



## PATIENT

Leo Stanko

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

12 Years

## WEIGHT

16.7 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Rodriguez

## HOSPITAL NAME

Foxfield Veterinary  
Services

## REFERRING VET

Dr. Rodriguez

## INVOICE

12212

## DATE

11/12/25

## PRESENTING CLINICAL SIGNS

Diabetic and currently on senvelgo. Hyporexia

Abnormal PE/Chem/CBC/UA Results: Glob: 5.2, K: 3.

## 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.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Loss of corticomedullary border demarcation was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.6 cm in length. The right kidney measured 4.8 cm in length.

### Adrenal Glands

Both adrenal glands were enlarged in size, symmetrical contour and homogenous hypoechoic parenchyma. The left adrenal gland measured 0.79 cm width. The right adrenal gland measured 0.74 cm width.

### 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. The spleen measured 0.79 cm width level of the mid spleen.

### Liver

The liver revealed generalized hepatomegaly exhibiting symmetrical mildly rounded contour and homogenous mildly hypoechoic parenchyma compared to adjacent omentum.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The common bile duct was not visualized.

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and no signs of ileus, obstruction or foreign material.

Generalized thickened overall intact small intestinal wall with altered wall layer ratio owing to primarily thickened muscularis and segmental mucosa layer. Small intestine wall measured up to 0.36 cm wall width. The ileocolic wall measured 0.68 cm wall width.



**PATIENT**

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

Leo Stanko

**Pancreas**

**SPECIES**

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Feline

**Free Abdomen**

**BREED**

Intermittent variably swollen to hypoechoic mesenteric lymph nodes were visualized exhibiting borderline to mild abnormal width:length ratio with an example measuring 3.2 cm 1.6 cm. Generalized mild omental hyperechogenicity with scant pockets of peritoneal effusion.

DSH

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Neutered Male

- Enlarged mildly hypoechoic liver.
- Diffusely thickened small intestine with concurrent hypoechoic to swollen mesenteric lymphadenopathy.
- Mild omental hyperechogenicity and scant peritoneal effusion.
- Bilateral chronic renal changes.
- Bilateral adrenomegaly.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Considerations for the hepatogastrintestinal and lymphatic presentation may include multicentric, inflammatory or neoplastic disease with warranted concern for multicentric round cell neoplasia i.e. lymphoma. Assuming normal clotting status and using a 25-gauge needle, hepatic and accessible lymph node FNA cytology +/- culture and sensitivity is recommended for further clarification. Pending suggested sampling is considered essential for further clarification. Gastrointestinal support with monitoring of serum glucose and potassium levels is recommended. Guarded prognosis.

