



PATIENT

Nala Kollner

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

8 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Smithfield Animal
Hospital

REFERRING VET

Dr. Boe

INVOICE

12115

DATE

11/06/25

PRESENTING CLINICAL SIGNS

Pre-surgical look for mets. (2 masses on body), Elevated LE's. Received Torb for scan.

Abnormal PE/Chem/CBC/UA Results: Creat 0.7; BUN 39; Na 160; Anion gap 27; TP 5.9; ALT 189; ALP 115; CK 802; Mono 704

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction exhibited normal thickness and tone. The visible pelvic urethra to a depth of 2.0 cm exhibited normal structure and mild decreased 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.

The area of the aortic trifurcation was free of pathology.

The left kidney presented with adequate size and asymmetrical margination with multiple cortical infarcts and loss of corticomedullary border demarcation. The left kidney measured 3.8 cm in length

The right kidney presented subnormal in size, marked asymmetrical margination and cortical infarcts with indistinct corticomedullary border demarcation. Subjective reduced medullary volume. The right kidney measured 2.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width.

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.

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. 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 small intestine presented intact mildly thickened wall with generalized empty intestinal lumen. Subjective mild altered wall layer ratio owing to mildly thickened intestinal mucosa layer. The



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duodenum wall measured 0.31 cm width. The jejunum wall measured 0.30 cm width. The ileocolic wall measured 0.30 cm width.

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

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

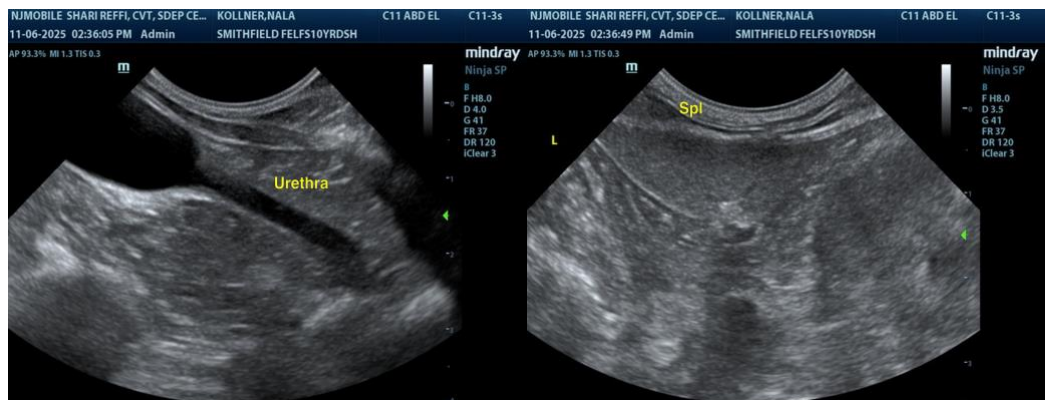
Mildly enlarged nonhomogenous to rounded mid abdomen mesenteric lymph nodes were visualized with an example measuring 2.2 cm x 1.0 cm. No evidence of peritoneal effusion or omental masses.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal liver/gallbladder- consistent with benign hepatopathy.
- Intact mildly thickened small intestine.
- Nonspecific mild mid abdomen mesenteric lymphadenopathy- hyperplasia, inflammation, early neoplasia/metastasis possible.
- Chronic renal changes accentuated by subnormal left kidney with bilateral cortical infarcts.
- Nondistended urinary bladder with mild distended proximal urethra- nonspecific.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intact mildly thickened small intestine is of unclear clinical significance given no reported gastrointestinal signs. Underlying enteropathy is probable if nonreported gastrointestinal signs or evidence of weight or muscle mass loss. Assuming normal clotting status and using a 25-gauge needle, hepatic and accessible lymph node FNA cytology is warranted for further clarification. Correlation with a GI panel to include PLI, TLI, cobalamin and folate if gastrointestinal signs, muscle mass or weight loss are present as well as urinary work up including urinalysis, culture/sensitivity and UPC level for renal staging is recommended. Correlation with urination pattern is recommended.





