



PATIENT

Marzipan Correia

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

3.45 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Bond Vet Union

REFERRING VET

Dr. Hinds

INVOICE

12146

DATE

11/07/25

PRESENTING CLINICAL SIGNS

Chronic intermittent vomiting, weight loss, splenomegaly. BW July 2025 WNL, rads 11/3/25-> splenomegaly.

Meds: Prednisolone (tapering course for suspected asthma)

Abnormal PE/Chem/CBC/UA Results: CardioProBNP mildly elevated (112) Urine: 2+ RBC, rare Cocci, USG 1.029

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 change 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 to moderate indistinct corticomedullary border demarcation 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 3.8 cm in length.

Adrenal Glands

The adrenal glands were indistinctly visualized with no obvious pathology. The left adrenal gland subjectively measured 0.30 cm width. The right adrenal gland subjectively measured 0.30 cm width.

Spleen

The spleen was borderline enlarged, exhibiting 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 1.0 cm width level of the mid spleen. No mass or nodules were evident.

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 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.



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

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Pancreas

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The pancreas was normal in size and contour with isoechoic mildly heterogeneous remodeled left hepatic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Feline

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

- Bilateral chronic renal changes.
- Borderline splenomegaly- subjective benign.
- Sonographically unremarkable gastrointestinal tract.
- Mild pancreatic remodeling.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

14 Years

No evidence of significant visceral pathology with largely mild geriatric abdomen. Chronic pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation. A GI panel to include PLI, TLI, cobalamin and folate is recommended. Assuming normal clotting status and using a 25-gauge needle, screening splenic FNA cytology could be considered primarily to ensure probable benign splenomegaly is present. Dietary trial such as hydrolyzed diet and as needed gastroprotectants may prove beneficial. Potential suppression of abdominal changes if currently on Prednisolone may be possible. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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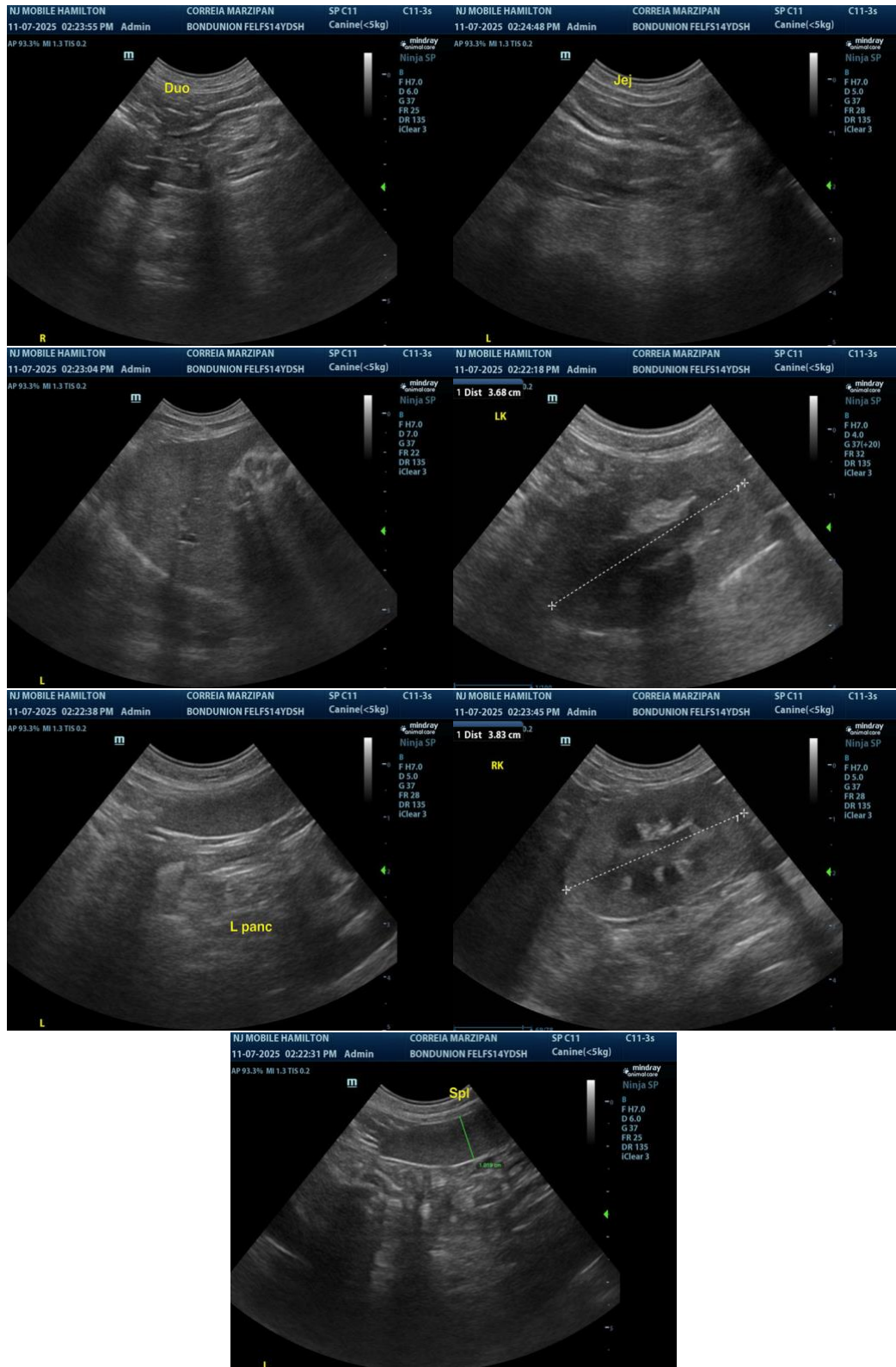
Dr. Hinds

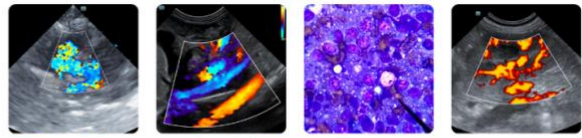
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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