



PATIENT

Tyrone Sproul

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered Male

AGE

8 Years

WEIGHT

18.2 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Norfolk County
Veterinary Services

REFERRING VET

Dr. Tami Ilovich DVM

INVOICE

13354

DATE

01/22/26

PRESENTING CLINICAL SIGNS

- Staging after cutaneous hemangiosarcoma diagnosis of RF toe amputation. Full excision, but high mitosis count

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 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 change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Indistinct corticomedullary border demarcation primarily secondary to mild hyperechoic peripheral to middle medullary parenchyma. Minor right kidney pyelectasia was present. A small left kidney cortical cyst was present measuring 0.34 cm in diameter. The left kidney measured 4.5 cm in length. The right kidney measured 4.3 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 0.44 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 presented mildly enlarged with mild asymmetrical medial capsule contour and maintained homogenous parenchyma and normal parenchyma echogenicity. No splenic mass or nodules were evident. The spleen measured 1.3 cm width 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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended and appeared partially divided into two compartments containing anechoic bile. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained pyloric fluid 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 ileus, obstruction or foreign material.



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

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Pancreas

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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.

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Free Abdomen

Maine Coon

No overt lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered Male

- Mild splenomegaly- sedation if clinically applicable, hyperplasia, hematopoiesis, inflammation, emerging to occult primary or metastatic splenic neoplasia are all possible.
- Bi-lobed gallbladder- normal variant in a cat.
- Nonspecific chronic renal changes.

AGE

8 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

If the patient is non-sedated and with normal clotting status, splenic FNA cytology using a 25-gauge needle is recommended for further clarification. Correlation with assessment of renal parameters and urinalysis, if not recently done, are recommended.

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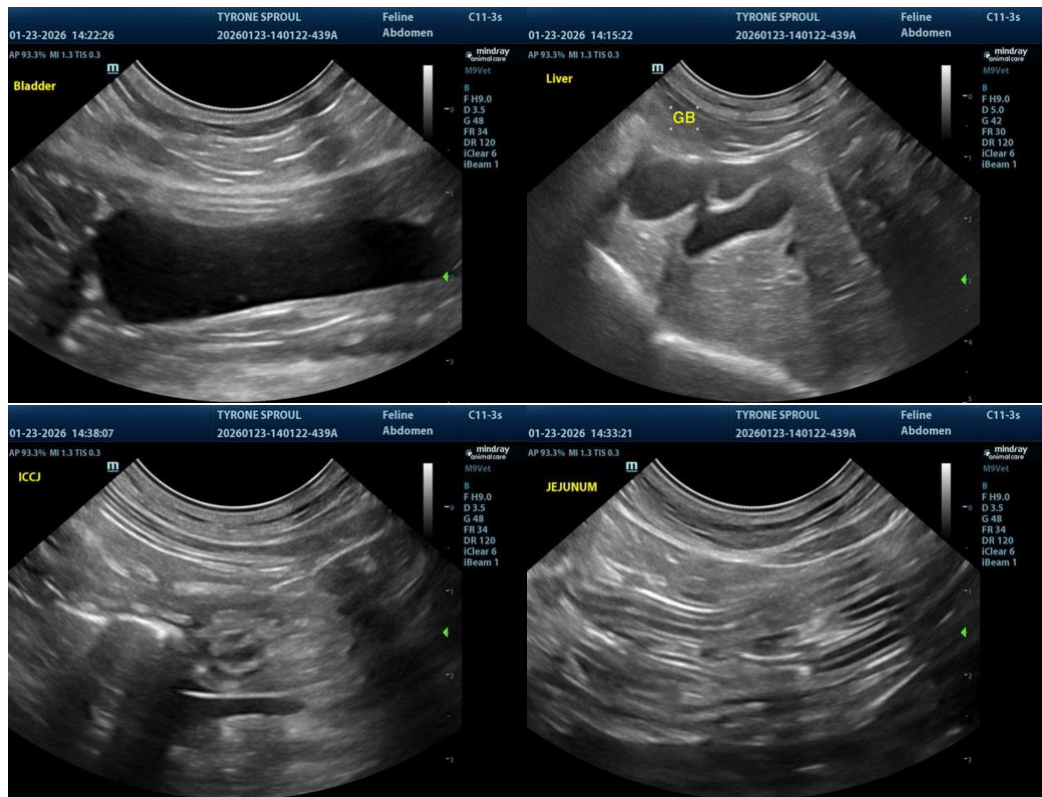
Dr. Tami Ilovich DVM

