

PATIENT

Chuckie Stalter

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15

WEIGHT

11.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Kahn

INVOICE

10594

DATE

1/29/26

PRESENTING CLINICAL SIGNS

History:

- Hx of hyperthyroidism , losing weight , r/o IBD , cancer
- Current meds Felimazole 2.5mg 1 BID

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. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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.

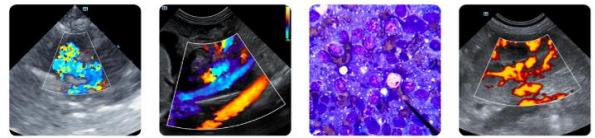
Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Mildly increased parenchyma echogenicity was noted with a moderate coarse echotexture and mild remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. A solitary, nonhomogeneous, nodular, non-capsule deforming, deep, mid-right liver mass was present, measuring 2.7 cm in diameter. The gallbladder was non-distended in size, containing primarily anechoic content with mild gallbladder debris. The common bile duct was not definitively visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy.



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

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 were evident.

Free Abdomen

Intermittent 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). An example lymph node measured 2.3 cm x 0.47 cm. No evidence of peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Intact thickened small intestine - IBD or other inflammatory enteropathy, potential for emerging to low-grade intestinal round cell neoplasia, such as lymphoma
- Intermittent mild mesenteric lymphadenopathy
- Mildly hyperechoic liver with nonhomogeneous nodular small intraparenchymal mass - hyperplasia, granuloma, inflammation, neoplasia
- Chronic renal changes
- Mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, hepatic parenchyma and small mass FNA cytology are warranted for further clarification. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Correlation with lab work and assessment of hepatic enzymes is recommended. Triaditis, if evidence of hepatic inflammation, with potential emerging hepato-intestinal neoplasia are primary considerations.



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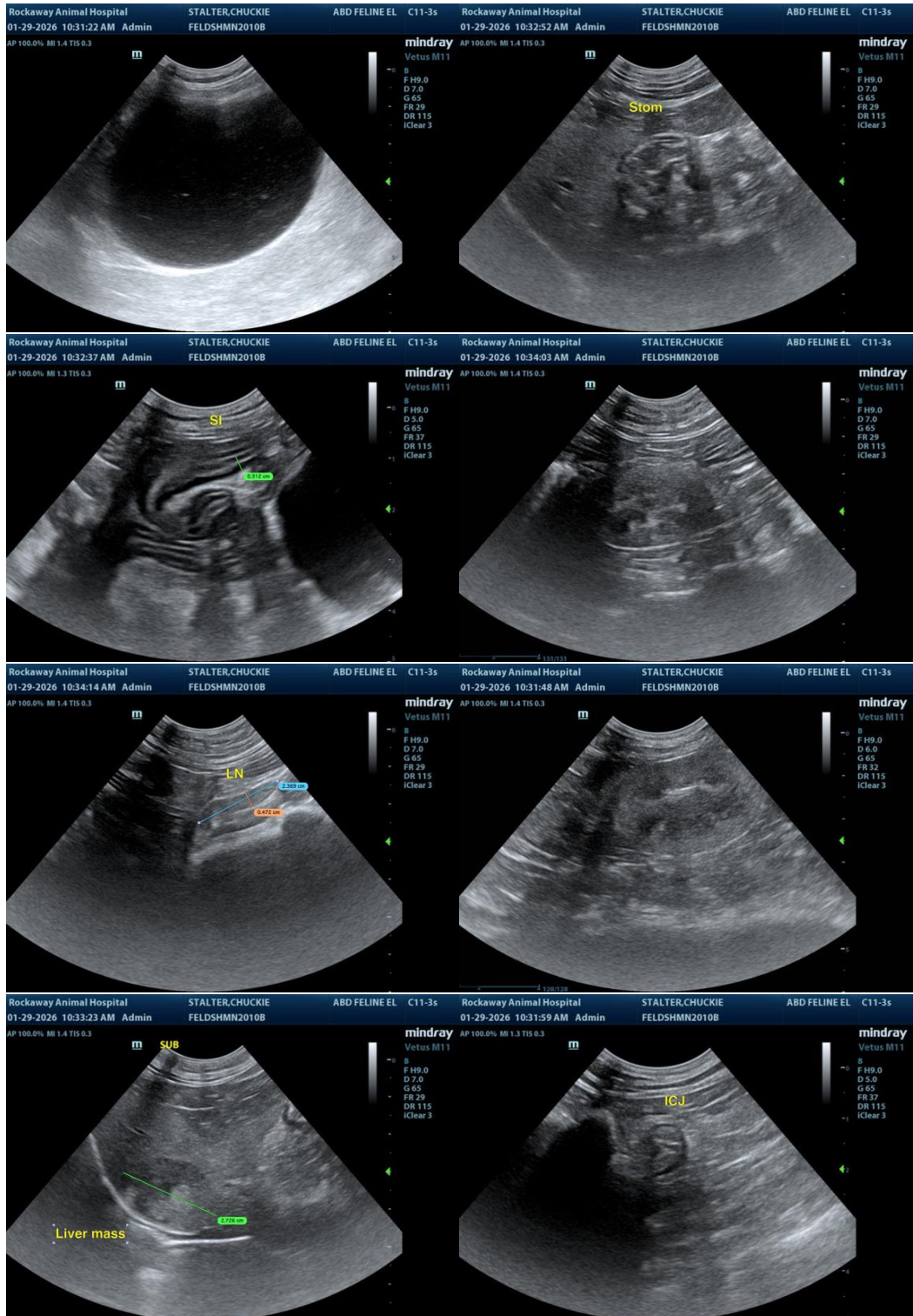
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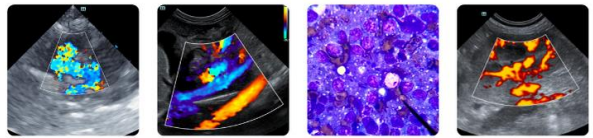
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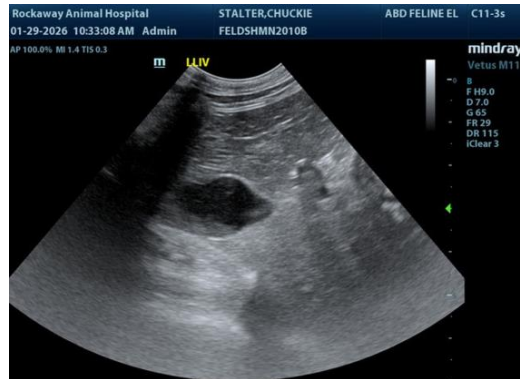
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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