 0.79 cm 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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild echogenic gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.



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***Gastrointestinal***

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The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate, variably echogenic, primarily nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. No evidence of mechanical pyloric outflow obstruction was evident. The gastric body wall width measured 0.25 cm.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild nonshadowing chyme was present. The duodenum wall measured 0.22 cm width. The jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.31 cm width.

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Normal visible colon wall layers were present containing formed to shadowing fecal matter with no overt evidence of colonic distention.

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***Pancreas***

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 were evident.

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***Free Abdomen***

Intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 1.6 cm x 0.78 cm. No omental masses or evidence of peritoneal free fluid were noted.

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**ULTRASONOGRAPHIC FINDINGS**

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Sara Hansen

- Overtly normal gastrointestinal tract with moderate gastric and minor segmental intestinal ingesta / chyme
- Subjective mildly prominent bilateral adrenal glands - nonspecific, likely patient variant or stress hyperplasia, no overt evidence of adrenal neoplastic criteria
- Sonographically unremarkable bilateral kidneys
- Intermittent nonspecific yet subjectively benign / reactive mesenteric lymph nodes
- Sonographically unremarkable urinary bladder

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Overall, no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs.

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The presence of gastric and segmental intestinal ingesta/chyme is nonspecific with potential for possible post-prandial presentation. However, given the patient's history of inappetence, some degree of gastric or gastrointestinal hypomotility could be considered.



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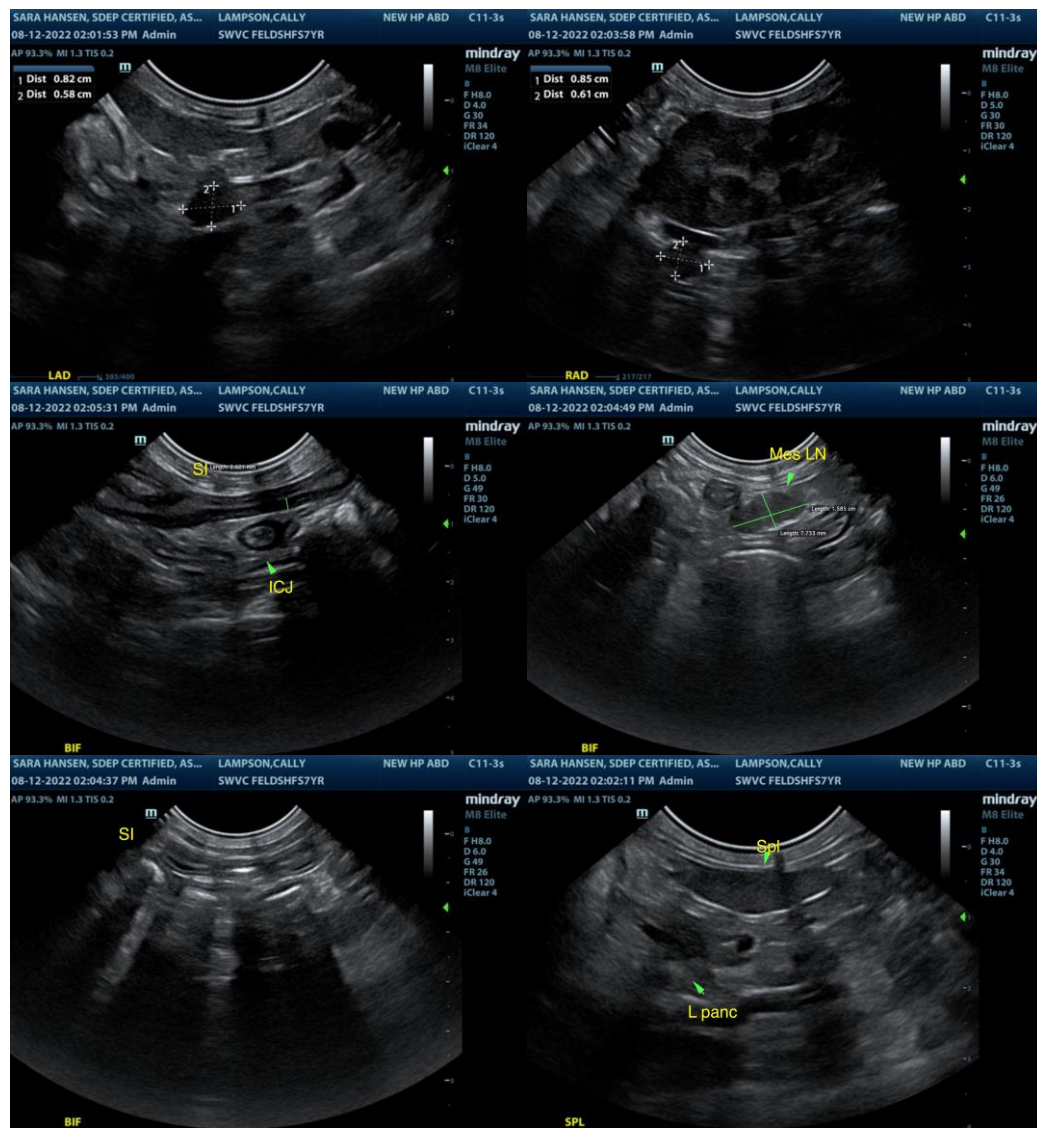
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Mild subjective benign /reactive mesenteric lymphadenopathy, which may indicate lymphatic hyperplasia or minor reactive lymphadenitis secondary to structurally insignificant gastrointestinal disease, and/or low-grade to chronic pancreatitis, both of which may present sonographically normal, may be considered.

