



PATIENT

Cooper Sevier

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

5yr

WEIGHT

11.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Jonathan Moss

HOSPITAL NAME

Harvest Hills
Veterinary Hospital

REFERRING VET

Camille Sieger

INVOICE

22931

DATE

11-11-25

PRESENTING CLINICAL SIGNS

Pt presented for bruising around his ear and began vomiting yesterday and today and not eating and more lethargic. Litter and housemate has been treated twice for histoplasmosis.

Abnormal PE/Chem/CBC/UA Results: Temp: 100 Pulse:160 Respiration: 40 Petechiae on the head and ecchymosis on the abdomen and lip. Has lost about 0.7lbs mistvista-pending Felv/FIV-neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination was 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. A subtle hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated with interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.9 cm in length. The right kidney measured 4.2 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

The spleen exhibited borderline mild enlargement (1.1 cm width mid spleen) with 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. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. 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 generalized thickened to echogenic wall with indistinct mural detail. The stomach was non-distended containing a mild amount of retained anechoic fluid. No evidence of foreign material or obstruction to pyloric outflow. The gastric body wall measured 0.53 cm in width.



PATIENT

Cooper Sevier

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

5yr

WEIGHT

11.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Jonathan Moss

HOSPITAL NAME

Harvest Hills
Veterinary Hospital

REFERRING VET

Camille Sieger

INVOICE

22931

DATE

11-11-25

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 mechanical/metabolic ileus, obstruction or foreign material. Small intestinal wall measured 0.21 cm in width at the level of the spleen.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No evidence of peritoneal effusion was present.

Intermittent to several mildly prominent to enlarged 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 measured 2.8 cm x 0.36 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

- Borderline /mild splenomegaly-sedation if clinically applicable, hyperplasia, hematopoiesis, inflammation, infection, emerging neoplasia possible
- Generalized mild thickened hypomotile stomach-gastritis, infection, emerging to occult gastric neoplasia possible
- Sonographically normal liver
- Non-specific subtle bilateral renal medullary rim sign.
- Mild urine sediment
- Intermittent mild mesenteric lymphadenopathy -subjective benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given evidence of petechia coagulation profile recommended. Assuming normal clotting status and using a 25g needle, a splenic and thickened gastric wall FNA for screening cytology is recommended for further assessment. The current subjective benign mesenteric lymph nodes given size likely preclude concurrent FNA cytology yet sonographic monitoring is indicated. Correlation with pending diagnostics and consideration for three view chest radiographs and GI panel to assess for occult disease as a contributing factor to the mild weight loss is recommended. UA +/- C/S if evidence of inflammatory urine sediment or UPC level if proteinuria and non-inflammatory urine sediment is recommended.



