



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Ollie Rounds	Not eating bad tooth lethargic
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: TT4 elevated 9.3 ALT 150 quantitative panc lipase elevated 6.1 glob 5.7 abd rad- mild constipation felv/fiv negative neutrophilia
Feline	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
DSH	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.
<b>SEX</b>	The area of the aortic trifurcation was free of pathology.
Neutered Male	Normal size and margination was present in the kidneys. Thickened cortex exhibiting medullary hyperechogenicity to thickened hyperechoic corticomedullary band. The left kidney measured 3.9 cm in length. The right kidney measured 4.2 cm in length.
<b>AGE</b>	<b>Adrenal Glands</b>
18 Years 6 Months	The adrenal glands were mildly enlarged in size with symmetrical contour and homogenous nonmineralized parenchyma. The left adrenal gland measured 0.56 cm width. The right adrenal gland measured 0.57 cm width.
<b>WEIGHT</b>	<b>Spleen</b>
11 pounds	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.
<b>INTERPRETED BY</b>	<b>Liver</b>
R. McKenzie Daniel, DVM, DABVP	The liver exhibited multiple small homogenous hypoechoic intraparenchymal nodules with an example measuring 1.2 cm in diameter. A solitary cystic appearing right lateral to caudate lobe mass was visualized measuring 3.2 cm in diameter.
<b>IMAGING PERFORMED BY</b>	The gallbladder was non distended in size with mild nonorganized biliary sludge. The common bile duct was not visualized. No evidence of posthepatic obstruction.
Melissa Rosen	<b>Gastrointestinal</b>
<b>HOSPITAL NAME</b>	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.
South Bellmore Veterinary Group	The small intestine presented intact wall layering with borderline prominent small intestine wall exhibiting propensity for borderline prominent muscularis layer. Small intestine wall measured 0.25 cm width.
<b>REFERRING VET</b>	
Dr. Robert Foley	
<b>INVOICE</b>	
12459	
<b>DATE</b>	
11/25/25	



**PATIENT**

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

Ollie Rounds

**Pancreas**

**SPECIES**

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.

Feline

**BREED**

**Free Abdomen**

DSH

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Neutered Male

- Hepatopathy exhibiting hypoechoic intraparenchymal nodules and cystic intraparenchymal mass.
- Mild gallbladder debris.
- Empty gastrointestinal tract with borderline thickened intact small intestine wall.
- Chronic renal changes exhibiting medullary hyperechogenicity to thickened medullary rim sign.
- Sonographically normal area of pancreas.
- Mildly enlarged bilateral adrenal glands- nonspecific.

**AGE**

18 Years 6 Months

**WEIGHT**

11 pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

The liver nodules and cystic mass are nonspecific with considerations including biliary cystadenoma, nodular hyperplasia, granulomas or neoplasia. Assuming normal clotting status and using a 25-gauge needle, hepatic nodule/mass FNA cytology +/- fluid analysis could be considered for further clarification. Small intestinal patient variant with potential for emerging or low-grade enteropathy as well as mild to chronic pancreatitis which may present sonographically normal is not excluded. Gastrointestinal support and empirical therapy for mild chronic pancreatitis with clinical monitoring would be reasonable. Potential bilateral adrenal patient variant or incidental enlargement. Monitoring of systemic BP and serum potassium levels is recommended. Sonographic reassessment of the liver, small intestine and bilateral adrenal glands is indicated if progressive clinical signs, hepatopathy, hypertension or hypokalemia. Urinalysis is recommended if not recently done.

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Melissa Rosen

**HOSPITAL NAME**

South Bellmore  
Veterinary Group

**REFERRING VET**

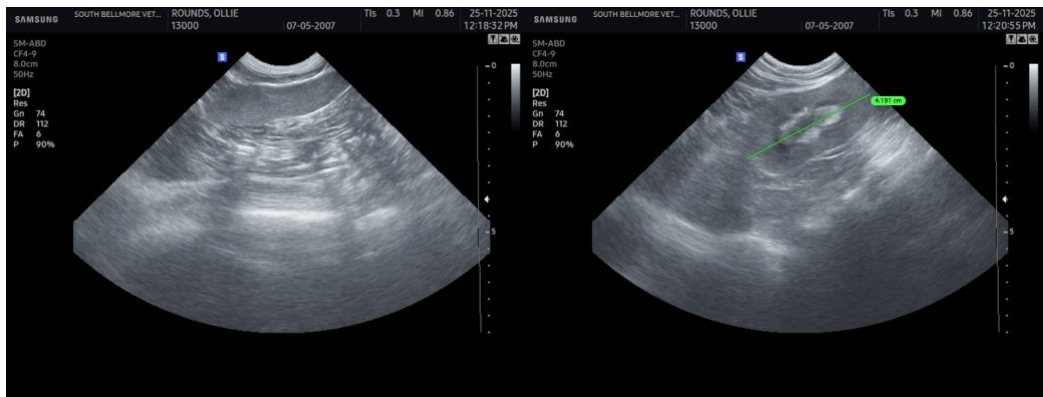
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**PATIENT**

