

PATIENT

Manny Brandt

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

2017

WEIGHT

10

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

North Saucon AH

REFERRING VET

Betz

INVOICE

13158

DATE

1/29/26

PRESENTING CLINICAL SIGNS

History:

- Heart murmur noted at annual exam, elevated ALT, new behavior - aggression to housemate
- Medication: Prozac

Abnormal PE/Chem/CBC/UA Results: ALT 524

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, primarily non-dependent to possibly ventral apical adhered 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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.8 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

No obvious pathology in the area of the left and right adrenal glands.

Spleen

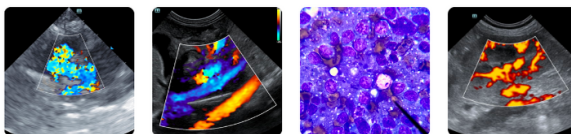
The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Solitary, well-defined, symmetrical, hyperechoic nodule was present measuring 0.44 cm in diameter. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

The liver was subjective mildly enlarged in size with homogeneous, mildly hypoechoic parenchyma compared to adjacent omentum. No mass or nodules present. The gallbladder was non distended in size with minor, echogenic, nonmineralized biliary sludge. The common bile duct was mildly dilated extending to the approximate level of the duodenum. No evidence of obstructive ductal or duodenal papilla pathology.

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.



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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. Jejunum wall measured 0.23 cm width and ileocolic wall measured 0.33 cm.

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

Pancreas

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The left limb of the pancreas was prominent in size with capsule asymmetry and non-homogeneous hypoechoic parenchyma.

Free Abdomen

SEX

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

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- Cholangiohepatitis hepatobiliary pattern
- Left limb pancreatitis
- Sonographically normal gastrointestinal tract
- Hypoechoic splenic nodule - tend to trend benign with myelolipoma likely
- Mile urine sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Assuming normal clotting status and using 25-gauge needle, hepatic FNA cytology could be considered primarily to assess for inflammatory cell type and rule out additional nonobvious hepatopathy. A GI panel to include PLI/TLI/Cobalamin/Folate to correlate with pancreas and assess for non-structural intestinal disease is warranted. Sonographic monitoring of the splenic nodule would be reasonable. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. Visceral pathology as a cause of the patient's behavioral issues was not obvious.

