**PATIENT**

Oliver Stevenson

**SPECIES**

Feline

**BREED**

DLH

**SEX**

MN

**AGE**

5yr

**WEIGHT**

14.3lb

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING  
PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**SVS Imaging  
Michigan**REFERRING VET**Patterson Dog and  
Cat Hospital**INVOICE**

12235ag

**DATE**

11/22/2022

**PRESENTING CLINICAL SIGNS**

swollen lymph nodes

Abnormal PE/Chem/CBC/UA Results: blood work looked normal, swollen lymph nodes

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic 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 3.9 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm.

**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 1.0 cm in width at the level of the hilus.

**Liver**

The liver was subjectively normal in size, structure, and contour. Minor uniform increased parenchymal echogenicity compared to the spleen with a mild coarse echotexture was observed. The hepatic and portal vasculature were normal in appearance without signs of congestion. No masses or nodules.

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 wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.24 cm in width.

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. The duodenum wall measured 0.22 cm width. The jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.26 cm width.

**PATIENT**

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

Oliver Stevenson

**Pancreas**

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

**SPECIES**

Feline

**Free Abdomen****BREED**

No peritoneal effusion was present.

DLH

A solitary mildly prominent non-homogeneous to cystic colic lymph node adjacent to the proximal colon was present measuring 1.0 cm in diameter. No evidence of additional significant intra-abdominal lymphadenopathy was present.

**SEX**

MN

**ULTRASONOGRAPHIC FINDINGS****AGE**

5yr

- Mild urinary bladder sediment
- Sonographically unremarkable GI tract/colon
- Focal mildly prominent non-homogeneous to cystic colic lymph node-subjectively benign
- Normal liver with minor uniform increased parenchyma echogenicity-nonspecific yet subjectively benign given no hepatic enzyme elevations

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14.3lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, no overt evidence of significant abdominal visceral pathology i.e. overt neoplastic criteria was present in this scan.

**INTERPRETED BY**

A urine C/S on a sterile urine sample if evidence of inflammatory cells on UA is recommended.

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Monitoring of hepatic enzyme levels and sonographic monitoring of the non-homogeneous cystic colic lymph node for evidence of progression would be reasonable. Correlation with peripheral lymph node FNA cytology could be considered. Infectious disease serology and retroviral status may be considered if clinically indicated.

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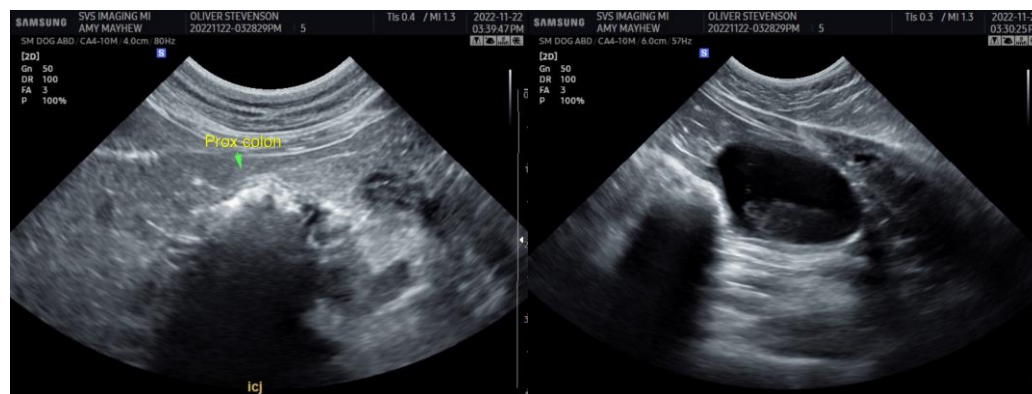
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SVS Mobile Imaging MI 734-637-7711  
svsimagingmi@gmail.com



