



## PATIENT

Max Baxter

## SPECIES

Feline

## BREED

DLH

## SEX

MN

## AGE

16yr

## WEIGHT

4kg

## PRESENTING CLINICAL SIGNS

- Seizures and mild chronic renal disease for a number of years. Seizures controlled well by phenobarb. Sometimes vomits., however has been slowly losing weight lately. Buprenex IV was administered early on in the procedure as he seemed painful to even light touch on the abdomen with the probe.

Abnormal PE/Chem/CBC/UA Results: BUN 46, Creat 2.5 and SDMA 12. UA/Urine culture pending. T4 2.7.

## 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. The left kidney measured 3.7 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

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 0.34 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 0.96 cm in width at the level of the mid spleen.

### 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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. A small non-capsule deforming non-homogenous echogenic to mildly cystic caudate liver mass measuring 2-3 cm in diameter was present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

### Gastrointestinal

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Anthony Krawitz DVM

## HOSPITAL NAME

Calusa Veterinary  
Center

## REFERRING VET

Dr Cindy Krane

## INVOICE

23653

## DATE

01/22/2026



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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 intestinal walls demonstrated intact wall layers with mild generalized thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The duodenum wall measured 0.29 cm width. The jejunum wall measured up to 0.28 cm width.

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

### **Pancreas**

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

### **Free Abdomen**

Scant pockets of peri intestinal effusion were present.

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

## ULTRASONOGRAPHIC FINDINGS

### **Primary**

- Mild chronic renal changes
- Intact mildly thickened small intestine
- Intermittent mild mesenteric lymphadenopathy
- Heterogeneous remodeled pancreas
- Sonographically normal empty stomach
- Small caudate lobe liver mass

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending urinary workup +/- UPC level for renal staging if non-inflammatory proteinuria is recommended. IBD or other inflammatory enteropathy in conjunction with suspect benign mesenteric lymphadenopathy and potential chronic pancreatitis is favored. Mild potential for emerging or occult intestinal round cell neoplasia and early metastatic lymphadenopathy may present in similar sonographic manner yet is felt less likely.

The concurrent small liver mass may suggest favored biliary cyst adenoma, although potential for concurrent emerging to low-grade hepatic neoplasia i.e. carcinoma or biliary cyst adenocarcinoma is not excluded. Assuming normal clotting status and using a 25g needle, a liver mass FNA for screening cytology could be considered for further assessment. Hepatic/intestinal biopsy is required for definitive diagnosis. Gastrointestinal support, consideration for empirical IBD protocol with as needed serial sonographic monitoring of the small liver mass and small intestinal wall for evidence of progressive pathology would be reasonable.



