

PATIENT	PRESENTING CLINICAL SIGNS
Ted Bates	Patient presented for a swollen face and possible fever. Patient has been lethargic for ~2 days, not eating or drinking. Owner had a Telehealth consult and was sent antibiotics (not started). Today pt woke up with swollen face, possible diarrhea and warm to the touch. Pt is indoor/outdoor.
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: Oral: Ulcer on upper lip. Gingiva and inner mouth very inflamed Abdomen: Tense on palpation. No overt organomegaly appreciated CBC - HCT 23.9, HGB 7.0, RBC 4.48, RDW-SD 47.9, PLT 66, PCT 0.084 Chemistry - Ca 6.7, TP 5.4, ALB 2.2, GLU 208, TCHO 50 EPOC - pO2 62.3, O2SAT 94.4, pCO2 22.4, pH 7.521, Na+ 144, K+ 3.5, Ca++ 1.14, Glu 198, Hct 18 Radiograph report attached FPL: Normal FELV/FIV/HWT - FIV (positive), FELV (neg), HW (neg)
BREED	
Domestic Short Hair	
SEX	
MN	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
AGE	Urinary System
2 yrs	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
WEIGHT	No evidence of pathology in the area of the aortic trifurcation.
5.8 kgs	Normal size and margination were 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 4.3 cm in length. The right kidney measured 4.6 cm in length.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width and the right adrenal gland measured 0.39 cm width.
IMAGING PERFORMED BY	Spleen
Dr. Kuzimski	The spleen was enlarged in size with a maintained symmetrical capsule contour. Multifocal, small to discrete, hypoechoic nodules were present diffusely throughout the parenchyma without associated capsule impingement or distortion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The spleen measured 1.3 cm width at the level of the mid spleen.
HOSPITAL NAME	Liver/ Gallbladder
Animal Emergency Hospital Deland	The liver was mildly enlarged in size with normal contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were
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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 without evidence of retained ingesta, fluid, 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 obstruction or foreign material. The small Intestinal wall width measured 0.21 cm. The ileum wall measured 0.40 cm width. Mild nonobstructive duodenal and segmental jejunal ileus was noted. The duodenum wall width measured 0.23 cm.

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 were evident.

Free Abdomen

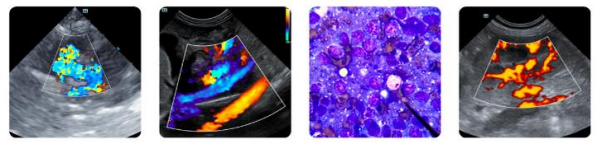
Intermittent, variably to mildly enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 3.0 cm x 0.63 cm. No evidence of peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly with micronodular parenchyma
- Mild hepatomegaly
- Structurally unremarkable gastrointestinal tract with mild nonobstructive duodenojejunal ileus
- Intermittent, generally mild mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although potential for significant splenic lymphoid hyperplasia, inflammation, or hematopoiesis, a primary concern for splenic to possible multicentric round cell neoplasia, i.e., lymphoma, mast cell neoplasia, or other is warranted. Further assessment may include, assuming normal clotting status and using a 25-gauge needle, hepatosplenic FNA cytology. The current degree of lymphadenopathy likely precludes accessible lymph node FNA. Oncology consult is recommended if suspected neoplastic process is confirmed.



