

PATIENT

Cameron Cooper

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14

WEIGHT

13.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

13455

DATE

01/30/26

PRESENTING CLINICAL SIGNS

- re check u/s prev u/s 1/27 Cat is a little quieter today and decreased appetite , checking on status of enlarged LN 's

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. 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.

Normal size and margination was 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 to 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 3.8 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 was borderline enlarged in size and 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 1.0 cm width level of the mid spleen.

Liver & Gallbladder

The liver revealed subjective normal to borderline hepatomegaly with homogenous mildly hyperechoic hepatic parenchymal compared to adjacent omentum. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

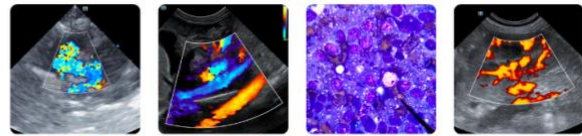
The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented overall intact borderline thickened wall with segmental maintained wall layer ratio and concurrent segmental mildly prominent muscularis layer. Segmental similar appearing nonshadowing intestinal ingesta. The small intestine wall measured 0.25 cm to 0.26 cm wall width.

Normal visible colon wall layers were present with semi formed fecal matter in lumen.



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Pancreas

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The area of the pancreas was sonographically normal.

SPECIES

Free Abdomen

Feline

Several variably to asymmetrically enlarged hypoechoic to mildly swollen mesenteric lymph nodes were present with surrounding hyperechoic perilymphatic omentum. Some lymph nodes exhibiting width: length ratio less than 0.5. An example of lymph nodes measured 3.6 cm x 0.75 cm, while some lymph nodes exhibited abnormal width: length ratio greater than. 0.5 with an example measuring 1.2 cm x 1.1 cm. No evidence of peritoneal effusion.

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ULTRASONOGRAPHIC FINDINGS

- Intact borderline thickened small intestine with generalized nonshadowing gastrointestinal ingesta- consistent with food echogenicity.
- Variably to asymmetrically enlarged hypoechoic mesenteric lymph nodes with surrounding perilymphatic omentum.
- Static mild to moderate bilateral chronic renal changes.
- Borderline splenomegaly.
- Mild echogenic liver with mild gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the intestinal and lymphatic presentation may include inflammatory, infectious, or emerging neoplastic etiologies with FIP considered unlikely given patient's age. Concurrent emerging hepatosplenic pathology cannot be excluded if patient is non-sedated and given short half-life of hepatic enzymes in cats.

Assuming normal clotting status and using a 25-gauge needle, hepatosplenic and accessible lymph node FNA cytology is warranted for further clarification. Definitive diagnosis may require biopsies for histopathology. Correlation with most recent meal ingestion is recommended as if NPO, some degree of associated metabolic non-obstructive gastrointestinal ileus could be possible.