PATIENT

Cooper Sevier

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

5yr

WEIGHT

11.4

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

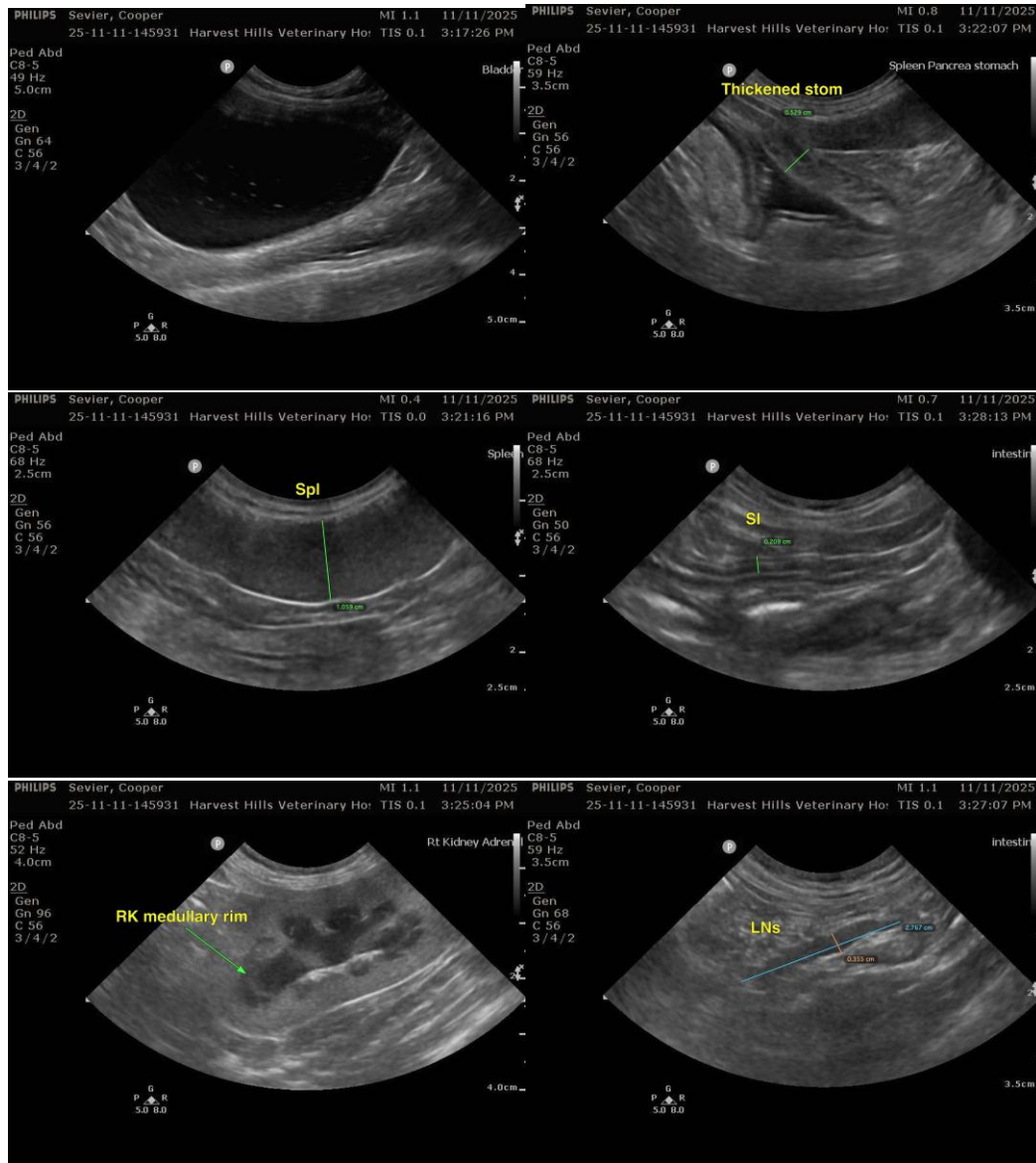
Jonathan Moss

HOSPITAL NAME

Harvest Hills
Veterinary Hospital

REFERRING VET

Camille Sieger



INVOICE

22931

DATE

11-11-25



PATIENT

Cooper Sevier

SPECIES

Feline

BREED

DSH

SEX

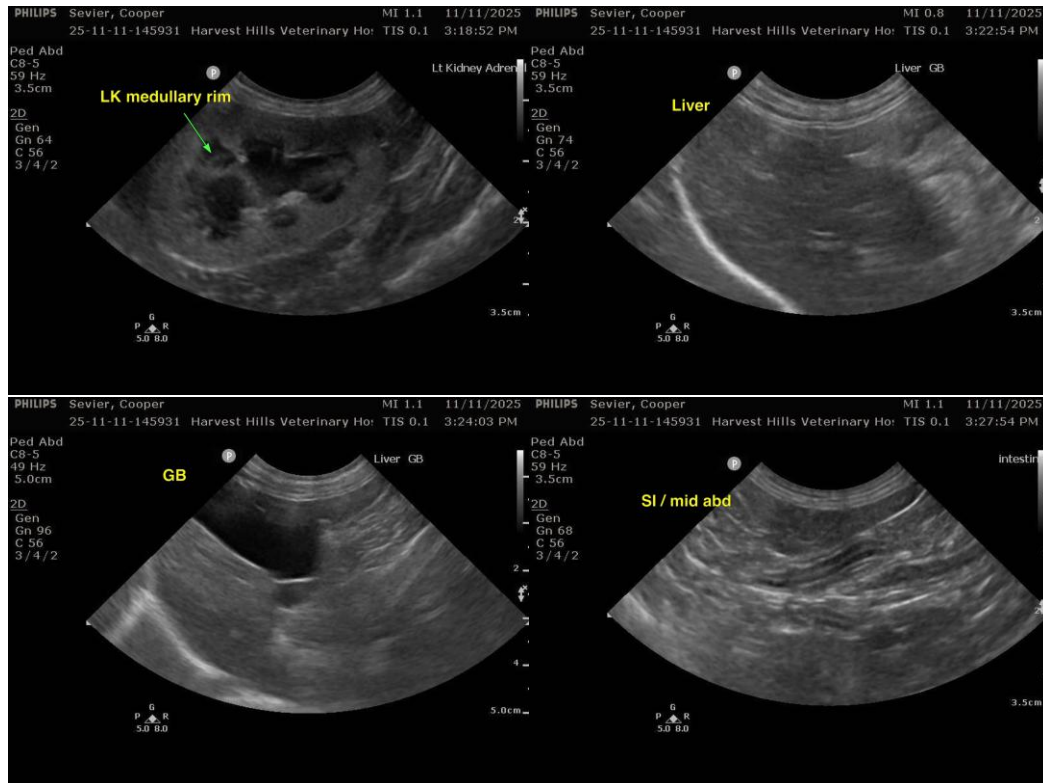
MN

AGE

5yr

WEIGHT

11.4



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

INTERPRETED BY

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

IMAGING PERFORMED BY

Jonathan Moss

HOSPITAL NAME

Harvest Hills
Veterinary Hospital

REFERRING VET

Camille Sieger

INVOICE

22931

DATE

11-11-25