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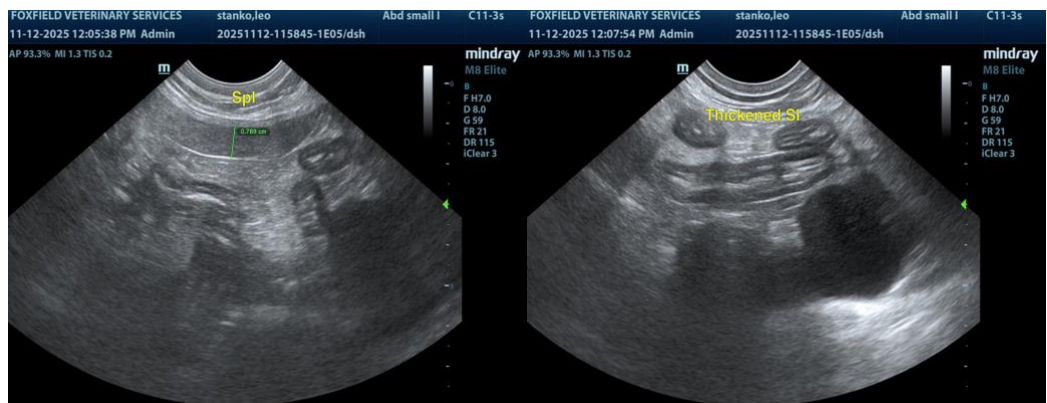
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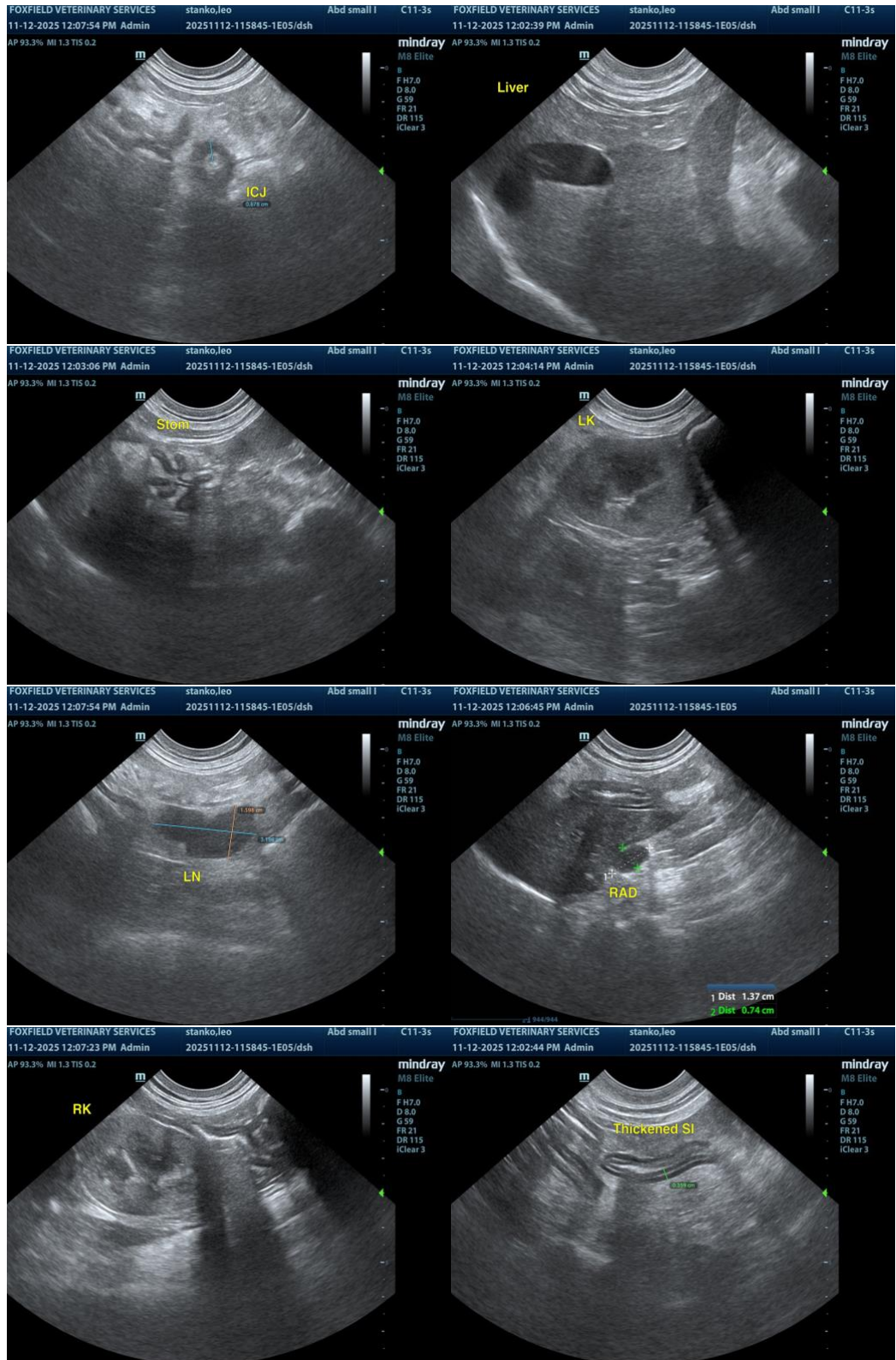
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)