



**PATIENT**

Luna Cayton

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

5

**WEIGHT**

10.76 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Saum Hadi

**HOSPITAL NAME**

Bethany Family Pet  
Clinic

**REFERRING VET**

Dr. Kiera Hanrahan

**INVOICE**

14474

**DATE**

8/2/22

**PRESENTING CLINICAL SIGNS**

Lethargic x 2 days per o. Vomited a few times over the last 2 days. Decreased appetite in normally food motivated cat. decreased drinking as well going to litter box much more frequent with minimal to no fecal production and urination. small spongy stools noted outside of litter box over last few days \*\*Hx of feline bartonella positive in 2020- cleared after antibiotic therapy in 2021 \*\*Hx of chronic ear infections resistant to antibiotic therapy requiring multiple months of treatment with baytril, etc \*\*Hx of cutaneous lymphoma that spontaneously regressed after punch biopsy was obtained  
Abnormal PE/Chem/CBC/UA Results: MULTIFOCAL ERYTHEMIC PATCHES ALONG MEDIAL THIGHS AND CRANIAL VENTRAL ABDOMEN MULTIFOCAL ERYTHEMA ALONG MIDLINE VENTRAL ABDOMEN JUST CAUDAL TO STERNUM, BILATERAL MEDIAL THIGHS X 1 MONTH VOMITED A FEW TIMES OVER LAST TWO DAYS. DECREASED APPETITE. SLIGHTLY TENSE ON ABDOMINAL PALPATION. SLIGHTLY SPONGY STOOLS THAT ARE SMALLER AND OUTSIDE OF LITTER BOX INCREASED FREQUENCY IN LITTER BOX WITH LITTLE TO NO PRODUCTION OF FECAL OR URINATION. DECREASED DRINKING DIFFICULT ABDOMINAL PALPATION DUE TO OBESITY- SLIGHTLY TENSE ON ABDOMINAL PALPATION

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was normal in size and tone with mild uniformly thickened ventral urinary bladder wall exhibiting homogeneous mural echogenicity and without evidence of mural mineralization was present. The area of ventral urinary bladder thickening measured approximately 3.0 cm length with wall width measuring 0.44 cm. Anechoic urine was present with no sediment or calculi. The urethra was normal to a depth of 2.0 cm.

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 3.6 cm in length. The right kidney measured 4.1 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. No overt pathology was noted in the area of the right adrenal gland.

**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.



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***Liver/ Gallbladder***

Luna Cayton

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.

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***Gastrointestinal***

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no evidence of retained ingesta, fluid, or foreign material. The gastric body wall width measured 0.24 cm.

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The small intestine exhibited intact yet subjective mild prominent wall layering without evidence of loss of intestinal wall layer detail or intestinal masses. No evidence of small intestinal mechanical / metabolic ileus was noted. The duodenum wall measured 0.30 cm width. The jejunum wall measured 0.29 cm width.

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

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***Pancreas***

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Mild uniformly thickened ventral urinary bladder wall - probable regional ventral cystitis
- Intact yet subjective mild prominent small bowel walls
- Heterogeneous pancreas

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although nonspecific, the small intestine exhibited Intact yet mildly prominent wall layering which, although potential for patient variant, may suggest underlying inflammatory enteropathy. However, given the lack of gastrointestinal signs such as potential diarrhea or reported weight loss, this finding is nonspecific. No overt evidence of active pancreatitis was noted although low-grade to chronic pancreatitis is possible. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

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Urinalysis +/- C/S if evidence of inflammatory cells is suggested. Empirically, as-needed gastrointestinal support which may include hydrolyzed diet trial and monitoring for progressive evidence of gastrointestinal signs or weight loss going forward would be reasonable. Recheck sonogram is recommended to assess for progressive intestinal mural changes or evidence of pancreatic inflammation If clinical signs persist.

