



PATIENT

Shadow Daves

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

9 Years

WEIGHT

6.63 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Broken Top Veterinary
Clinic

REFERRING VET

Dr. Terra McSwain
DVM

INVOICE

12529

DATE

12/01/25

PRESENTING CLINICAL SIGNS

Chronic vomiting

Abnormal PE/Chem/CBC/UA Results: Diabetic

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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.0 cm in length. The right kidney measured 3.9 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 0.48 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width.

Spleen

The spleen exhibited normal size with symmetrical contour. Mid splenic to emerging mildly hyperechoic nodules were present. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. An example of nodules measured 0.59 cm.

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 with intact sonographically normal wall layering noted in the fundus and gastric body. Intact borderline thickened wall layering in the antrum and pylorus with the pylorus wall measuring 0.32 cm wall width. The stomach was empty with mild lumen gas.

The intestinal walls demonstrated generalized intact thickened wall with altered to inverted wall layer ratio owing to generalized thickened muscularis layer. The duodenum wall measured 0.30 cm width. The jejunum wall measured up to 0.40 cm width. The ileocolic wall measured 0.45 cm width.



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Normal visible colon wall layers were present with primarily formed to segmental semi formed to soft fecal matter in lumen.

Pancreas

The visualized pancreas exhibited normal size, symmetrical contour and mild homogenous hypoechoic parenchyma compared to adjacent nonreactive omentum.

Free Abdomen

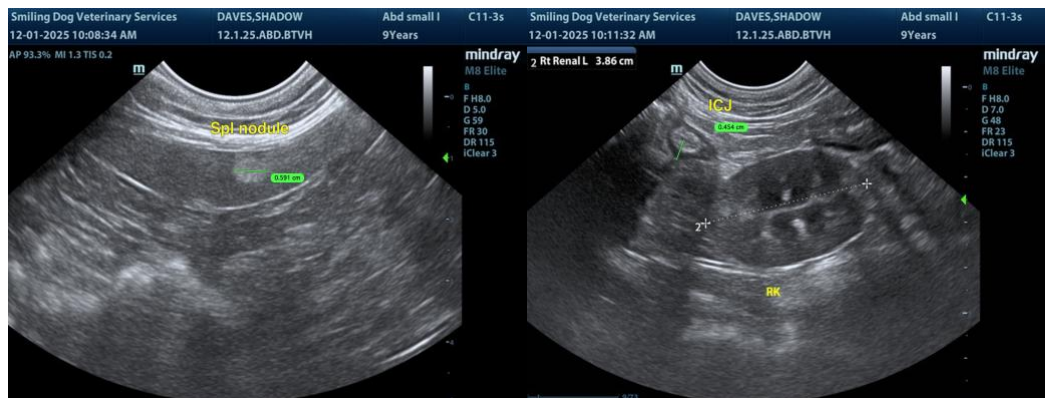
No peritoneal effusion was present. Intermittent mildly prominent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of the lymph nodules measured 1.0 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Empty stomach with intact mildly thickened pylorus wall.
- Thickened small intestine with altered to inverted wall layer ratio.
- Mild hypoechoic pancreas.
- Intermittent mild mesenteric lymphadenopathy.
- Mild nondisruptive hyperechoic splenic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IBD, eosinophilic enteritis or other inflammatory enteropathy with mild benign mesenteric lymphadenopathy favored. Intestinal round cell neoplasia such as lymphoma and early metastatic lymphadenopathy may present in a similar sonographic manner. Assessment for cranial abdomen/subxiphoid discomfort on palpation which may allude to concurrent mild pancreatitis, is recommended. A GI panel to include PLI, TLI, cobalamin and folate is recommended. Gastrointestinal and lymphatic biopsies are required for a definitive diagnosis. Although nonspecific, the mild hyperechoic splenic nodules tend to trend benign with hyperplasia or emerging myelolipomas suspected. Sonographic monitoring of the splenic nodules and small intestine wall for evidence of progressive changes or pathology is recommended.





