



**PATIENT PRESENTING CLINICAL SIGNS**

Wybie Papp Dysrexia, vomiting, lethargy, febrile.

Neutrophilia, Globulin 7.5, Albumin 2.0, Albumin: Globulin ratio 0.3

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

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. Minor particulate to hyperechoic 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.

DLH

**SEX**

MN

The area of the aortic trifurcation was free of pathology.

**AGE**

2021

Normal size and margination were present in the kidneys without evidence of renomegaly. 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. No evidence of left or right retroperitoneal inflammation was noted. A subtle hyperechoic corticomedullary band, consistent with a subtle medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.8 cm in length. The right kidney measured 4.1 cm in length.

**WEIGHT**

9.6

**INTERPRETED BY**

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

**Adrenal Glands**

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.28 cm width and the right adrenal gland measured 0.30 cm width.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**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 0.95 cm width.

**HOSPITAL NAME**

Alburtis AH

**REFERRING VET**

Dr. Borrelli

**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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**INVOICE**

14776

**DATE**

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**PATIENT** *Gastrointestinal*

Wybie Papp The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

**SPECIES** 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. The small intestinal wall width measured 0.25 cm. The ileocolic wall width measured 0.35 cm.

Feline

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

DLH *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.

**SEX**

MN

*Free Abdomen*

**AGE** Intermittent, mildly prominent, homogeneous, mesenteric lymph nodes were present with subtle perilymphatic reactive mesentery. An example of lymph node size was 1.0 cm in diameter. No overt peritoneal effusion or omental masses were noted. Suspect scant pleural effusion on transdiaphragmatic caudal view was noted.

2021

**WEIGHT**

9.6

**ULTRASONOGRAPHIC FINDINGS**

- Minor urinary bladder sediment
- Bilateral subtle nonspecific renal medullary rim sign
- Sonographically unremarkable gastrointestinal tract / pancreas
- Intermittent mild mesenteric lymphadenopathy with minor perilymphatic reactive omentum - reactive hyperplasia or minor lymphadenitis suspected
- Suspect minor pleural effusion

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ARDMS/RVT

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Alburtis AH

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. Three-view chest radiographs are suggested. Assessment for infectious agents such as toxoplasmosis, may be considered.

**REFERRING VET**

Dr. Borrelli

Potential for emerging FIP, given the patient's vague clinical signs, fever, and suspect mild volume pleural effusion may be a potential concern.

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Protein electrophoresis, given the hyperglobulinemia, may be considered. As-needed supportive care is recommended. Recheck sonogram, if progressive clinical signs or effusion, is recommended.

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**REFERRING VET**

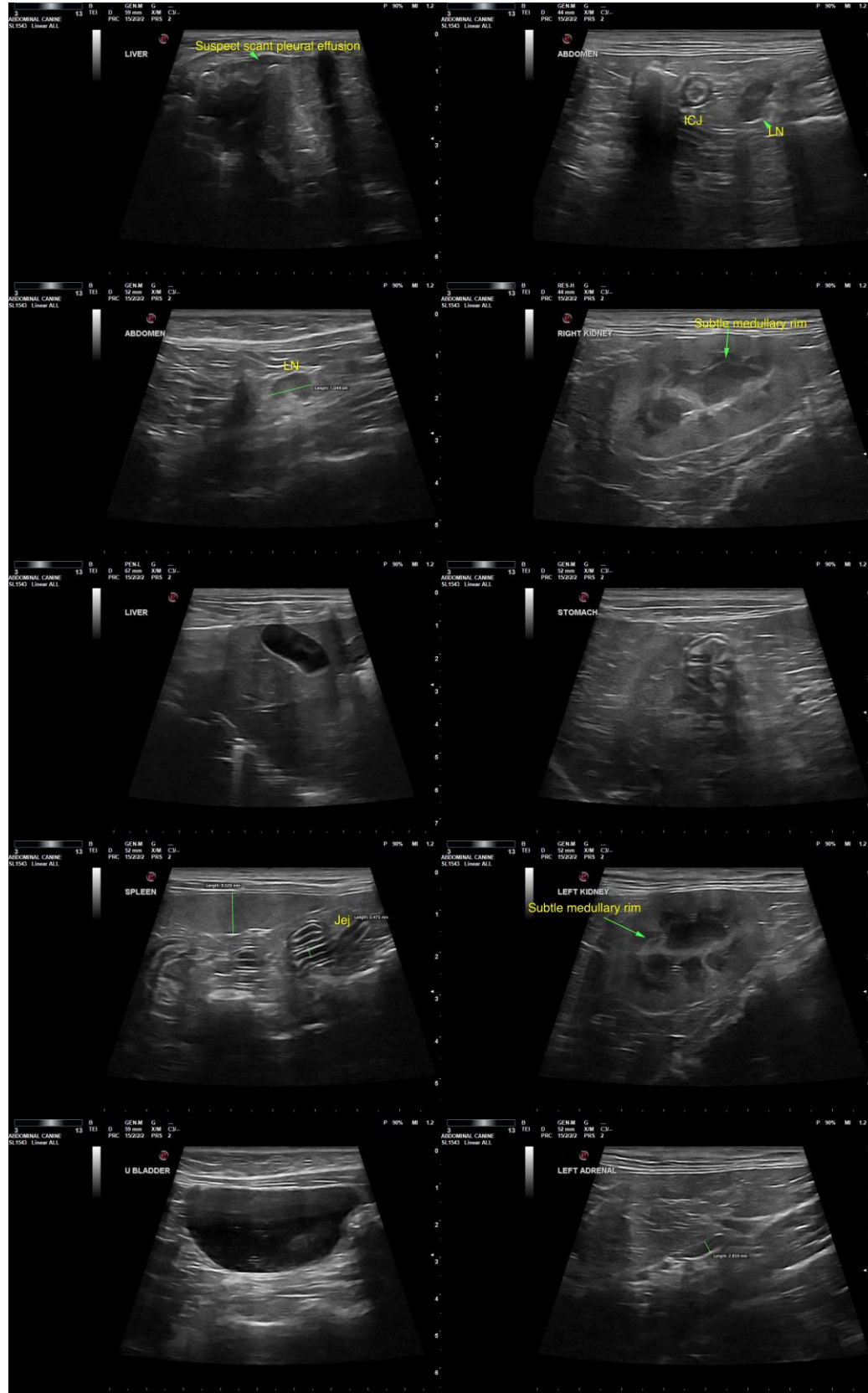
Dr. Borrelli

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**PATIENT**

Wybie Papp

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.

**SPECIES**

Feline

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.

**BREED**

DLH

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