



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Vera O'Connor	On methimazole for hyper t4, regulating now. App so so. Rest of B/W ok
<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 2.0 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 was noted.
DLH	
<b>SEX</b>	The area of the aortic trifurcation was free of pathology.
FS	
<b>AGE</b>	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 3.3 cm in length. The right kidney measured 4.0 cm in length.
12	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
5	No overt pathology was noted in the area of the left or right adrenal glands, although not definitively visualized.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The spleen exhibited subjective subnormal size, maintained symmetrical capsule contour and homogeneous parenchyma, suggestive of splenic volume contraction.
<b>IMAGING PERFORMED BY</b>	<b>Liver/ Gallbladder</b>
Dr. Hunt	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.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Bayshore VH	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta/chyme without signs of obstruction or foreign material.
<b>REFERRING VET</b>	<b>INVOICE</b>
Dr. Hunt	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Generalized nonshadowing ingesta / chyme was present without evidence of mechanical or metabolic ileus pattern. The duodenum wall measured 0.24 cm width. The jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.31 cm width.
<b>INVOICE</b>	<b>DATE</b>
15437	Normal visible colon wall layers were present with subjective semi-formed fecal matter.
<b>DATE</b>	
11/9/22	



**PATIENT**

Vera O'Connor

***Pancreas***

**SPECIES**

Feline

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 were evident.

**BREED**

***Free Abdomen***

DLH

Solitary to possible Intermittent mid abdominal mildly irregular to nonhomogeneous mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of mild perilymphatic hyperechoic mesentery was evident. An example of lymph node size was 1.6 cm in diameter. No omental masses or evidence of peritoneal free fluid was noted.

**SEX**

FS

**AGE**

12

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

5

- Sonographically unremarkable gastrointestinal tract with ingesta/ chyme
- Midabdominal nonspecific yet subjective benign / reactive mesenteric lymph node / lymphadenopathy
- Mild age-related renal changes
- Subjective volume contracted spleen

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If gastrointestinal signs or weight loss are a clinical issue In this patient, considerations may include metabolic gastroenterocolitis, dietary intolerance / food allergy, occult parasitism, dysbiosis, low-grade to chronic pancreatitis, or structurally insignificant inflammatory gastroenteropathy, both of which may present sonographically normal. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended if clinically applicable.

**IMAGING PERFORMED BY**

Dr. Hunt

**HOSPITAL NAME**

Bayshore VH

FNA cytology of a mesenteric lymph node could be considered for screening cytology and further clarification, yet may potentially be unrewarding. Sonographic monitoring of the lymph node, as well as the gastrointestinal tract, for evidence of progressive mural changes or lymphadenopathy pending patient clinical status, may be considered.

