



**PATIENT**

Catmando Richard

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

11.6

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Nicole Gotfredson,  
CVT

**HOSPITAL NAME**

Red Hills Vet Hospital

**REFERRING VET**

Dr. Sowerwine

**INVOICE**

24771

**DATE**

8/18/21

**PRESENTING CLINICAL SIGNS**

ZS: 08-12-21 at 11:32a: E/D normal, no d/v/c. s for about 5 days, starting to have discharge from both eyes and from his nose, o says he is current on vaccines from CO Upper respiratory infection, has moved to two litters of kittens-- suspect viral as well as bacterial. Tested kittens for Distemper/FeLV/FIV and kittens tested negative. AB: 08-12-21 at 4:36p: clavamox oral TGH 8/17/21Lethargic, skin tent CBC: mild neutrophilia chemistry; elevated TP/globulins Radiographs; moderate gas distension within the small intestine. Radio-opaque substance in GI tract, suspect pylorus, radiopaque within the left renal pelvis Unable to rule out obstruction (foreign body) vs bacterial overload vs GI upset. Heartworm/FeLV/FIV less likely as tested negative. Patient clinically lethargic with severe dehydration. All upper respiratory signs have resolved. AB: 08-17-21 at 7:24p: fluid bolus; 100 ml IV catheter IV cerenia held food and recheck rads in AM discussed explore vs ultrasound in AM if not improved on radiographs AB: 08-17-21 at 7:25p:

**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 were noted.

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 3.8 cm. The right kidney measured 3.9 cm. Non-obstructive pelvic and lateral diverticular mineralization noted in the left kidney with pinpoint to focal right kidney pelvic mineralization. No evidence of left or right kidney pyelectasia.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm in width. The right adrenal gland was not definitively visualized.

**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 1.0 cm in width.

**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.

**Gastrointestinal**

The stomach exhibited unremarkable wall layering in the area of the fundus and gastric body. Subjective intact yet mildly prominent pyloric wall layering was present with minor retained pyloric fluid. No overt evidence of pyloric foreign body or mechanical pyloric outflow obstruction. The gastric fundus and body



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were empty without evidence of fundus or gastric body retained fluid, ingesta or foreign material. Pylorus wall measured 0.40 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. Jejunum wall measured 0.21 cm.

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

## BREED

DSH

### **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 was evident.

## SEX

Neutered Male

### **Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

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## ULTRASONOGRAPHIC FINDINGS

- Minor retained pyloric fluid, suspect mild gastritis
- Sonographically unremarkable small bowel
- Non-obstructive left kidney medullary mineral/renolithiasis with minor to pinpoint right kidney mineral

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## INTERPRETED BY

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No overt evidence of gastrointestinal foreign material or mechanical obstruction. Continued empirical therapy for gastritis with correction of dehydration should prove beneficial. If clinical concern for non-visualized radiopaque opacity on radiographs, continued radiographic monitoring would be appropriate. Potential for low-grade pancreatic inflammation, which may present sonographically normal, cannot be definitively excluded.

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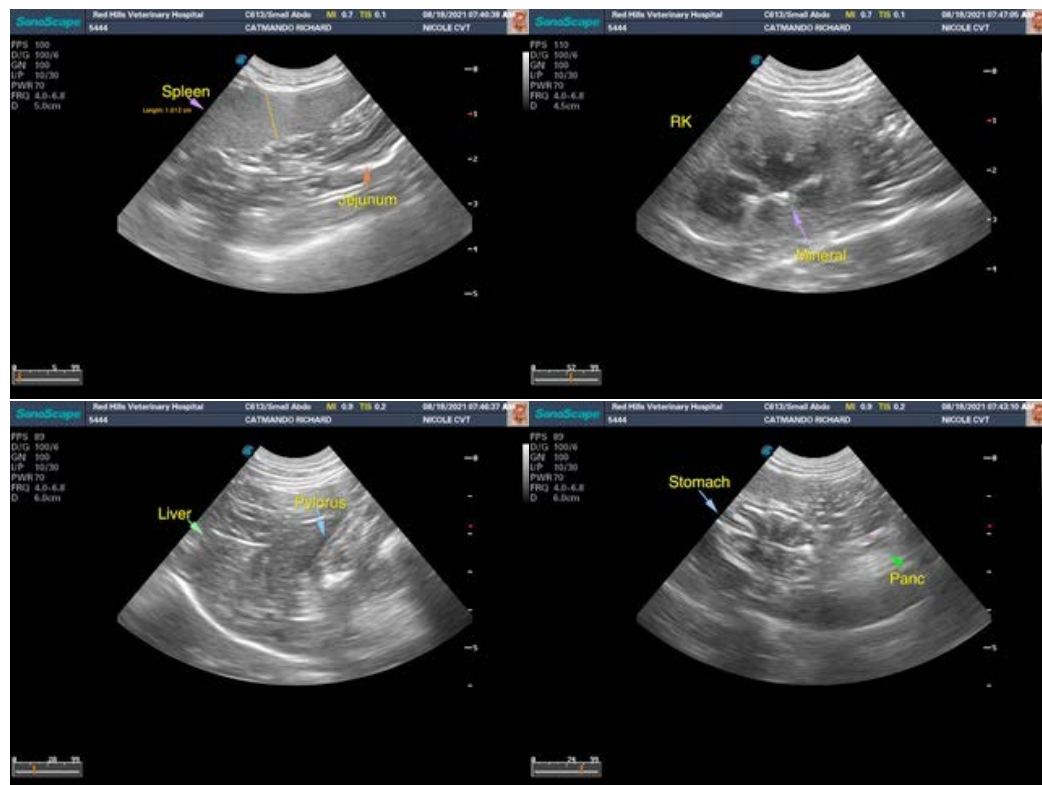
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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