



**PATIENT**

Milly Stickna

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

14 years

**WEIGHT**

8.8 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Ringwood AH

**REFERRING VET**

Dr. Despirito

**INVOICE**

14524

**DATE**

8/9/22

**PRESENTING CLINICAL SIGNS**

Weight loss, recurring UTIs/hematuria. Had convenia 8/9/22.

Abnormal PE/Chem/CBC/UA Results: SDMA 21, Crea 1.9, BUN 31, mod mature neutropilic and monocytosis. UA: 50-27 WBC, 30-50 RBC, mod rods (cysto), c+s pending. SG: 1.019

**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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and overall margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Focal caudal right kidney cortical infarct was present. No evidence of pyelectasia was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.2 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 0.50 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width.

**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 0.83 cm width at the level of the hilus.

**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.

**Gastrointestinal**

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. The gastric body wall width measured 0.25 cm.



<b>PATIENT</b>	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 duodenum wall measured 0.22 cm width. The jejunum wall measured 0.22 cm width. No overt pathology was noted in the area of the ileocolic junction.
Milly Stickna	
<b>SPECIES</b>	
Feline	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>BREED</b>	<b><i>Pancreas</i></b>
DSH	The pancreas was normal in size and contour with isoechoic to mildly heterogeneous parenchyma compared to adjacent omentum.
<b>SEX</b>	<b><i>Free Abdomen</i></b>