**REFERRING VET**

Dr. Hunt

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**IMAGING PERFORMED BY**

Dr. Hunt

**HOSPITAL NAME**

Bayshore VH

**REFERRING VET**

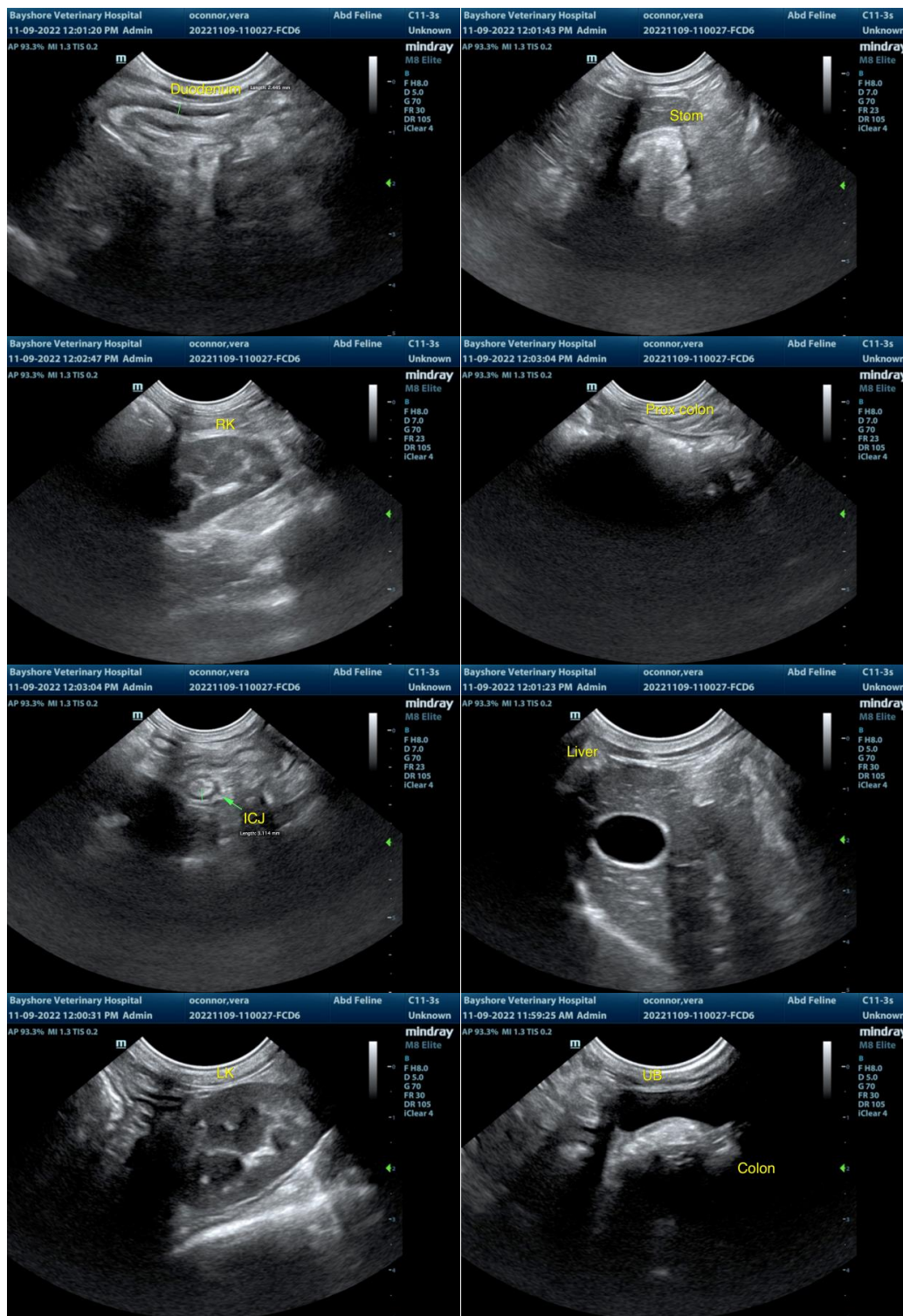
Dr. Hunt

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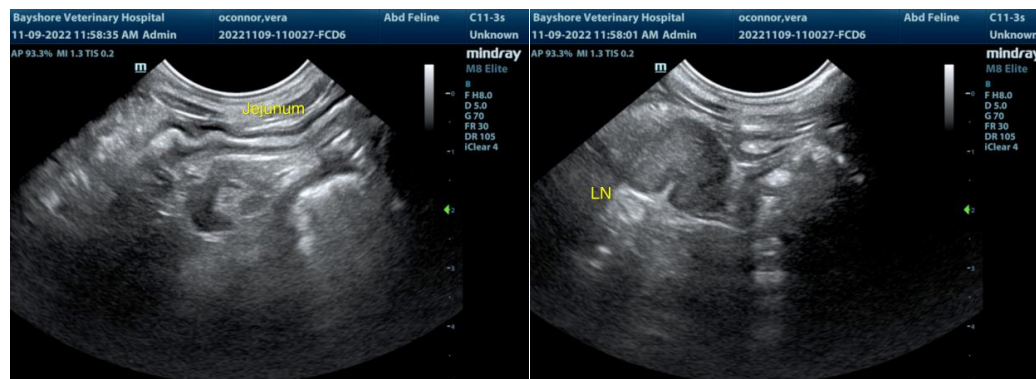
Dr. Hunt

**INVOICE**

15437

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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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