



**PATIENT**

Raider Logan

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

11 yrs

**WEIGHT**

Not Provided

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

New Bridge  
Veterinary

**REFERRING VET**

Dr. Abina Glennon

**INVOICE**

15188

**DATE**

10/12/22

**PRESENTING CLINICAL SIGNS**

Concern for possible abdominal mass seen on abdominal radiographs. R/O pathology in abdomen. No current meds.

**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, non-dependent, particulate sediment which may indicate cellular debris / protein, crystalline debris, or mucus, 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.

The area of the aortic trifurcation was free of pathology.

Normal size and contour were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained with uniform mildly hyperechoic cortex and mildly enhanced corticomedullary border demarcation. The left kidney measured 4.0 cm in length. The right kidney measured 4.5 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 0.43 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm width.

**Spleen**

The spleen exhibited borderline to subjective mild enlargement yet maintained a symmetrical capsule contour and maintained finely textured homogeneous parenchyma with no masses or nodules noted. The spleen measured 1.2 cm width at the level of the hilus.

**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 in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact and sonographically unremarkable wall layering in the area of the fundus and body. Intact yet prominent wall layering was noted in the antrum and pylorus with the pylorus wall width measuring 0.37 cm width. Minor retained pyloric fluid was present. No evidence of mechanical pyloric outflow obstruction was noted.

The small intestine exhibited generalized intact wall layering with a maintained 1:3 muscularis/mucosa ratio. A solitary, mild, focally thickened jejunum in the mid-abdomen to potential emerging jejunal mural lesion was present measuring 1.6 cm x 0.95 cm and exhibiting mildly indistinct wall layer detail. By



<b>PATIENT</b>	comparison, normal-appearing duodenum wall measured 0.22 cm width. Normal-appearing jejunum wall measured 0.20 cm width.
Raider Logan	
<b>SPECIES</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
	<b>Pancreas</b>
Feline	The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.
<b>BREED</b>	
DSH	
<b>SEX</b>	<b>Free Abdomen</b>
	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 2.1 cm x 0.64 cm. No free fluid was noted.
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**ULTRASONOGRAPHIC FINDINGS**

- Mild urinary bladder sediment
- Nonspecific bilateral mild increased renal cortex echogenicity - patient variant, potential for interstitial nephrosis
- Borderline to mild splenomegaly
- Intact and mildly prominent pylorus walls with minor retained pyloric fluid
- Focally thickened midabdominal jejunum to possible emerging jejunal mural lesion
- Possible chronic active pancreatitis
- Intermittent subjective benign / reactive mesenteric lymph nodes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The gastrointestinal findings, as well as the pancreatic presentation, are of unclear clinical significance given the lack of reported gastrointestinal signs or weight loss in this patient. Spec fPL could be considered. Sonographic monitoring of the stomach and focal jejunum for evidence of progression would be reasonable with initial recheck in 4 weeks, sooner if clinical GI signs or evidence of weight loss are present.

The borderline splenomegaly is nonspecific with considerations including splenomegaly owing to sedation if clinically applicable, benign hyperplasia, hematopoiesis, incidental splenitis, potential for emerging splenic neoplastic criteria cannot be definitively excluded. Further assessment may include, assuming normal clotting status, screening splenic FNA cytology using a 25-gauge needle, especially if evidence of weight loss.

Correlation with full CBC/Chemistry panel and urinalysis +/- C/S if evidence of inflammatory cells is suggested.



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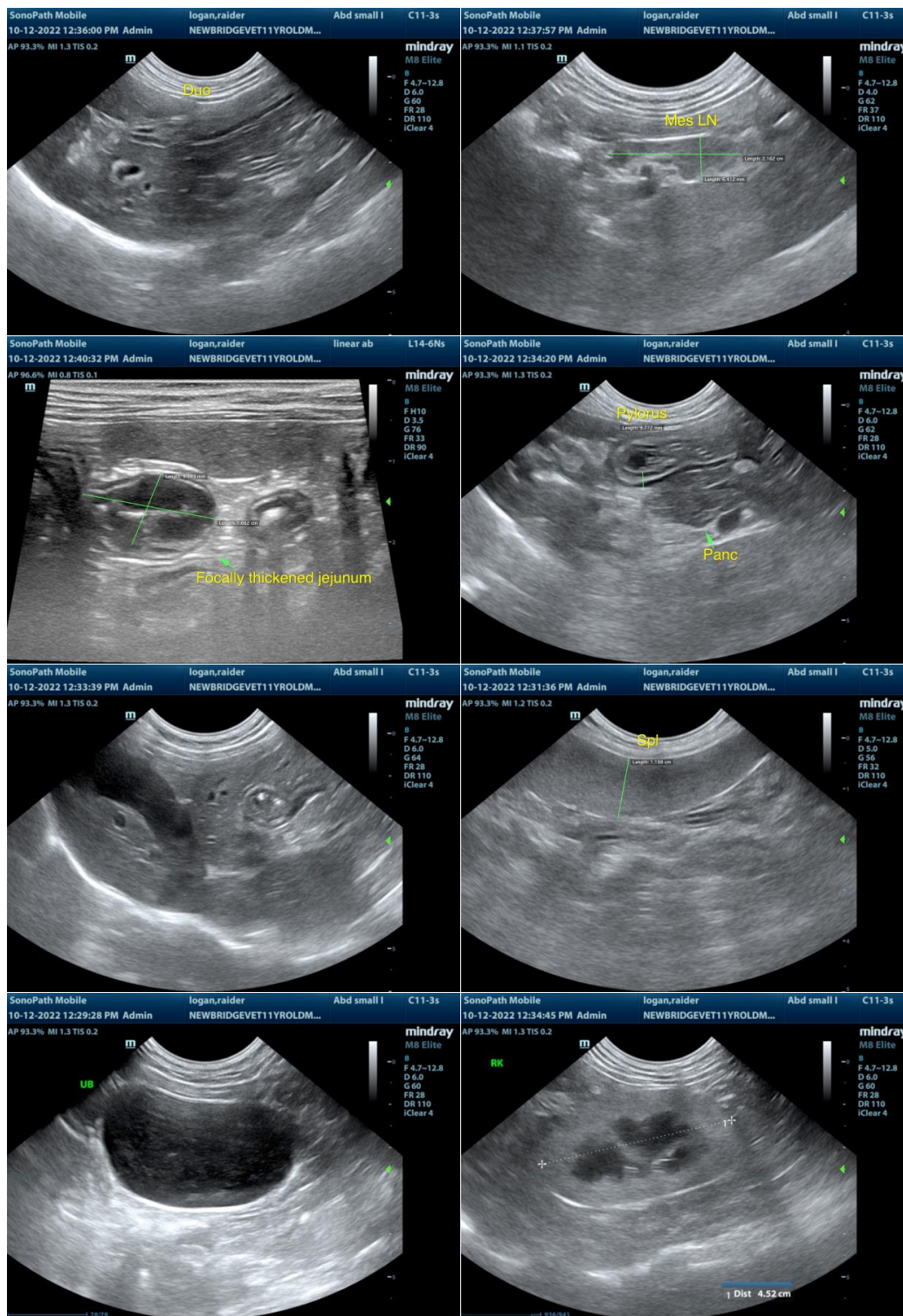
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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