
**PATIENT PRESENTING CLINICAL SIGNS**

Neko Thompson lethargy, some vomiting, fever of unknown origin

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**Feline Urinary System**

Feline

The urinary bladder exhibited normal size and structure. A focal polypoid like lesion was arising from the inner apical wall, measuring approximately 0.95 cm. No overt evidence of associated mineralization. The polypoid lesion exhibited similar echogenicity to surrounding apical urinary bladder wall. Anechoic urine present otherwise. The urethra was normal to 2.0 cm.

**BREED**

Himalayan

**SEX**

Neutered Male

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.7 cm. Small cortical cysts were present in both kidneys. The right kidney measured 3.7 cm.

**AGE**

16 Years

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**
**WEIGHT**

8 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm in width. The right adrenal gland measured 0.48 cm in width.

**Spleen**
**INTERPRETED BY**

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

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

**IMAGING PERFORMED BY**

Kelly Reschny

**Liver**
**HOSPITAL NAME**

The Maples AH

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. A moderately sized, non-homogeneous to multifocally cystic mass was noted in the ventral mid to right liver, measuring approximately 3.7 cm x 2.6 cm. Concurrent thinly walled hepatic parenchymal cyst was noted caudal to the cystic appearing mass within the mid to right hepatic parenchyma, containing anechoic fluid, measuring 1.5 cm in diameter. 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.

**REFERRING VET**

Dr. Kazienko

**Gastrointestinal**
**INVOICE**

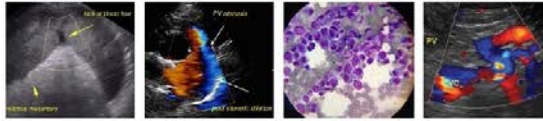
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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. Gastric body wall measured 0.26 cm.

**DATE**

9/29/21

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental echogenic, nonshadowing digesta/chyme, consistent with normal food without signs of ileus, obstruction or foreign material. Jejunum wall measured 0.22 cm.



**PATIENT**

The colon exhibited intact wall layering, yet generalized mild distention with non-formed feces.

Neko Thompson

**Pancreas**

**SPECIES**

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.

Feline

**Free Abdomen**

**BREED**

No omental masses, lymphadenopathy or peritoneal effusion.

Himalayan

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Apical urinary bladder polypoid like lesion – focal cystitis, polypoid hyperplasia, possible emerging neoplasia such as transitional cell carcinoma.
- Bilateral chronic interstitial nephrosis renal pattern with cortical cysts
- Cystic ventrocaudal liver mass with concurrent parenchymal cyst
- Sonographically unremarkable gastrointestinal tract with gastrointestinal ingesta – post-prandial presentation versus potential gastrointestinal hypomotility or stasis if documented NPO.

Neutered Male

**AGE**

16 Years

**WEIGHT**

8 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Assessment of systemic blood pressure recommended. the cystic hepatic mass, although not definitive, may suggest benign cystic biliary adenoma. However, potential for more aggressive neoplasia such as biliary cystadenocarcinoma or other is possible. Potential for structurally insignificant inflammatory bowel or low-grade to chronic pancreatitis, yet ultrasonographically normal. Correlation with GI panel including PLI, TLI, cobalamin and folate (especially if evidence of weight loss or persistent gastrointestinal signs) may be considered. 3-view chest radiographs recommended to rule out occult thoracic pathology as potential cause of fever.

**IMAGING PERFORMED BY**

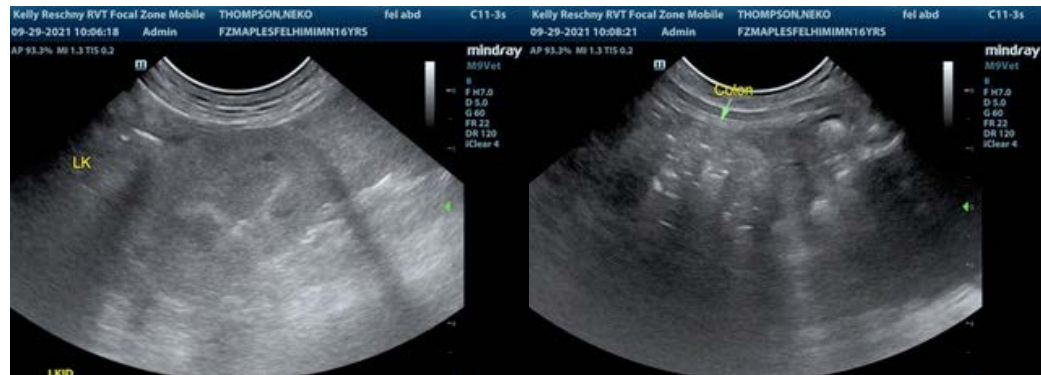
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**HOSPITAL NAME**

The Maples AH

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**PATIENT**

Neko Thompson

**SPECIES**

Feline

**BREED**

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**SEX**

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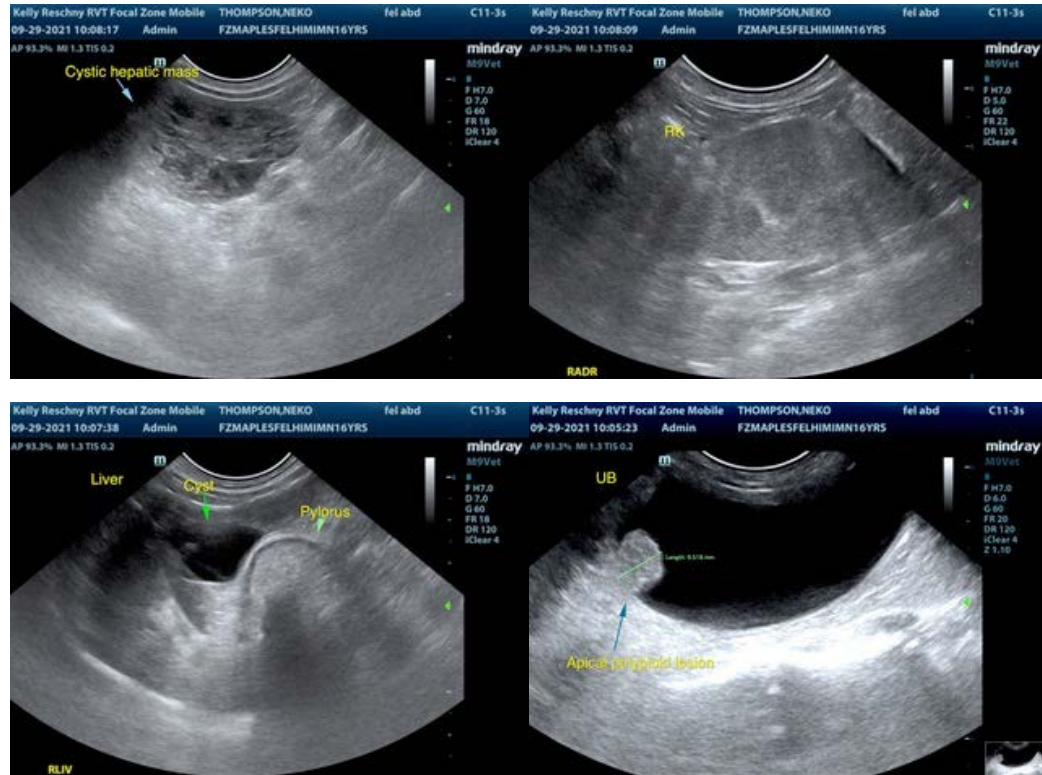
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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