

PATIENT

Jax Eckard

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

2011

WEIGHT

3.25 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

Banfield Pet Hospital
(Westminster)

REFERRING VET

Melluso

INVOICE

12786

DATE

11/6/25

PRESENTING CLINICAL SIGNS

History: Diarrhea, anorexia, dehydration, palpable caudal mass

Medication: SQF, enulose, mirtaz

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 changes were noted.

Normal size and margination was 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 3.3 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma measuring 0.41 cm. The right adrenal gland was borderline prominent in size with symmetrical contour and primarily homogeneous parenchyma measuring 0.47 cm.

Spleen

No obvious pathology in the area of the spleen.

Liver

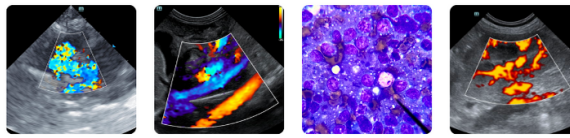
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. Mid to right intraparenchymal cyst caudal to the level of the gallbladder and cystic duct was noted measuring 2.3 cm in diameter. The cyst contained primarily anechoic fluid. Separate indistinctly marginated cystic non-disruptive intraparenchymal nodule was noted measuring 0.9 cm in diameter. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The common bile duct was not definitively visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with minor fluid and gas.

The visualized segments of the small intestine exhibited intact wall layering with normal wall layer ratio and empty intestinal lumen. Small intestine wall measured 0.20 cm, and ileocolic wall measured 0.38 cm.

The colon was mildly distended in size containing variably formed to segmental shadowing fecal matter to the level of the urinary bladder and colorectum.



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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.

Free Abdomen

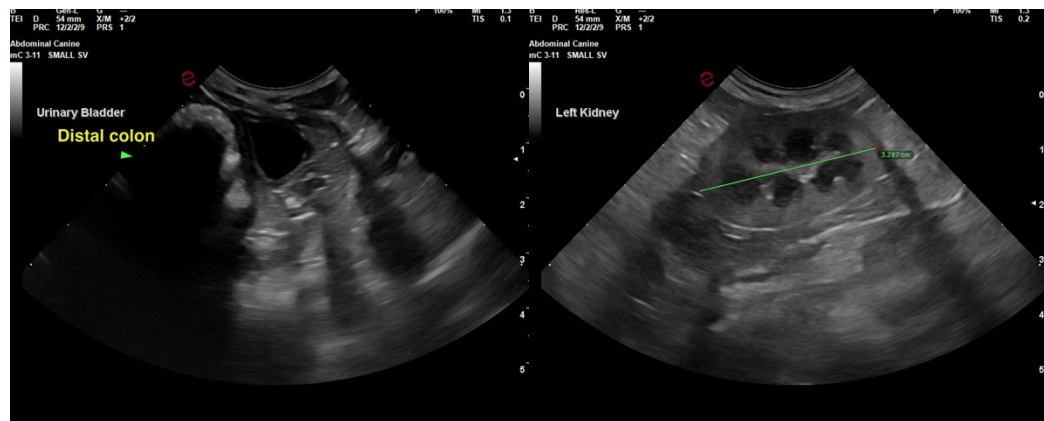
Solitary, mildly asymmetrical enlarged non-homogeneous medial iliac/sublumbar lymph node was noted measuring ~3.0 cm in diameter exhibiting minor, regional inflammation present. Mild peri ileocolic hyperechoic omentum. No evidence of mid abdomen mesenteric lymphadenopathy or peritoneal effusion present.

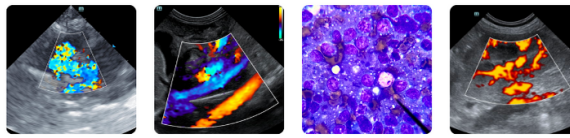
ULTRASONOGRAPHIC FINDINGS

- Sonographically normal empty stomach and small intestine
- Mildly distended colon with variably formed fecal matter
- Hepatic cyst/cystic nodule – subjective benign
- Mild gallbladder debris
- Medial iliac/sublumbar lymphadenopathy with mild surrounding inflammation – hyperplasia, granulomatous or inflammatory lymphadenopathy, neoplasia, all potentials
- Mild age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, FNA cytology of the medial iliac/sublumbar lymph node and +/- C/S is recommended for further clarification. A GI panel to include PLI/TLI/Cobalamin/Folate to assess for occult intestinal or pancreatic disease as contributing factor is recommended. Correlation with full lab work and urinalysis is recommended. The right adrenal gland is nonspecific, likely incidental and not overtly consistent with neoplastic criteria. Monitoring of systemic BP and serum potassium levels recommended. Hospitalization with 24-48 hour IV fluid/gastrointestinal support and clinical reassessment may prove beneficial.