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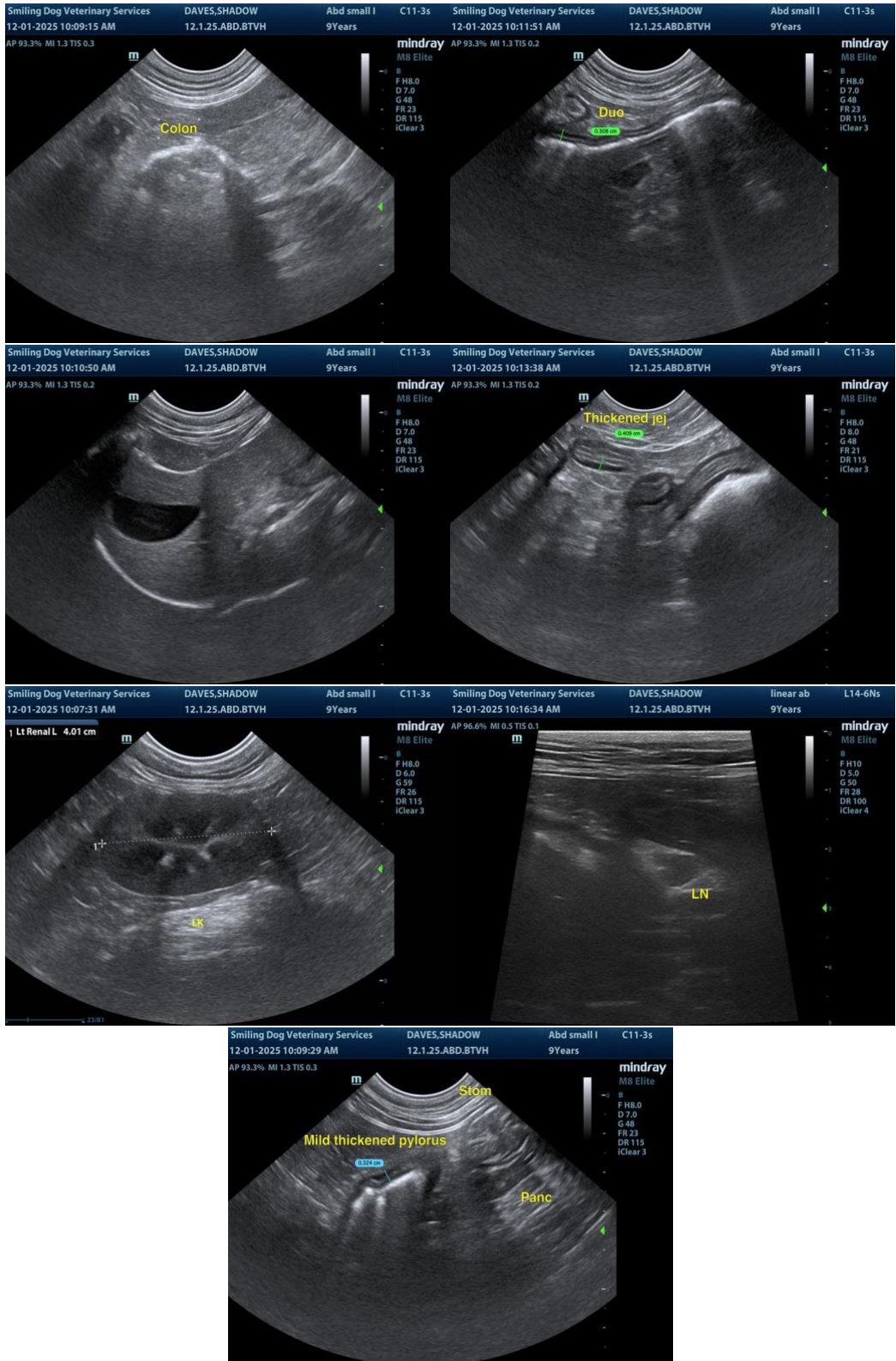
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com