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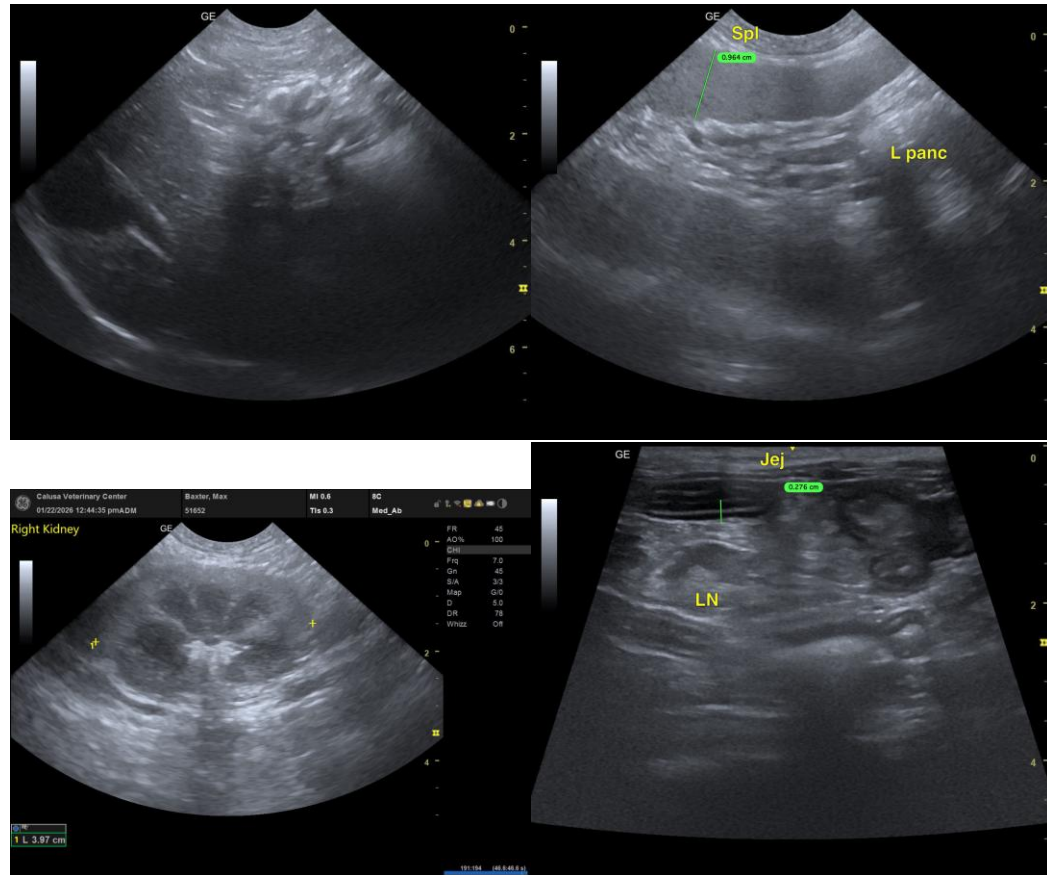
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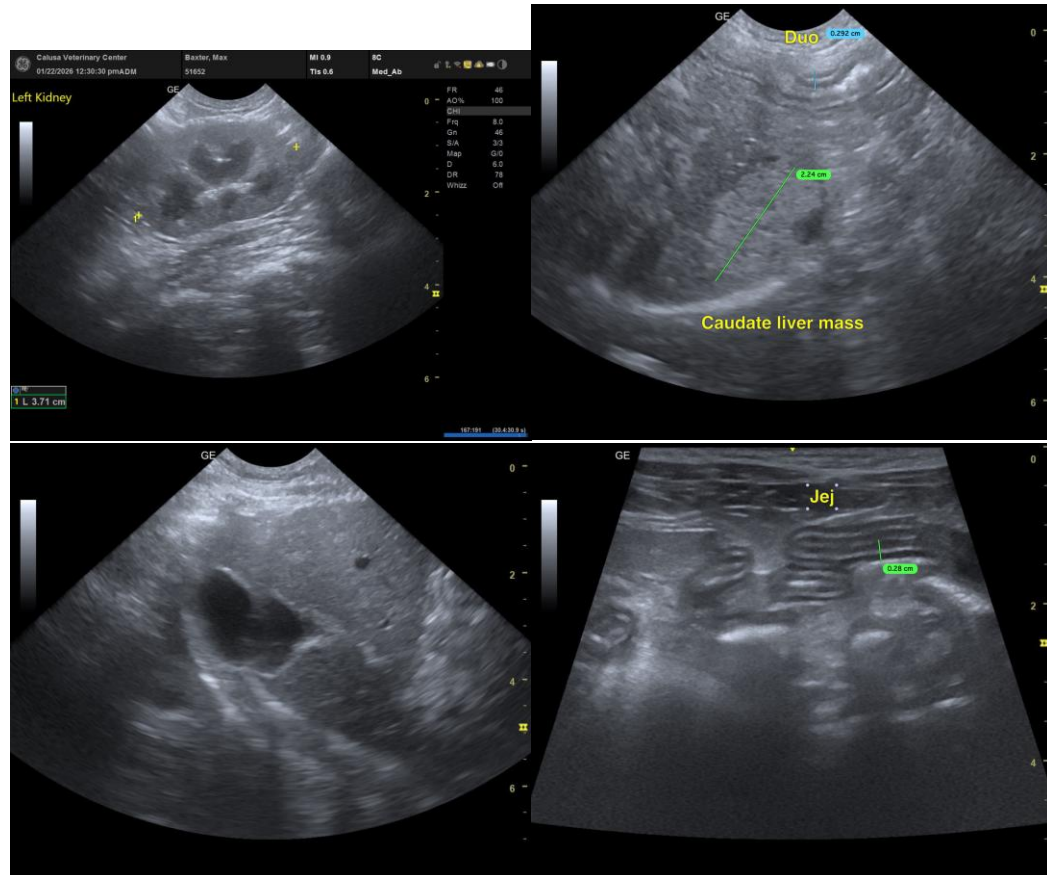
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)