Further assessment may include A GI panel to include PLI/TLI/Cobalamin/Folate. Given the reported dehydration, hospitalization with 48-72 hour IV fluid and GI supportive protocol may prove beneficial.





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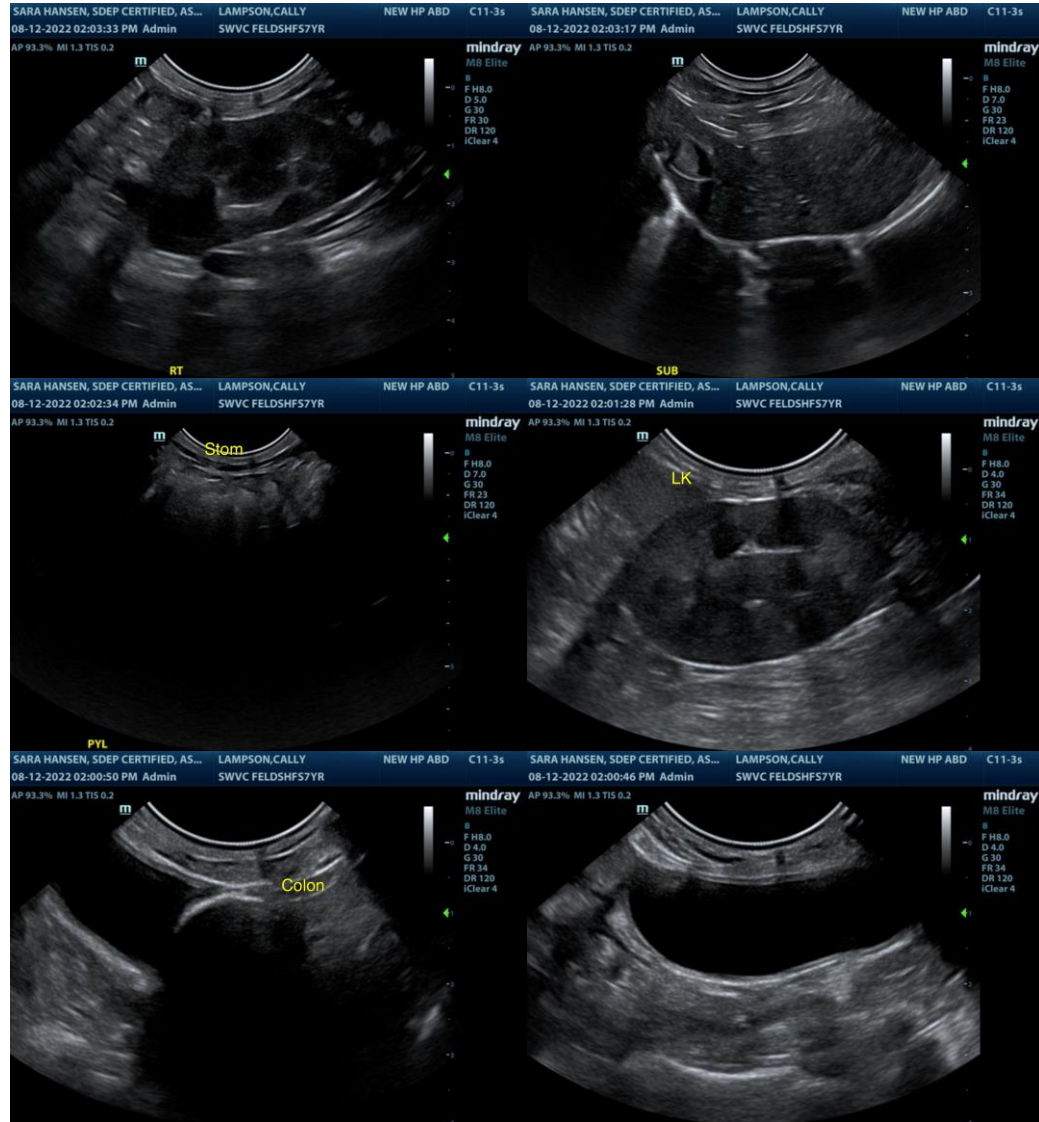
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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