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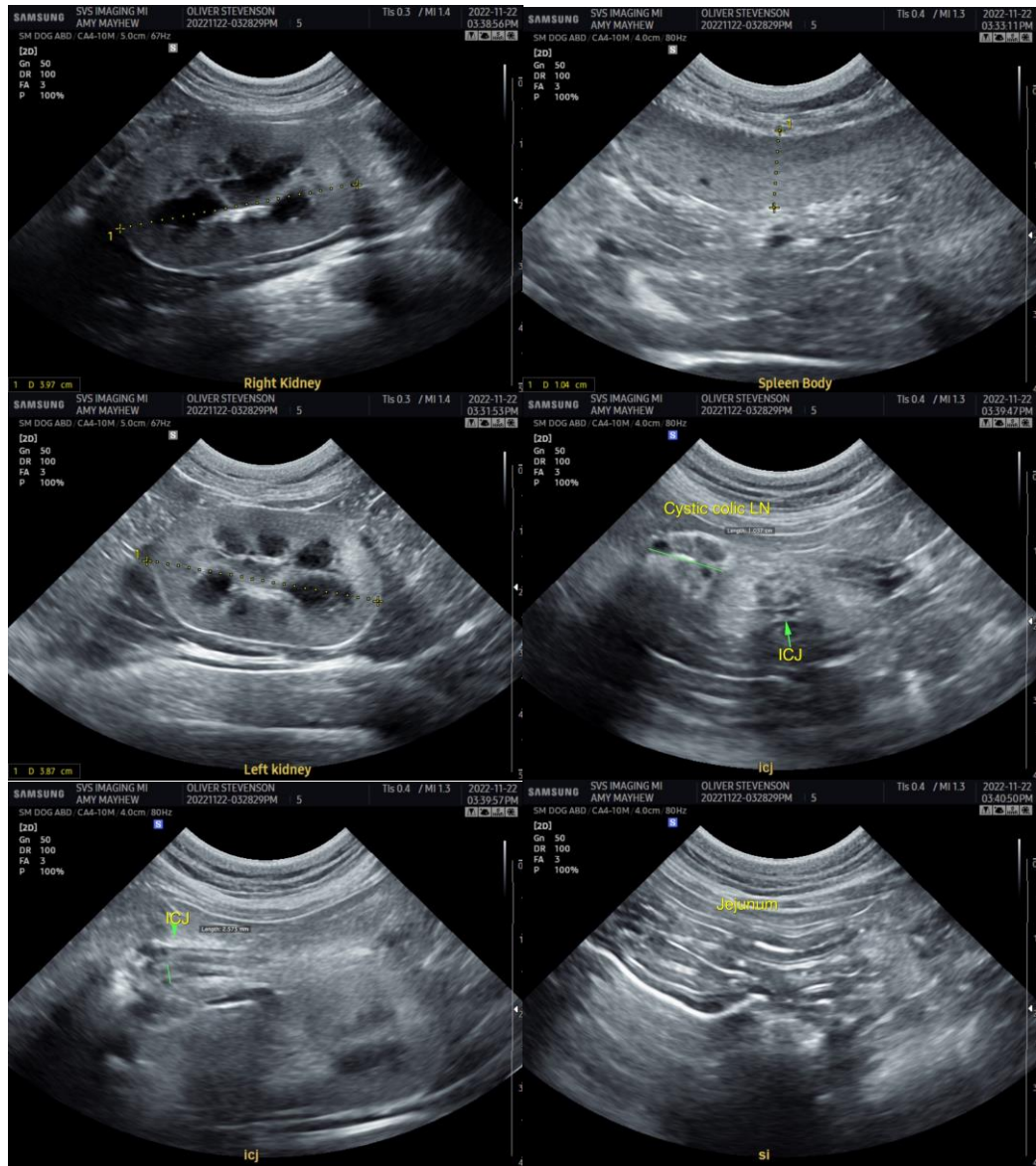
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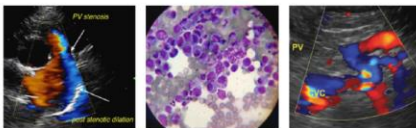
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SVS Mobile Imaging MI 734-637-7711  
svsimagingmi@gmail.com



EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

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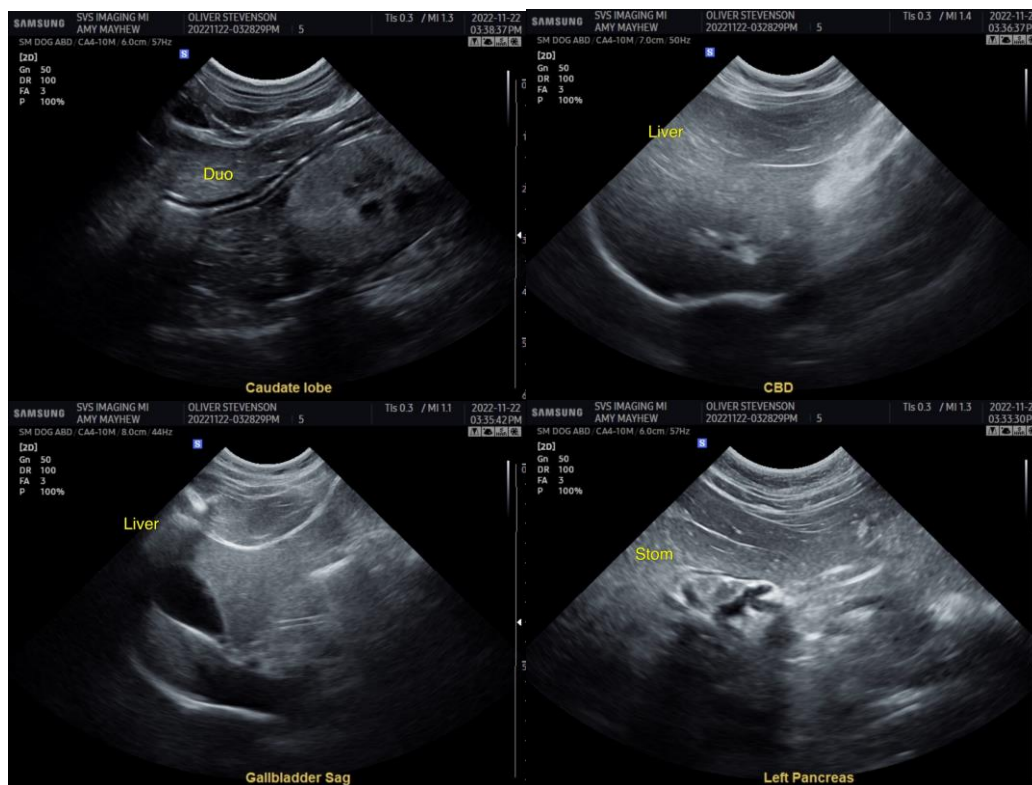
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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