FS	Intermittent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.2 cm diameter. No evidence of free fluid was noted.
<b>AGE</b>	
14 years	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
8.8 lbs.	<ul style="list-style-type: none"> <li>• Normal urinary bladder</li> <li>• Mild chronic renal changes with right kidney cortical infarct</li> <li>• Overtly normal gastrointestinal tract</li> <li>• Intermittent nonspecific mesenteric lymphadenopathy - hyperplasia vs. reactive lymphadenitis, emerging neoplastic criteria thought less likely</li> </ul>
<b>INTERPRETED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Aside from mild chronic renal changes, no overt evidence of upper or lower urinary tract pathology as a definitive cause of the patient's hematuria or recurrent UTIs. No evidence of pyelonephritis, cystic calculi, or urinary tract neoplastic criteria. Likewise, an obvious cause of the patient's weight loss was not definitively evidence.
<b>IMAGING PERFORMED BY</b>	
Jessica Miller	
<b>HOSPITAL NAME</b>	The mesenteric lymphadenopathy may suggest underlying structurally insignificant gastrointestinal disease. Potential for low-grade to chronic pancreatitis could be present yet sonographically normal. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Ultrasound-guided FNA of a mesenteric lymph node for cytology +/- three-view thoracic radiographs to rule out occult thoracic pathology as a contributing factor are warranted. Correlation with pending urine C/S is recommended.
Ringwood AH	
<b>REFERRING VET</b>	
Dr. Despirito	
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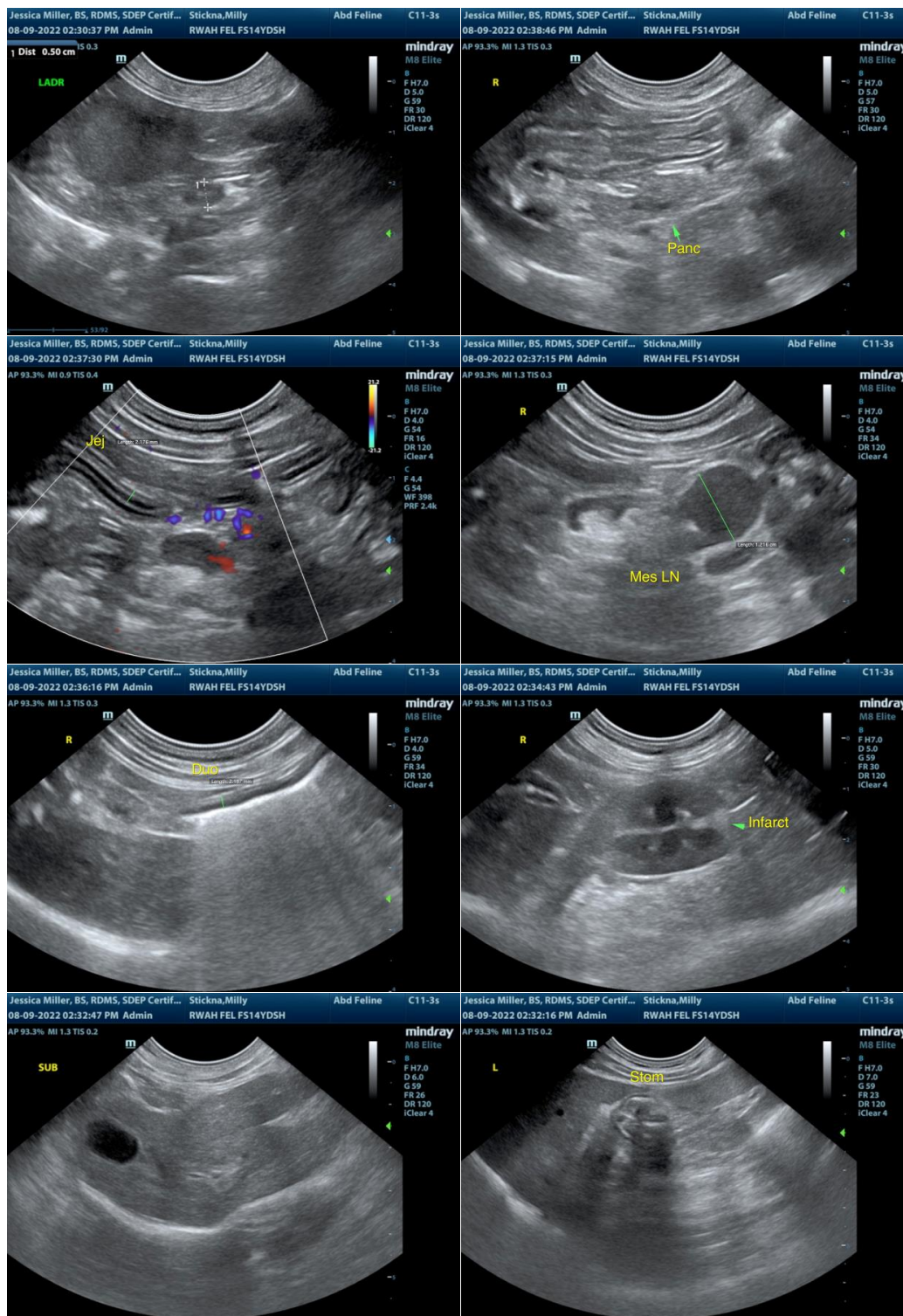
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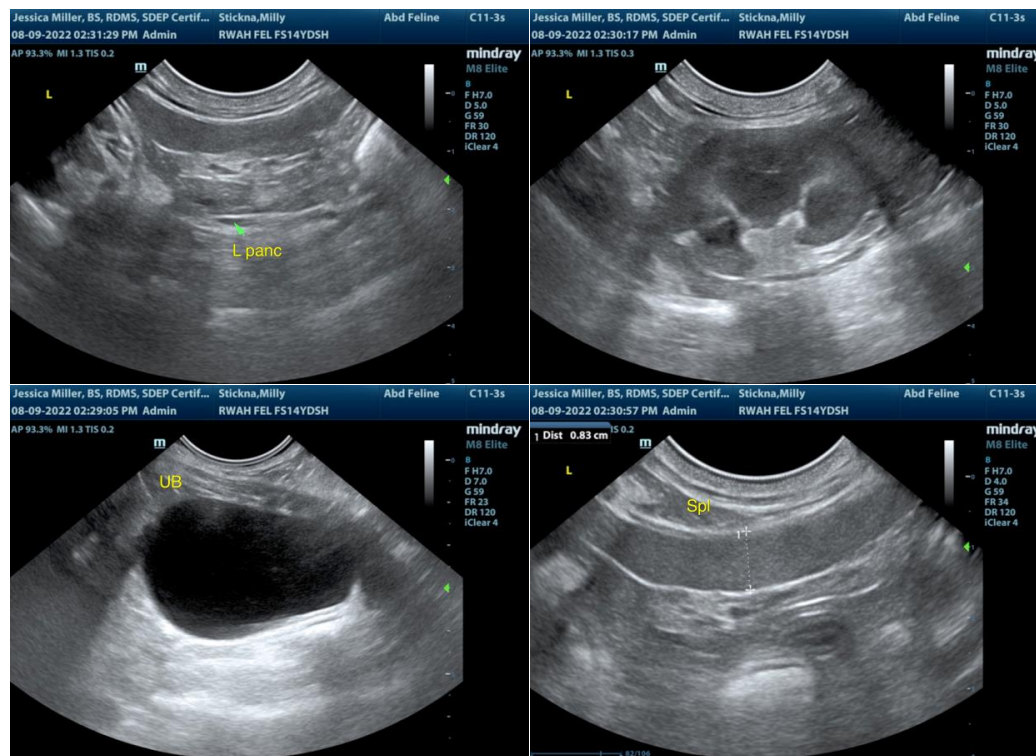
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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