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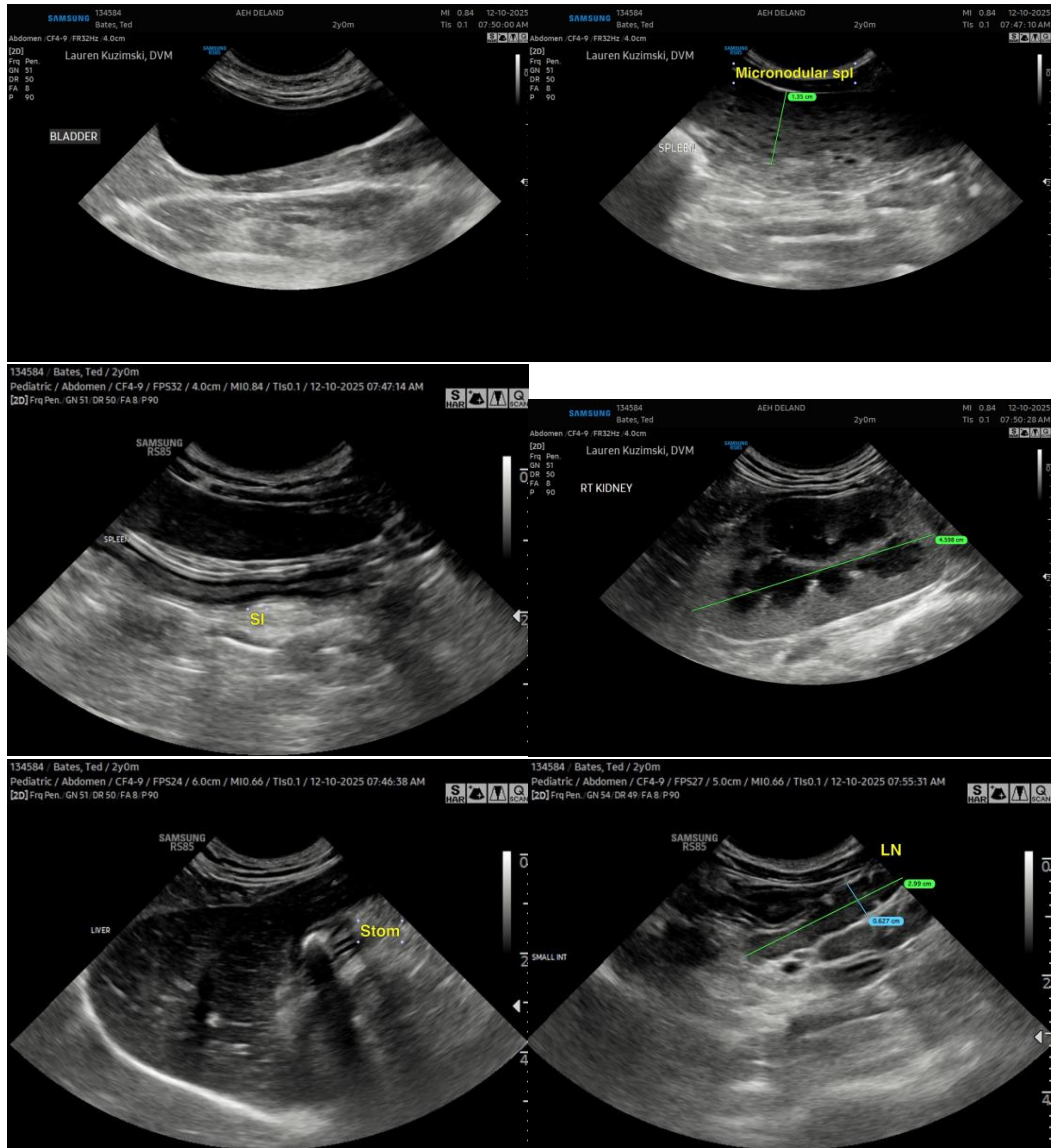
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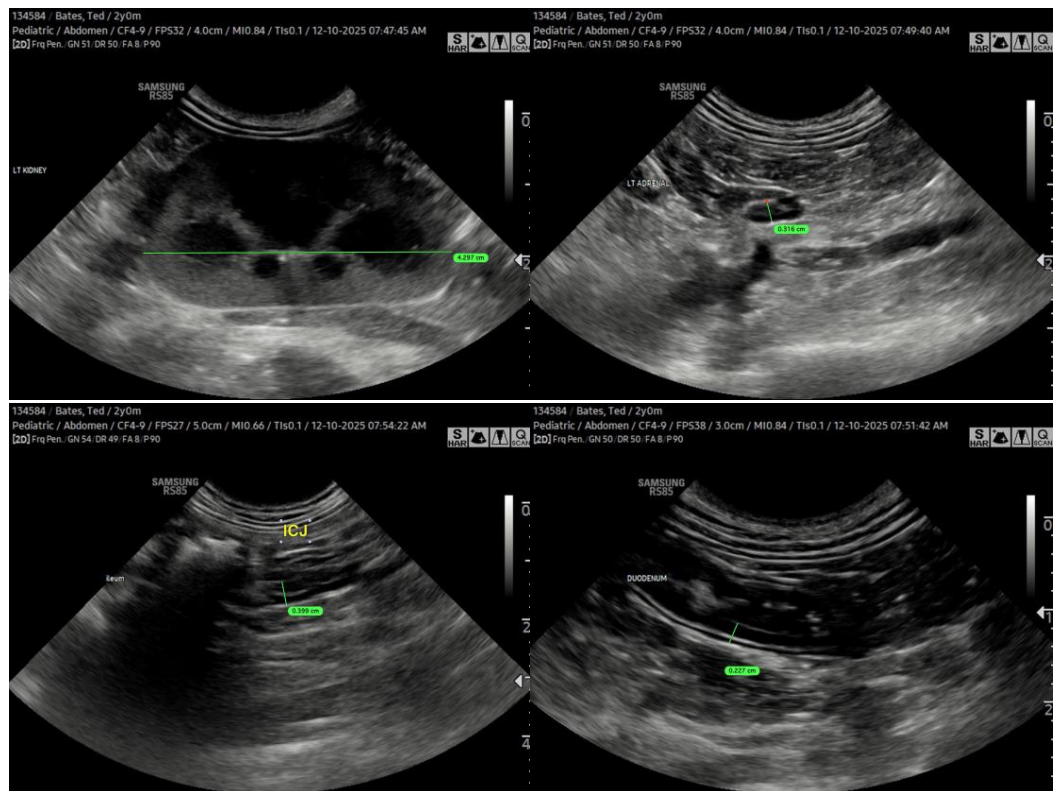
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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