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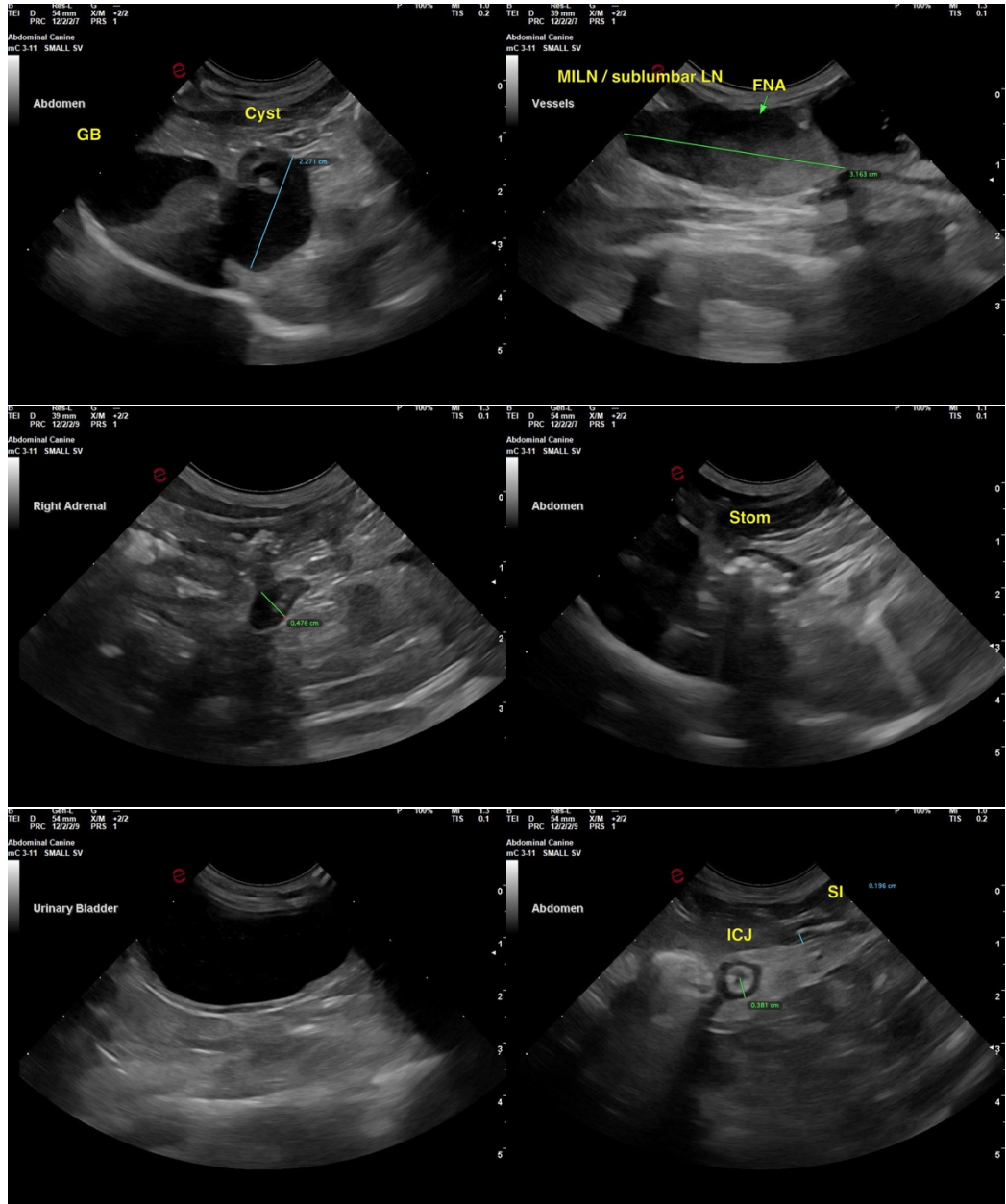
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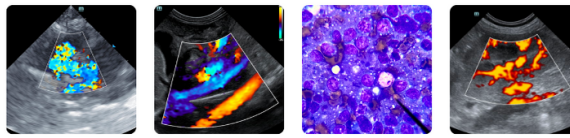
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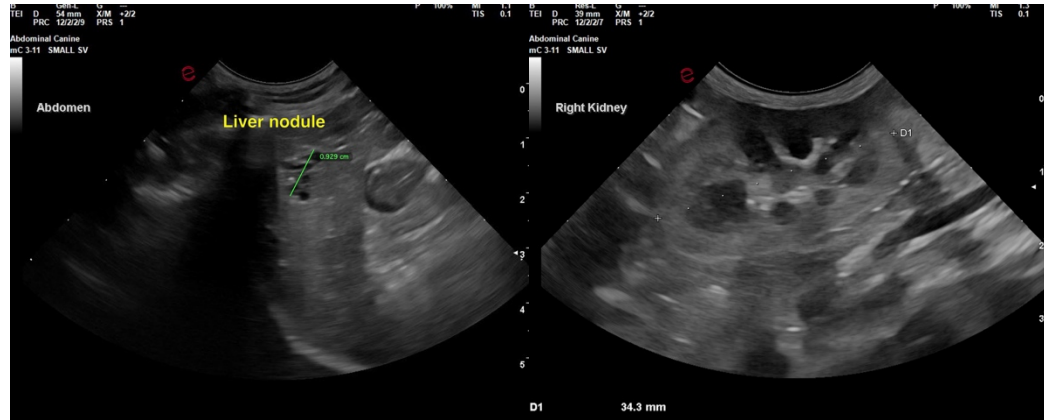
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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