



**PATIENT**

Xiao Xiao Erath

**PRESENTING CLINICAL SIGNS**

History: History of hematuria and or blood in stool. On metronidazole and pred for suspected IBD

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results:

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DSH

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 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.

**SEX**

FS

Normal size and minor asymmetrical margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were nonuniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 3.7 cm in length.

**AGE**

18

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**WEIGHT**

5.1kg

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.27 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width.

**INTERPRETED BY**

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

**Spleen**

The spleen was normal in size and contour measuring 0.80 cm in width at the level of the hilus. The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary small hyperechoic splenic nodule consistent with probably benign myelolipoma was present measuring 0.15 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

**IMAGING PERFORMED BY**

Dr. Belan

**Liver**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Intermittent nondisruptive discretely hypoechoic parenchymal nodules were present, an example measuring 0.67 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

**HOSPITAL NAME**

Healthy Paws  
Forward

**REFERRING VET**

Dr. Hen Boisen

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material.

**DATE**

08/05/2022



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained nonshadowing segmental ingesta/chyme with no signs of ileus, obstruction or foreign material. Small intestinal wall width measured 0.20 cm.

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

**Pancreas**

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

**BREED**

DSH

**Free Abdomen**

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

**SEX**

FS

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

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- Overtly normal GI tract with moderate gastric and mild segmental small intestine ingesta
- Intermittent hypoechoic hepatic parenchymal nodules
- Heterogeneous pancreas with minor pancreatic duct dilation-age related changes suspected, potential for low grade to chronic pancreatitis possible
- Sonographically unremarkable urinary bladder
- Mild age related kidney changes

**WEIGHT**

5.1kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

No evidence of structural gastroenterocolic pathology was present in this study however current prednisolone use may be masking mural changes. No overt evidence of urinary tract pathology as a definitive cause of reported hematuria with only mild chronic renal changes present. A urine C/S on sterile urine sample is recommended if not recently done.

**IMAGING PERFORMED BY**

Dr. Belan

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. The GI ingesta/chyme is suspected to correlate with post prandial presentation. If documented NPO some degree of gastric stasis could be considered.

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The discrete liver nodules are nonspecific with suspected discrete areas of benign nodular hyperplasia or hematopoiesis. Neoplastic nodules considered less likely. Sonographic monitoring for signs of nodular progression would be reasonable.

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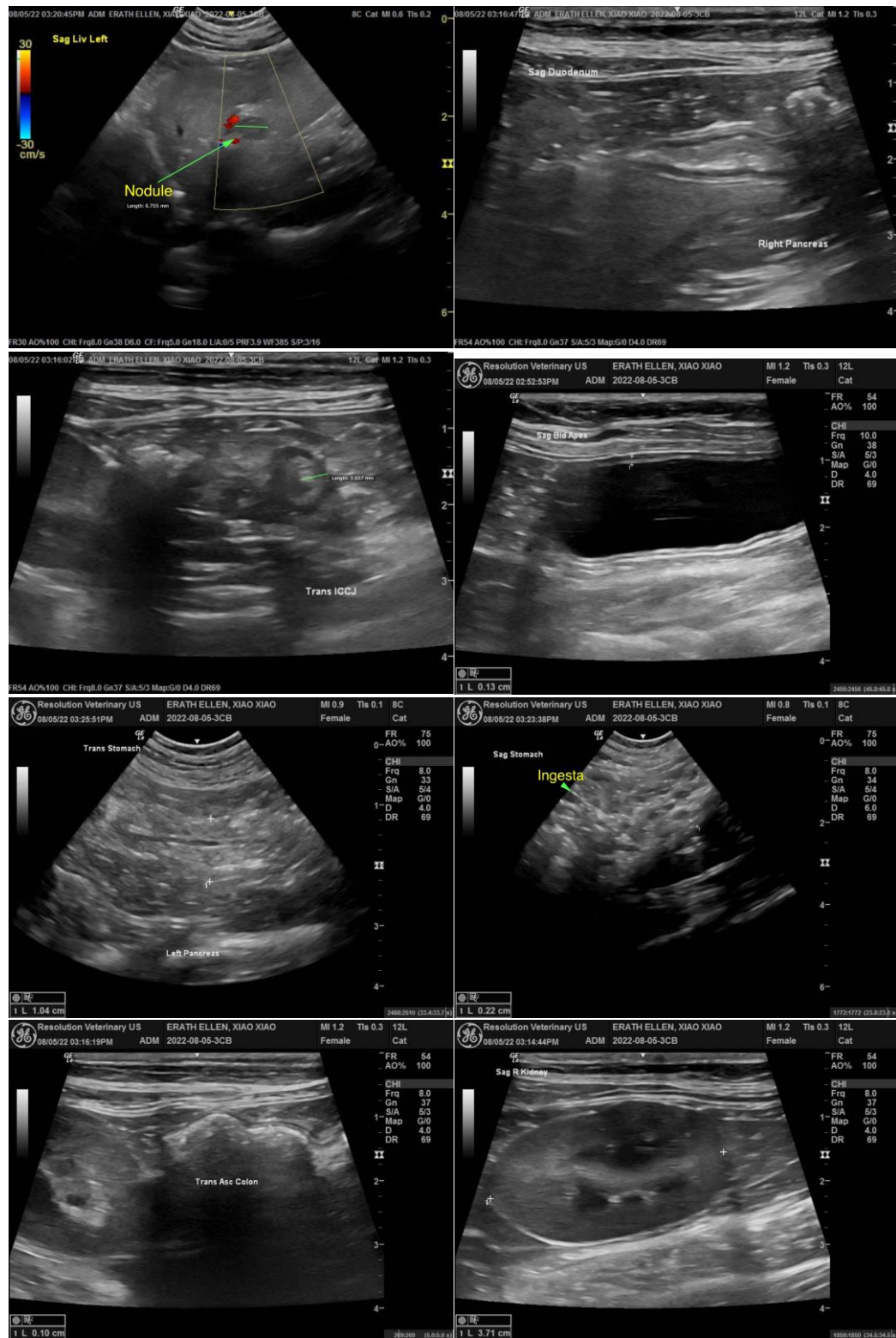
Dr. Hen Boisen

