



**PATIENT**

Luna Brehm

**PRESENTING CLINICAL SIGNS**

Eating very little for 3-5 days and very inactive.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: glucose mildly elevate 8/12 w/ some glucosuria, glucose normal today, remainder of chemistry normal, cbc normal, urine culture pending. UA: mild glucosuria 8/12 SG: >1.050

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DSH

**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 mild dependent to non-dependent sediment to micromineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**SEX**

FS

Two distinct kidneys were present in the left abdomen/retroperitoneal space both exhibiting normal size and margination. A normal 1:3 cortex / medulla ratio and mild loss of corticomedullary definition was present in both left kidneys. No evidence of pyelectasia was present. One kidney measured 4.3 cm; the other kidney measured 4.7 cm in length.

**AGE**

7yr

Concurrent discernable right kidney was present in the right abdomen/retroperitoneal space exhibiting similar appearance measuring 4.6 cm in length.

**WEIGHT**

20.31lb

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Jessica Miller

**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 vascular volume. 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.

**HOSPITAL NAME**

AH of Sussex County

**REFERRING VET**

Dr Schott

**INVOICE**

14611ag

**Gastrointestinal**

**DATE**

08/14/2023



**PATIENT**

Luna Brehm

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-homogenous ingesta and lumen gas with no signs of ileus, obstruction or foreign material.

**SPECIES**

Feline

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained minor segmental non-shadowing echogenic ingesta/chyme with no signs of ileus, obstruction or foreign material.

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

**BREED**

***Pancreas***

DSH

The pancreas was normal in size with minor capsule asymmetry and mildly non-homogenous hypoechoic parenchyma compared to the adjacent omental fat. Subtle evidence of left limb pancreatic duct dilation was present.

**SEX**

***Free Abdomen***

FS

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**AGE**

7yr

Subjective increased amount of intra-abdominal fat.

**ULTRASONOGRAPHIC FINDINGS**

- Mild urinary bladder sediment/micromineral.
- Supernumerary/ectopic kidney left abdomen/retroperitoneal space, generalized mild chronic renal changes.
- Overtly normal stomach containing mild ingesta/gas.
- Sonographically unremarkable small bowel.
- Possible mild chronic pancreatitis.
- Mild gallbladder sediment.

**WEIGHT**

20.31lb

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The supernumerary/ectopic left kidney is likely incidental and a rare yet sometimes seen anomaly in cats. Correlation with pending urine C/S is recommended. Baseline UPC level may be considered if evidence of proteinuria or non-inflammatory bladder sediment.

**IMAGING PERFORMED BY**

Jessica Miller

Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may allude to low grade chronic pancreatitis is recommended.

**HOSPITAL NAME**

AH of Sussex County

Potential for small non-obstructive hairball density or similar in the stomach cannot be excluded assuming documented NPO. Radiographic/sonographic monitoring for evidence of gastric emptying following documented 12 hour fast may be considered with as needed hairball therapy. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for non-structural intestinal disease and correlation with the pancreatic presentation.