Ollie Rounds

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

18 Years 6 Months

**WEIGHT**

11 pounds

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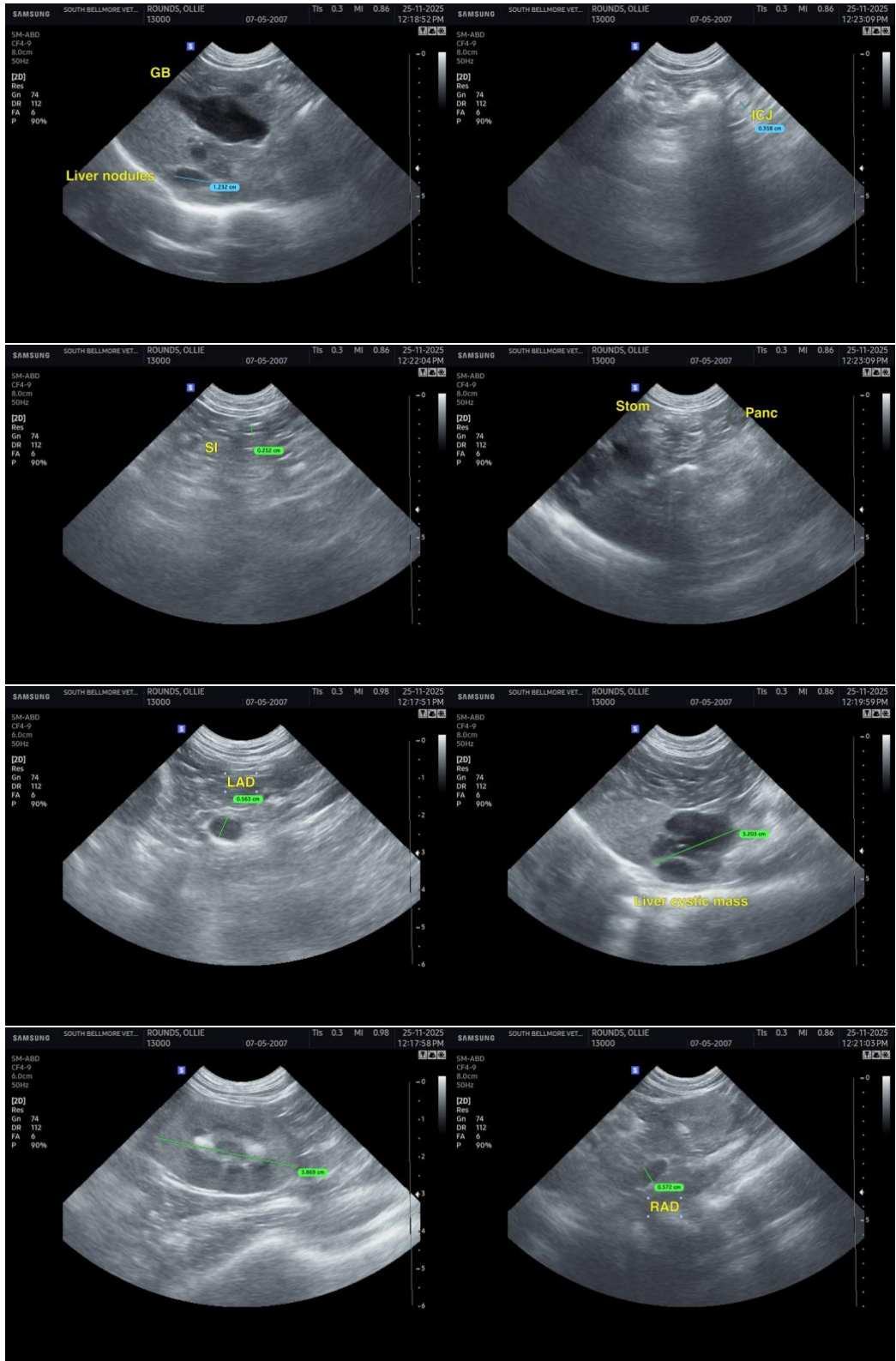
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## PATIENT

Ollie Rounds

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

18 Years 6 Months

## WEIGHT

11 pounds

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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)

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