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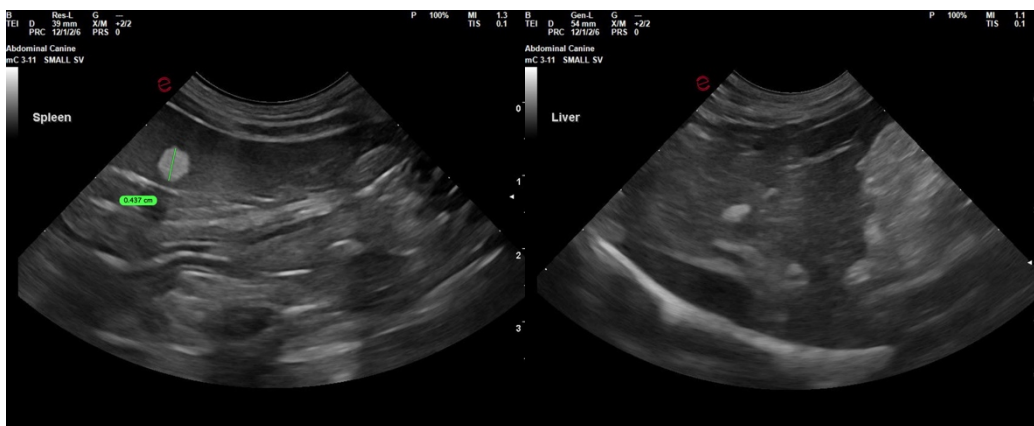
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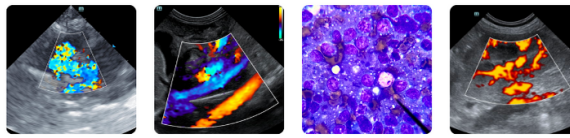
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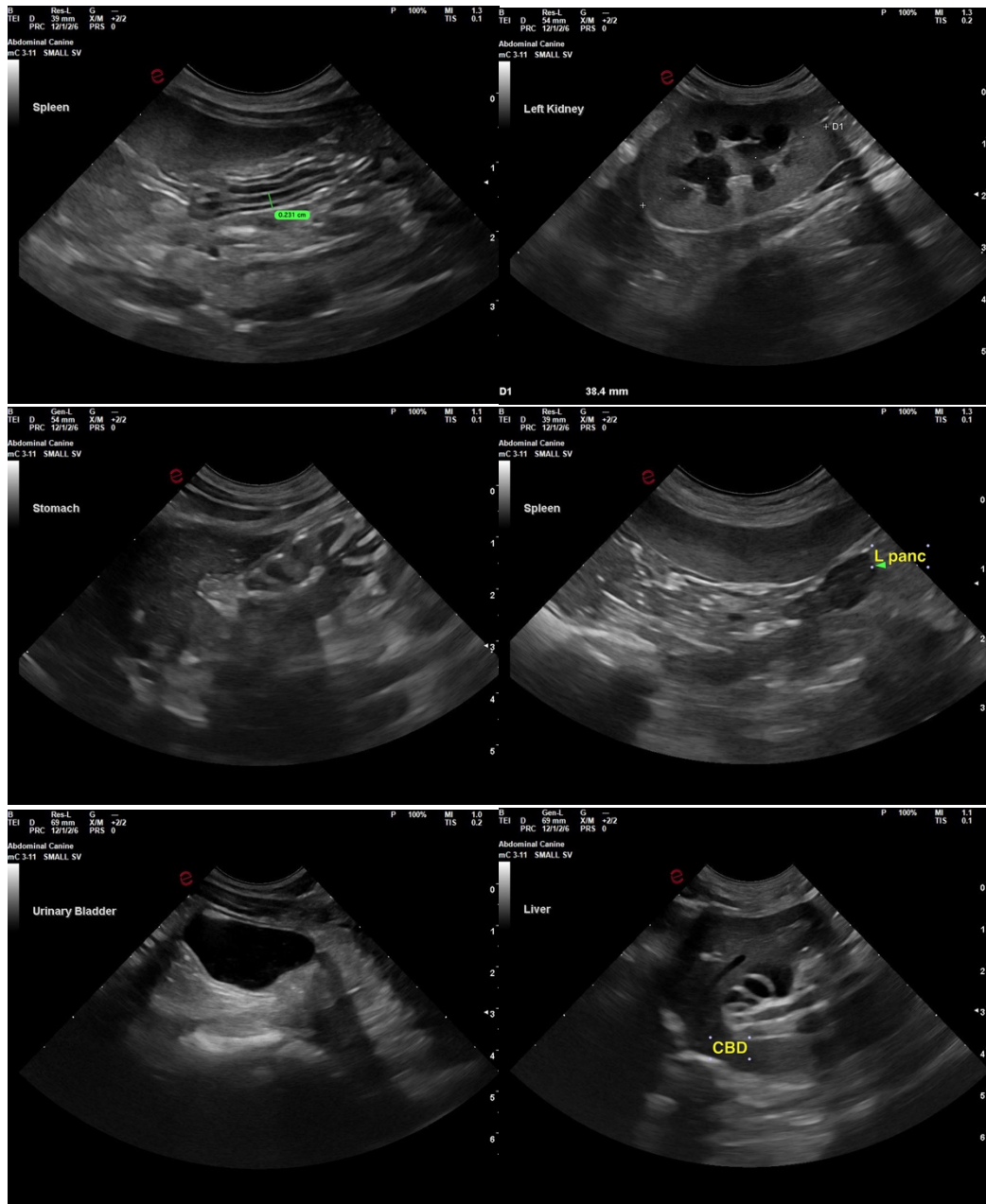
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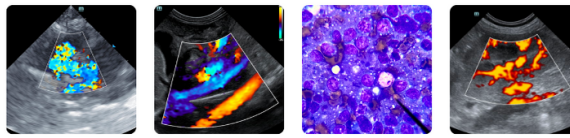
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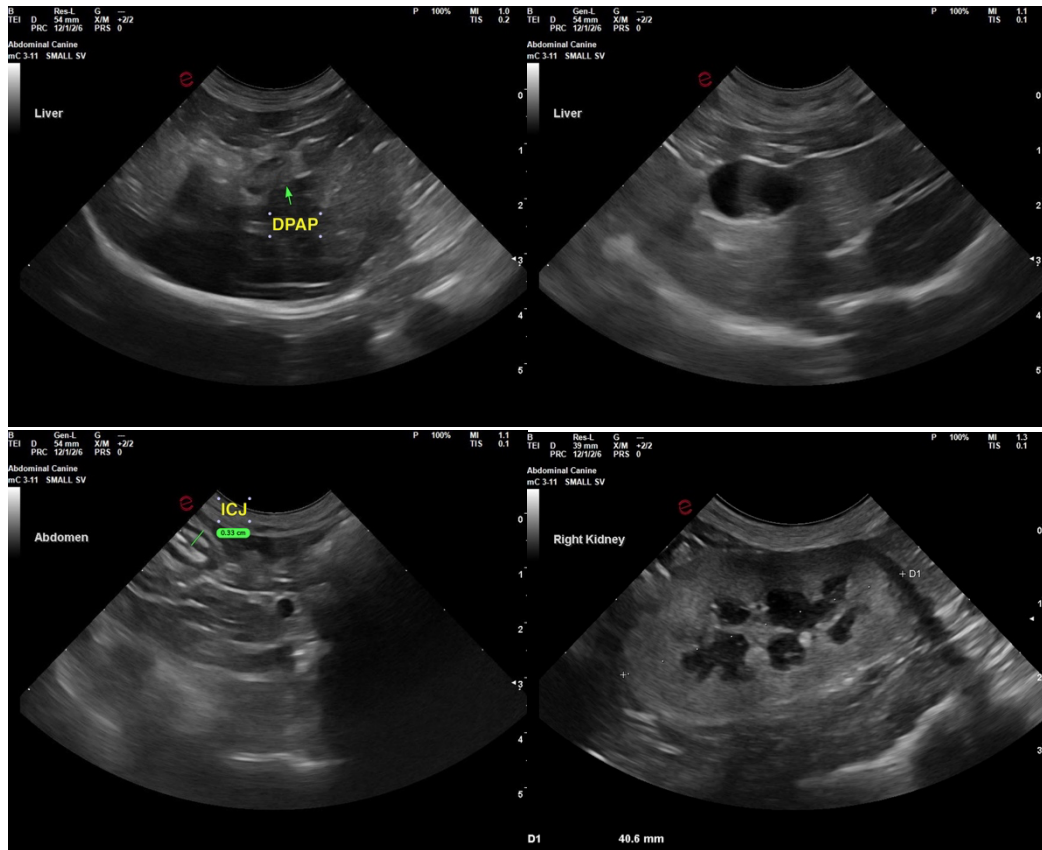
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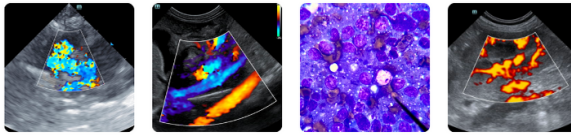


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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