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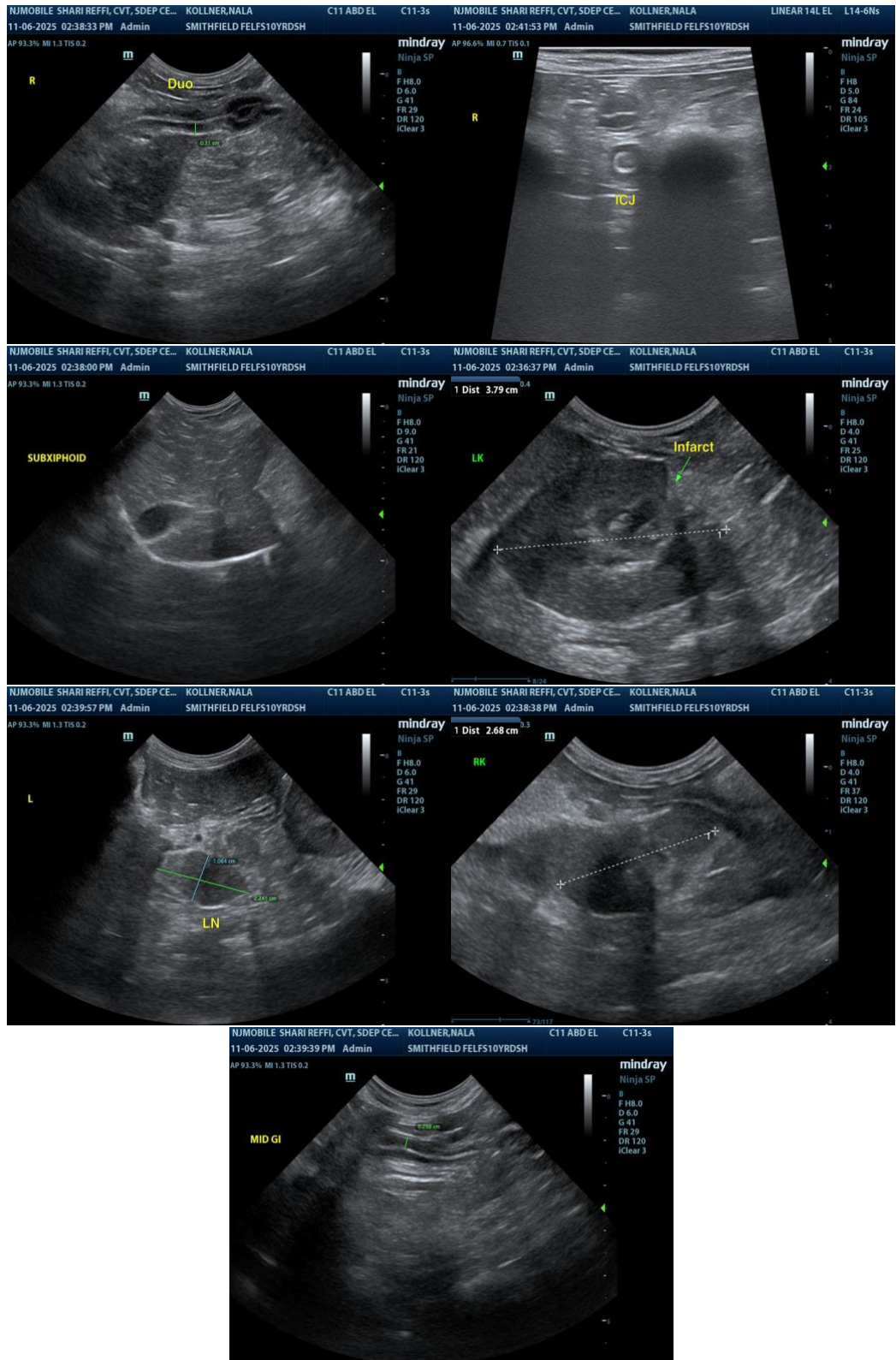
Dr. Boe

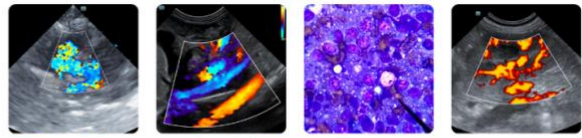
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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