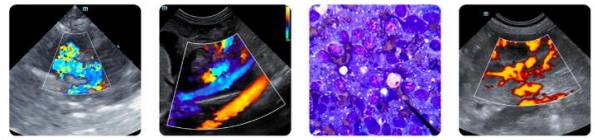




PATIENT	PRESENTING CLINICAL SIGNS
CoCo Goddard	History of arthritis , patient on routine solensia injections. Patient presented for annual exam with bloodwork. Bloodwork results led us to abd u/s.
SPECIES	Abnormal PE/Chem/CBC/UA Results: - CBC: Within normal limits - Chemistry: - Total protein: 9.2 (elevated) - Globulins: 6.3 (elevated) - T4: Within normal limits
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DLH	Urinary System
SEX	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 evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
Female Spayed	No evidence of pathology in the area of the aortic trifurcation.
AGE	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.9 cm in length.
12 yrs, 7 min	
WEIGHT	Adrenal Glands
9.8 lbs.	The area of the right adrenal gland was free of overt pathology. The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 cm width.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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 was borderline mildly enlarged, measuring 1.1 cm width at the level of the mid-spleen.
IMAGING PERFORMED BY	Liver/ Gallbladder
Griffin	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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
HOSPITAL NAME	
Northside VC	
REFERRING VET	
Griffin	
INVOICE	
10301	
DATE	
11/5/25	



PATIENT	<i>Gastrointestinal</i>
CoCo Goddard	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material. The gastric body wall width measured 0.24 cm in width.
SPECIES	
Feline	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 small Intestinal wall width measured 0.23 cm.
BREED	
DLH	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	<i>Pancreas</i>
Female Spayed	The pancreas was normal in size and contour with homogeneous minor hypoechoic compared to adjacent omentum.
AGE	<i>Free Abdomen</i>
12 yrs, 7 min	No significant omental lymphadenopathy was visualized. No evidence of peritoneal effusion or omental masses was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
9.8 lbs.	<ul style="list-style-type: none"> • Borderline / mild splenomegaly • Minor hypoechoic pancreas • Age-related renal changes • Normal gastrointestinal tract
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No evidence of definitive visceral pathology as an obvious cause of the hyperglobulinemia.
IMAGING PERFORMED BY	The spleen was nonspecific and may indicate sedation if clinically applicable. Incidental hyperplasia, hematopoiesis, or splenitis are possible without overt evidence of splenic neoplastic criteria, which is thought to be less likely.
Griffin	
HOSPITAL NAME	
Northside VC	
REFERRING VET	
Griffin	
INVOICE	Assuming normal clotting status, using a 25-gauge needle, and if the patient is non-sedated, screening splenic FNA cytology could be considered for further assessment. A spec fPL could be considered if clinical signs consistent with low-grade pancreatitis or cranial abdomen / subxiphoid discomfort on palpation are noted. Three-view chest radiographs are suggested, if not recently done, with consideration for protein electrophoresis if persistent / progressive hyperglobulinemia.
10301	
DATE	
11/5/25	



PATIENT

CoCo Goddard

SPECIES

Feline

BREED

DLH

SEX

Female Spayed

AGE

12 yrs, 7 min

WEIGHT

9.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

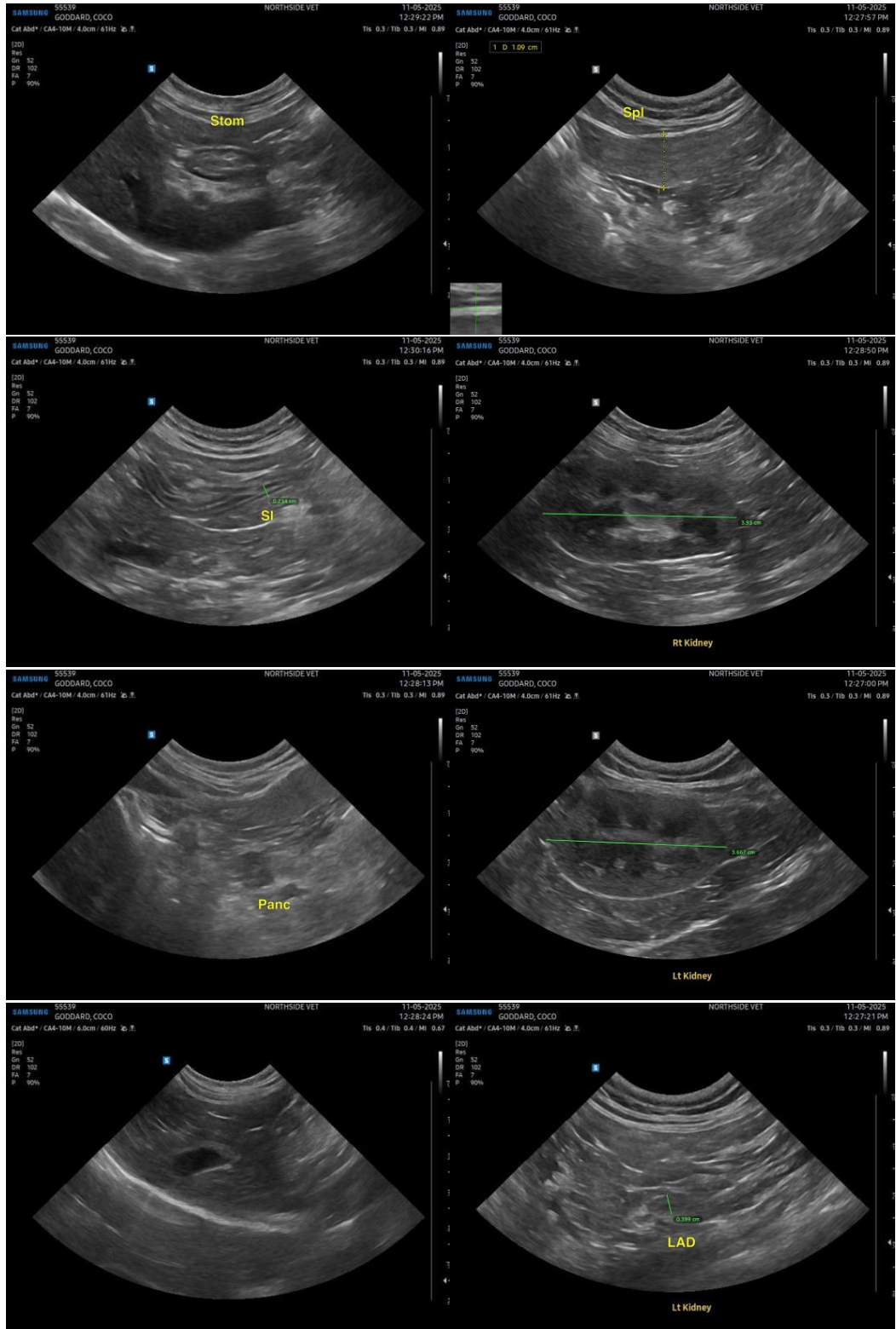
Griffin

INVOICE

10301

DATE

11/5/25





PATIENT

CoCo Goddard

SPECIES

Feline

BREED

DLH

SEX

Female Spayed

AGE

12 yrs, 7 min

WEIGHT

9.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Griffin

INVOICE

10301

DATE

11/5/25

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