

## PATIENT

Benjy Snoffer

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

13

## WEIGHT

9.8

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Sharkawy

## HOSPITAL NAME

Kew Gardens Animal  
Hospital

## REFERRING VET

Dr Ray

## INVOICE

23564

## DATE

01/14/2026

## PRESENTING CLINICAL SIGNS

No concern

Abnormal PE/Chem/CBC/UA Results: Bw- elevated CA, normal liver enzymes Epc- Elevated ionized CA Dental calculus Mild elevated TT4-3

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

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 evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and 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. No evidence of pelvic dilation was present. Bilateral areas of discreet to emerging medullary mineral were present. The left kidney measured 3.7 cm in length. The right kidney measured 3.9 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

### Spleen

The spleen exhibited normal size and contour with several variably sized, well demarcated, non-capsule deforming hyperechoic nodules. An example of a splenic nodule measured 0.51 cm in diameter.

### Liver/Gallbladder

The liver was normal in size with symmetrical contour. A solitary, non-capsule deforming non-homogenous mildly hyperechoic to cystic mid liver mass was present measuring 3.5 cm in diameter.

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 small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

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



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## 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 was evident.

## Free Abdomen

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

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Age-related renal changes
- Non-capsule deforming hyperechoic spleen nodules, suggestive of benign criteria, i.e. myelolipomas or hyperplasia, potential for neoplastic nodules thought less likely
- Non-homogenous to cystic liver mass- biliary cyst adenoma, potential for biliary cyst adenocarcinoma
- Normal gastrointestinal tract

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a splenic nodule and liver mass FNA for screening cytology is warranted for further assessment. Correlation with hypercalcemia panel is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.



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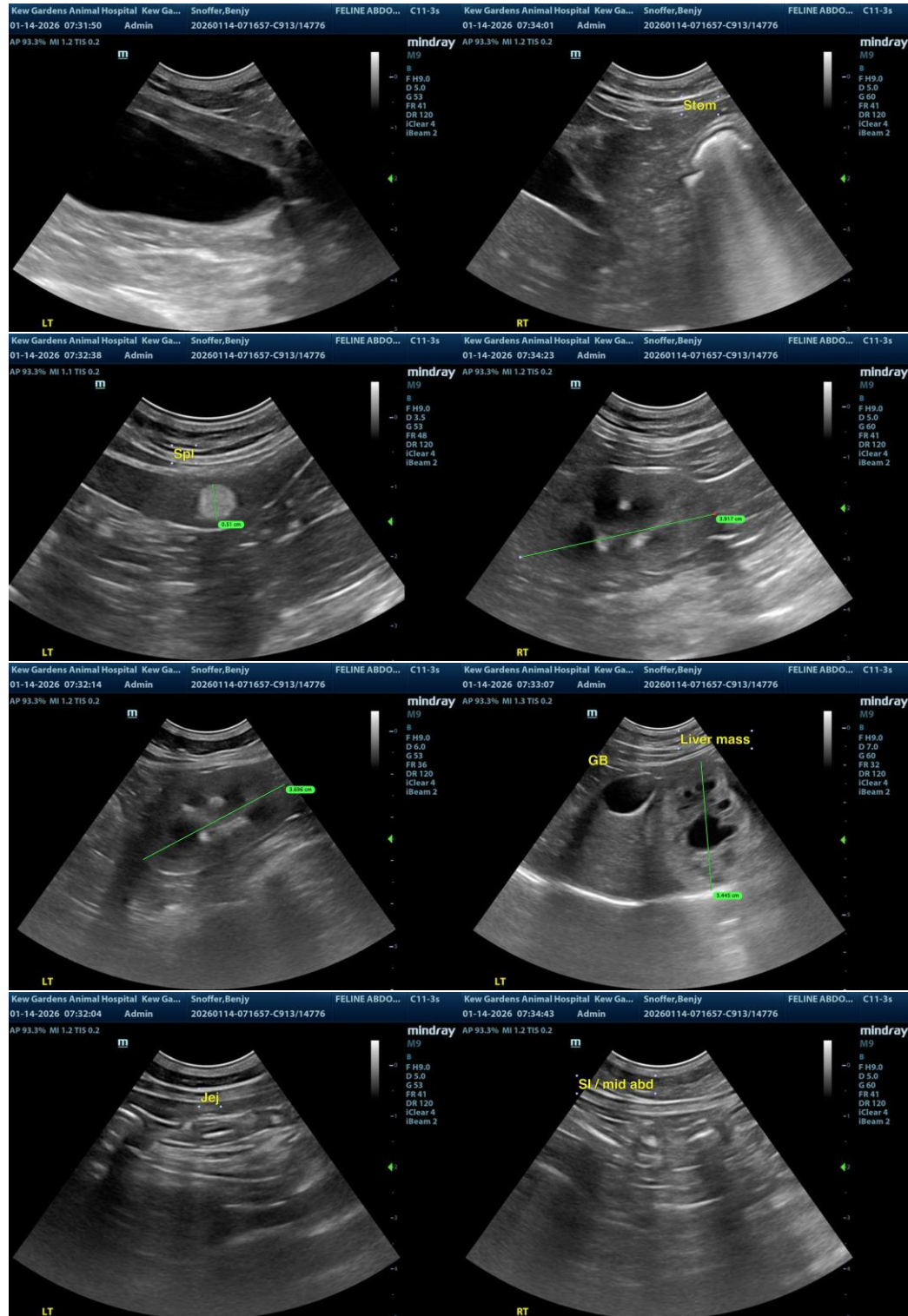
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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](mailto:info@sonopath.com)

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