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**WEIGHT**

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**IMAGING PERFORMED BY**

Jessica Miller

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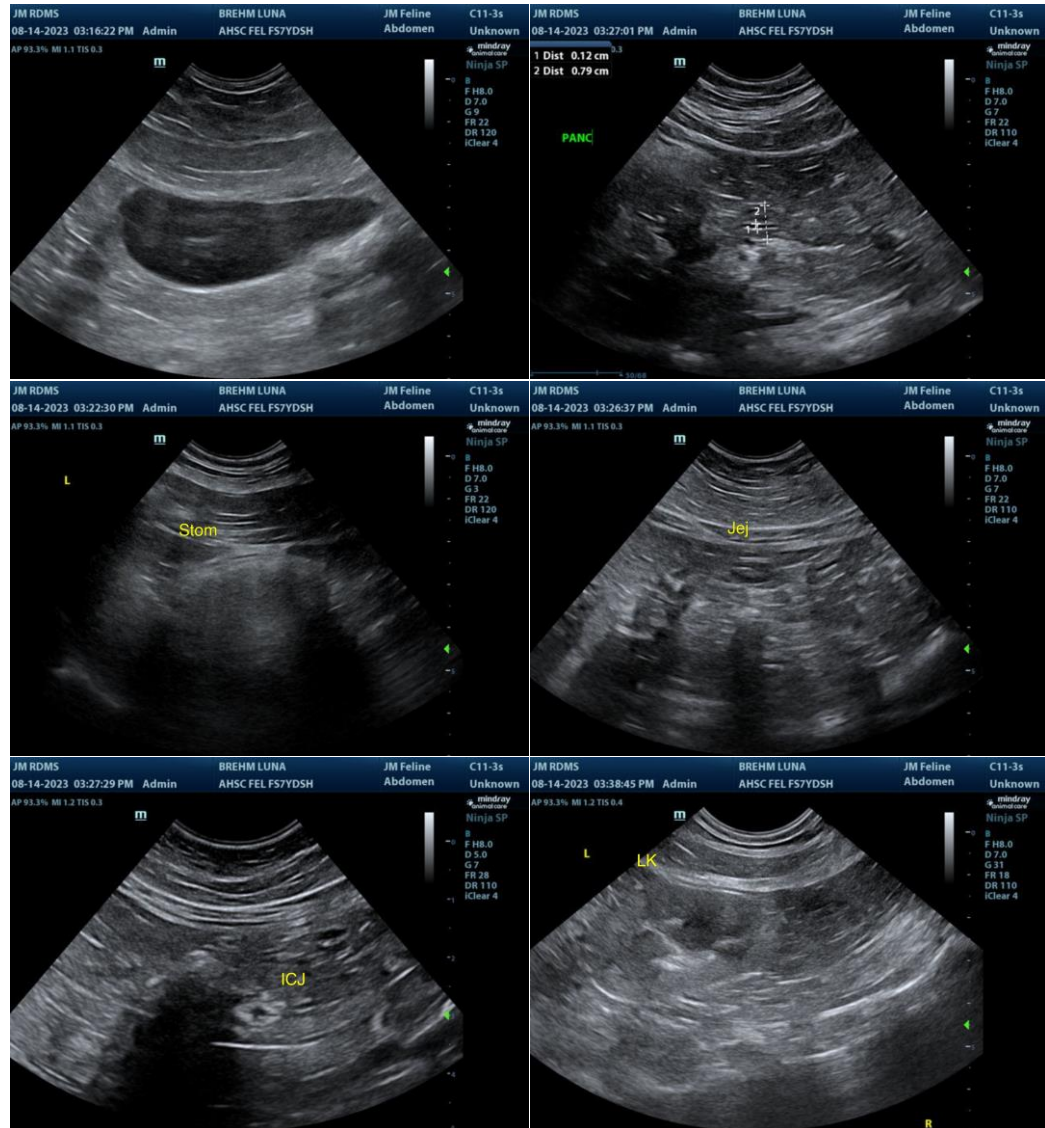
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**SEX**

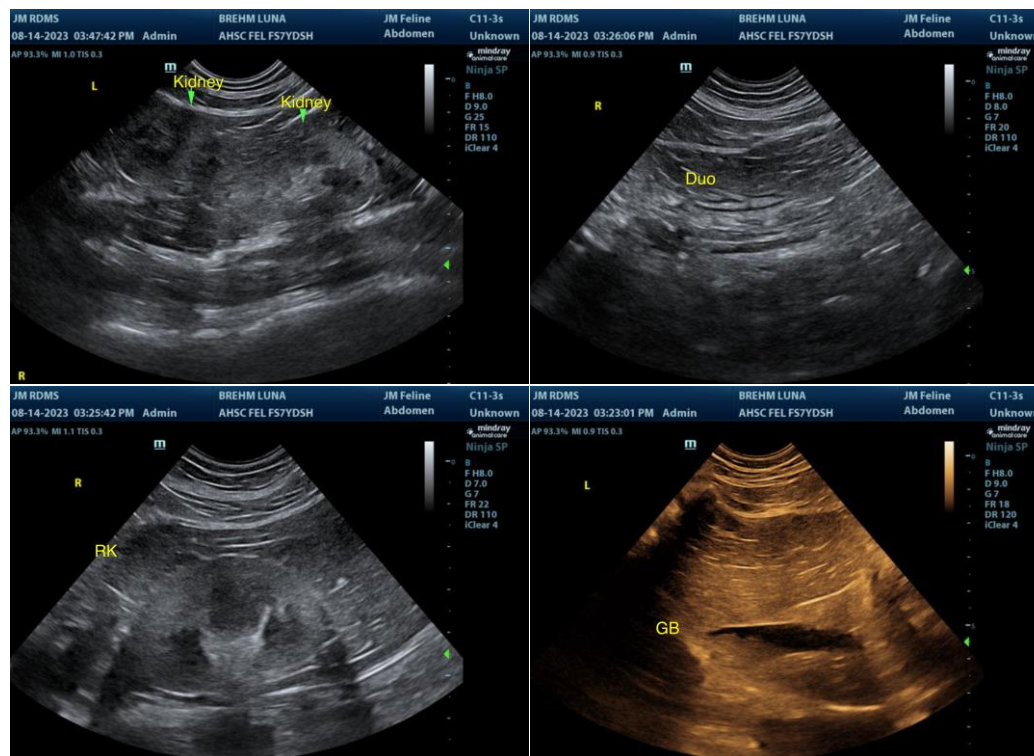
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**AGE**

7yr

**WEIGHT**

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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](mailto:info@sonopath.com)