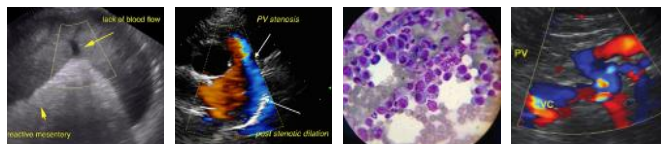
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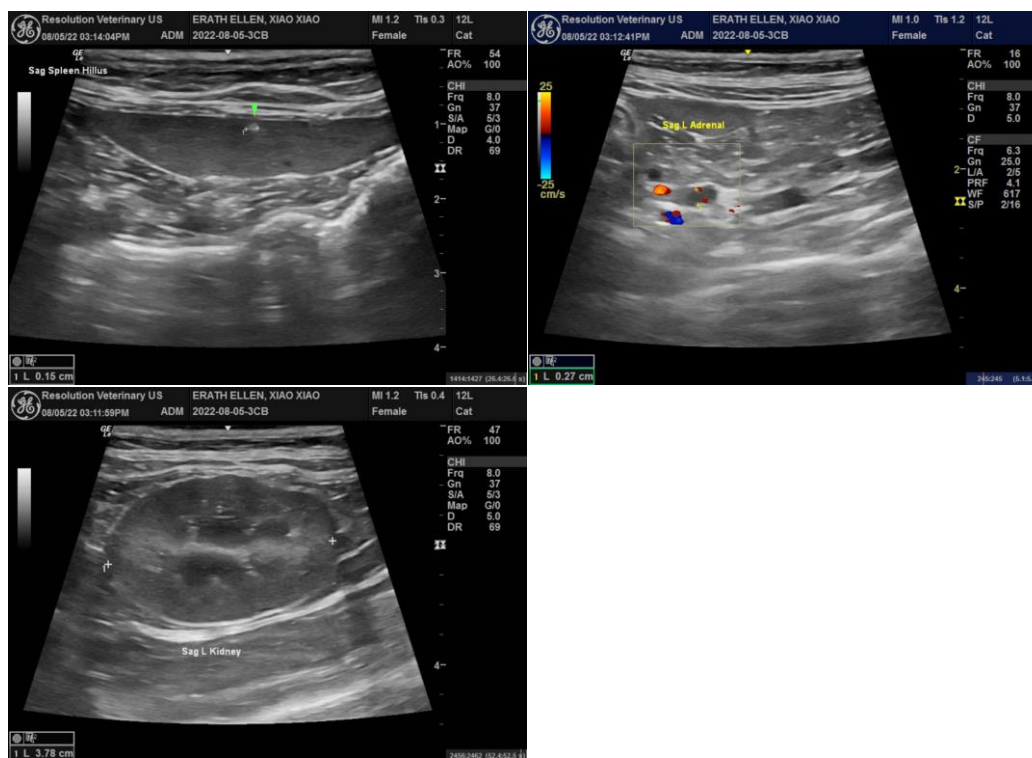
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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