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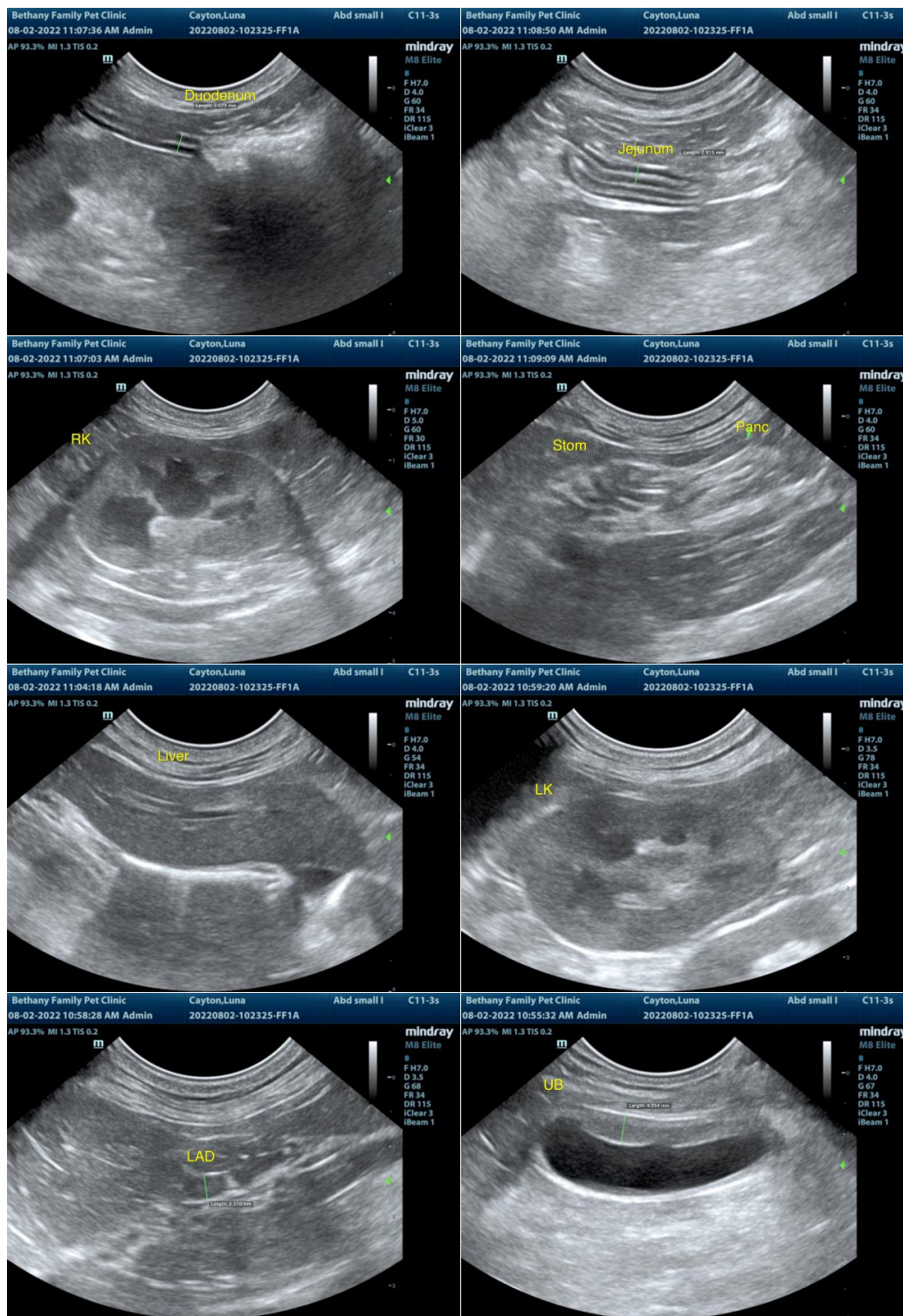
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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**info@SonoPath.com**

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