



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Bear Salvatore	Wt loss (9.6 on 5/2/22); increased drinking, lethargy, vomiting, defecating outside LB (normal stool). On exam palpated firm round mass in cranial abdomen along midline. Hx of CKD.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Feline	<b>Urinary System</b>
<b>BREED</b>	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 no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
DSH	
<b>SEX</b>	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. Mild loss of corticomedullary distinction was also present. No evidence of pyelectasia was present. The renal medullary volume was subjectively reduced. The left kidney measured 3.4 cm in length. The right kidney measured 3.4 cm in length.
MN	
<b>AGE</b>	
14yr	The area of the aortic trifurcation was free of pathology.
<b>WEIGHT</b>	<b>Adrenal Glands</b>
7.4lb	The bilateral adrenal glands were mildly prominent in size with symmetrical capsule contour and homogeneous non-mineralized parenchyma. The left adrenal gland measured 0.51 cm width. The right adrenal gland measured 0.63 cm width.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The spleen exhibited borderline to mild subnormal size 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. The spleen measured 0.50 cm in width at the level of the hilus.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Jessica Miller	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.
<b>HOSPITAL NAME</b>	
Andover AH	
<b>REFERRING VET</b>	
Dr. Vanderborgart	The gallbladder was contracted in size with minimal primarily anechoic luminal content. Mild generalized gallbladder wall edema was present. The gallbladder wall measured 0.31 cm in width. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.28 cm diameter.
<b>INVOICE</b>	The cystic and common bile ducts were normal.
12284ag	<b>Gastrointestinal</b>
<b>DATE</b>	The stomach presented intact wall layering with a normal wall layer ratio. The stomach was moderately distended with retained echogenic fluid, chyme and mild progressively shadowing ingesta with no signs of ileus, obstruction or foreign material.
11/28/2022	



**PATIENT**

Bear Salvatore

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained generalized chyme with no signs of ileus, obstruction or masses to the level of the ileocolic junction.

**SPECIES**

Feline

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

**Pancreas**

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.

**BREED**

DSH

**Free Abdomen**

No omental masses or overt lymphadenopathy was present.

**SEX**

MN

Intermittent scant pocket of peri intestinal free fluid was present.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

14yr

- Bilateral non-specific chronic renal changes
- Bilateral prominent uniform adrenal glands-probable patient variant assuming normal potassium level and normotensive
- Contracted gallbladder exhibiting mild wall edema, minor non-obstructive proximal CBD dilation
- Moderately distended stomach with retained ingesta/chyme, concurrent generalized small intestine ingesta/chyme
- Suspect chronic active pancreatitis
- Intermittent scant pocket of peri intestinal free fluid

**WEIGHT**

7.4lb

**INTERPRETED BY**

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

**Secondary findings**

- Mild volume contracted spleen-no evidence of neoplastic criteria

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Jessica Miller

No evidence of intra-abdominal mass or significant lymphadenopathy.

Potential for enteropathy with possible inefficient peristalsis pattern assuming documented NPO. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. GI biopsies may be required for a definitive diagnosis.

**HOSPITAL NAME**

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The mild gallbladder wall edema and concurrent non-obstructive CBD dilation may be age related variant although potential cholangitis could be present if previous history of hepatic enzyme elevations or given short half life of hepatic enzymes in cats.

**REFERRING VET**

Dr. Vanderbogart

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

**INVOICE**

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**BREED**

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**AGE**

14yr

**WEIGHT**

7.4lb

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**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