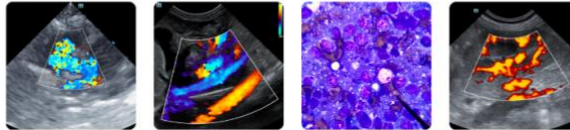
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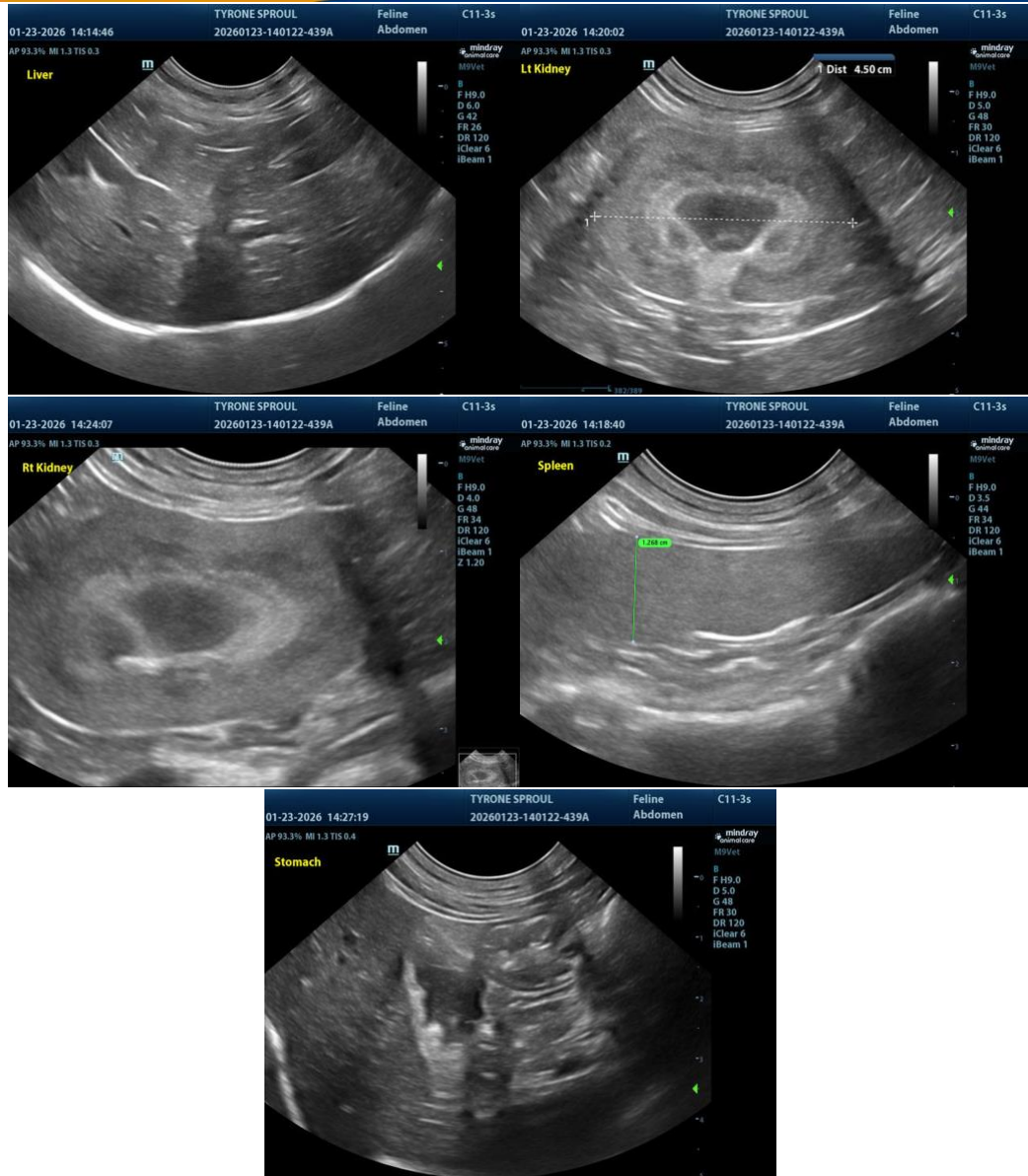
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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