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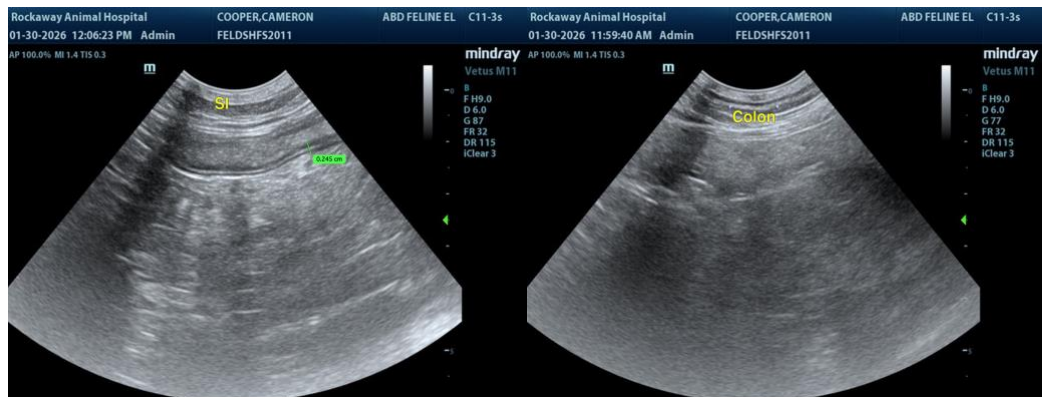
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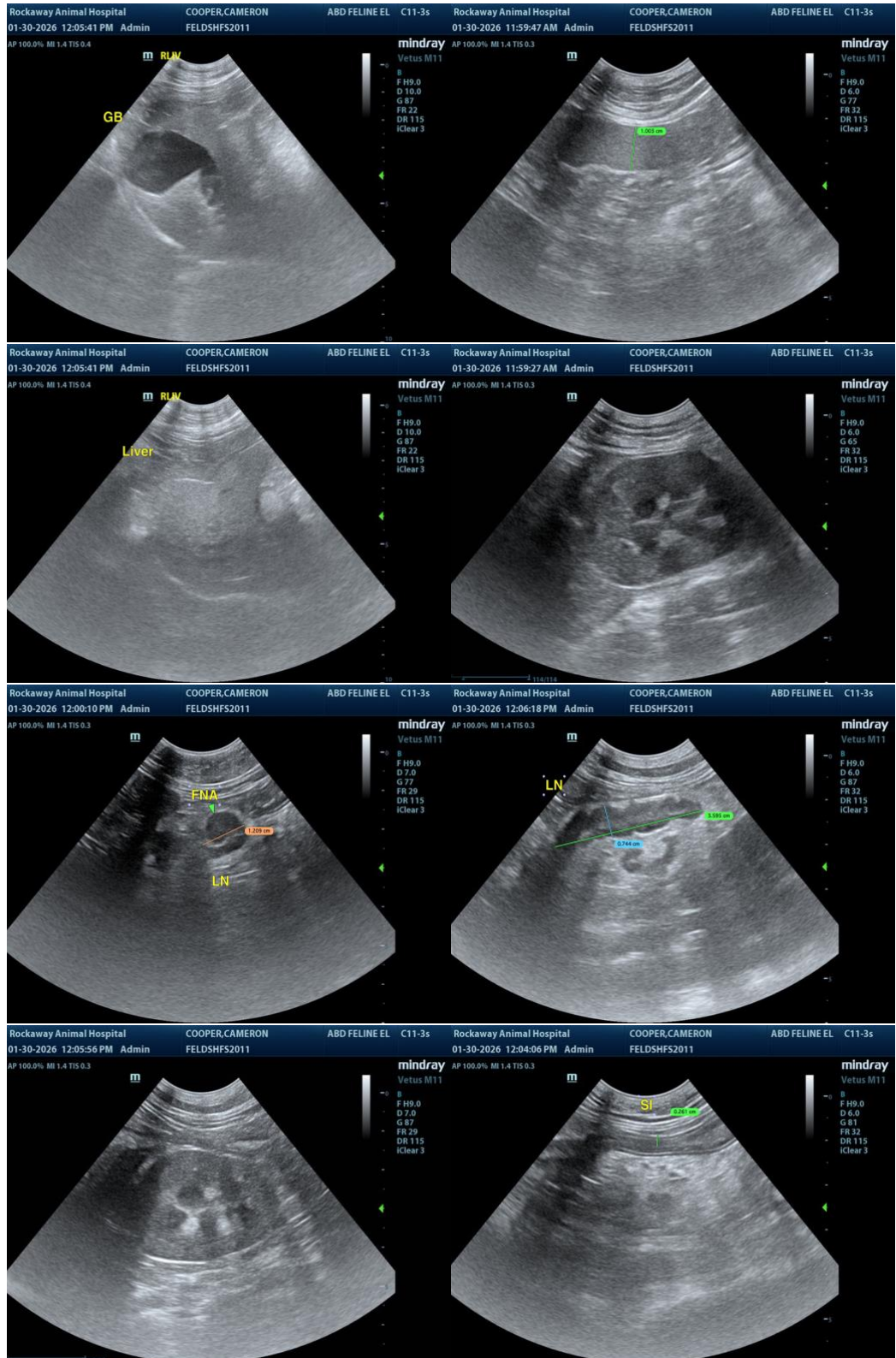
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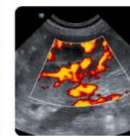
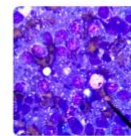
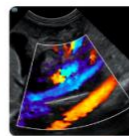
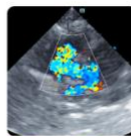
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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