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**REFERRING VET**

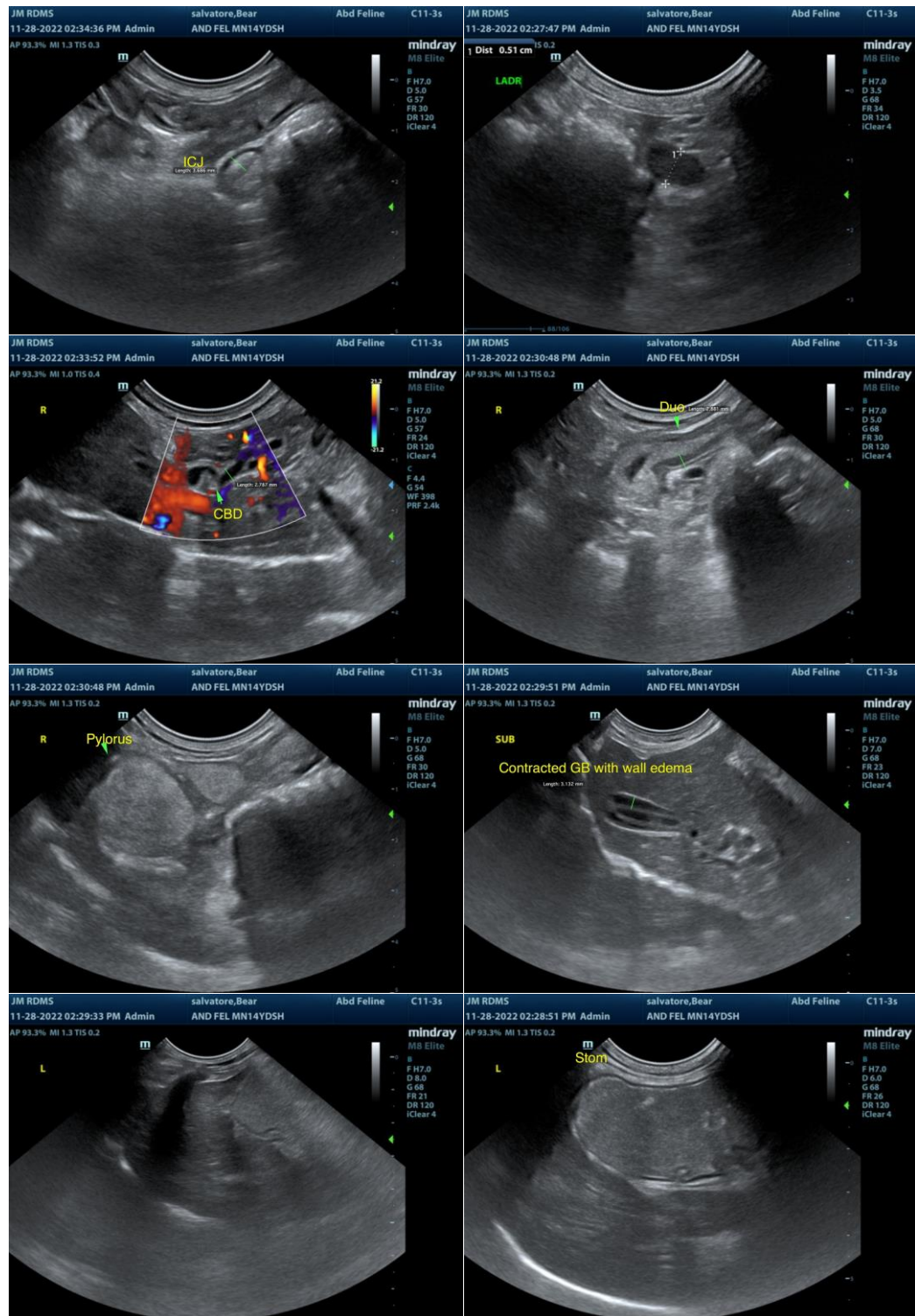
Dr. Vanderbogart

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**PATIENT**

Bear Salvatore

**SPECIES**

Feline

**BREED**

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**SEX**

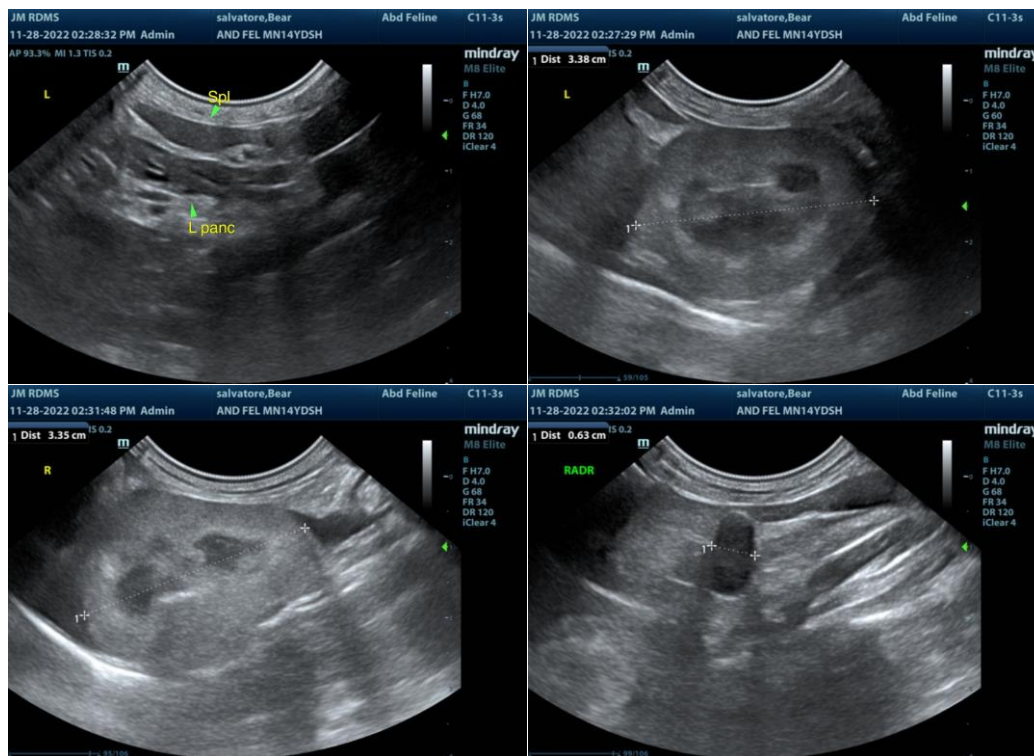
MN

**AGE**

14yr

**WEIGHT**

7.4lb



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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Jessica Miller

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