



PATIENT

O'Malley Guthrie

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

8.25 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside Animal
 Clinic

REFERRING VET

Dr. Cox

INVOICE

12891

DATE

12/30/25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Elevated WBC, RBC and cystatin B. Abnormal left kidney and history of IBD. ABNORMAL Labwork Values CBC: HCT 25%, monocytosis, clumped PLT 477,000 chem: cystatin B 113, K 5.6, Tp 6.1, Alb 2.3 T4 is wnl at 2 Urinalysis: spgr 1.023, ph = 6, 1+ protein, 30-50 wbc, > 100 rbc, no crystals, no bacteria Current Medications Intranasal Cerenia Drops Radiographic Findings none Notes to Specialist (if any) none

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. Primarily anechoic urine was present in the lumen. Nondependent particulate mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild indistinct corticomodullary border demarcation was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.1 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The area of the left and right adrenal glands was free of pathology.

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 borderline to possible mildly enlarged in size. 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 mild biliary sludge. The common bile duct was not visualized.

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.



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The small intestine presented with diffuse to variably thickened wall exhibiting altered wall layer ratio. Segmental small intestinal mural mass was visualized exhibiting variable to markedly thickened wall, hypoechoic mural echogenicity and loss of mural detail potentially measuring 6.0 cm length with wall width greater than 1.0 cm. No evidence of mechanical intestinal obstruction. Associated peri-intestinal hypoechoic omentum.

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

Pancreas

The pancreas presented with mildly prominent size and capsule asymmetry with heterogeneous parenchyma.

Free Abdomen

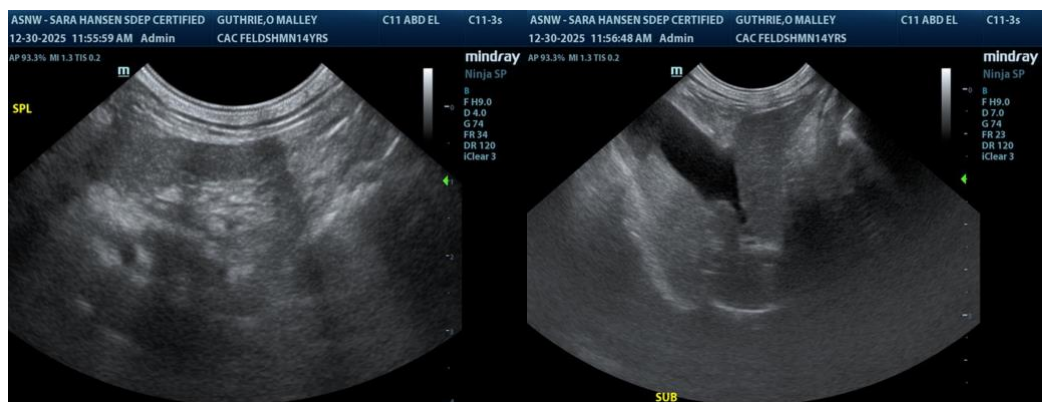
Intermittent swollen hypoechoic mesenteric lymph nodes were visualized. No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Thickened small intestine with segmental small intestine mural mass.
- Associated mildly swollen hypoechoic mesenteric lymphadenopathy.
- Borderline/mild hepatomegaly.
- Chronic pancreatitis.
- Nonspecific bilateral chronic renal changes.
- Mild urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, small intestinal mass and screening hepatic FNA cytology is recommended for further assessment with potential oncology consult. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.





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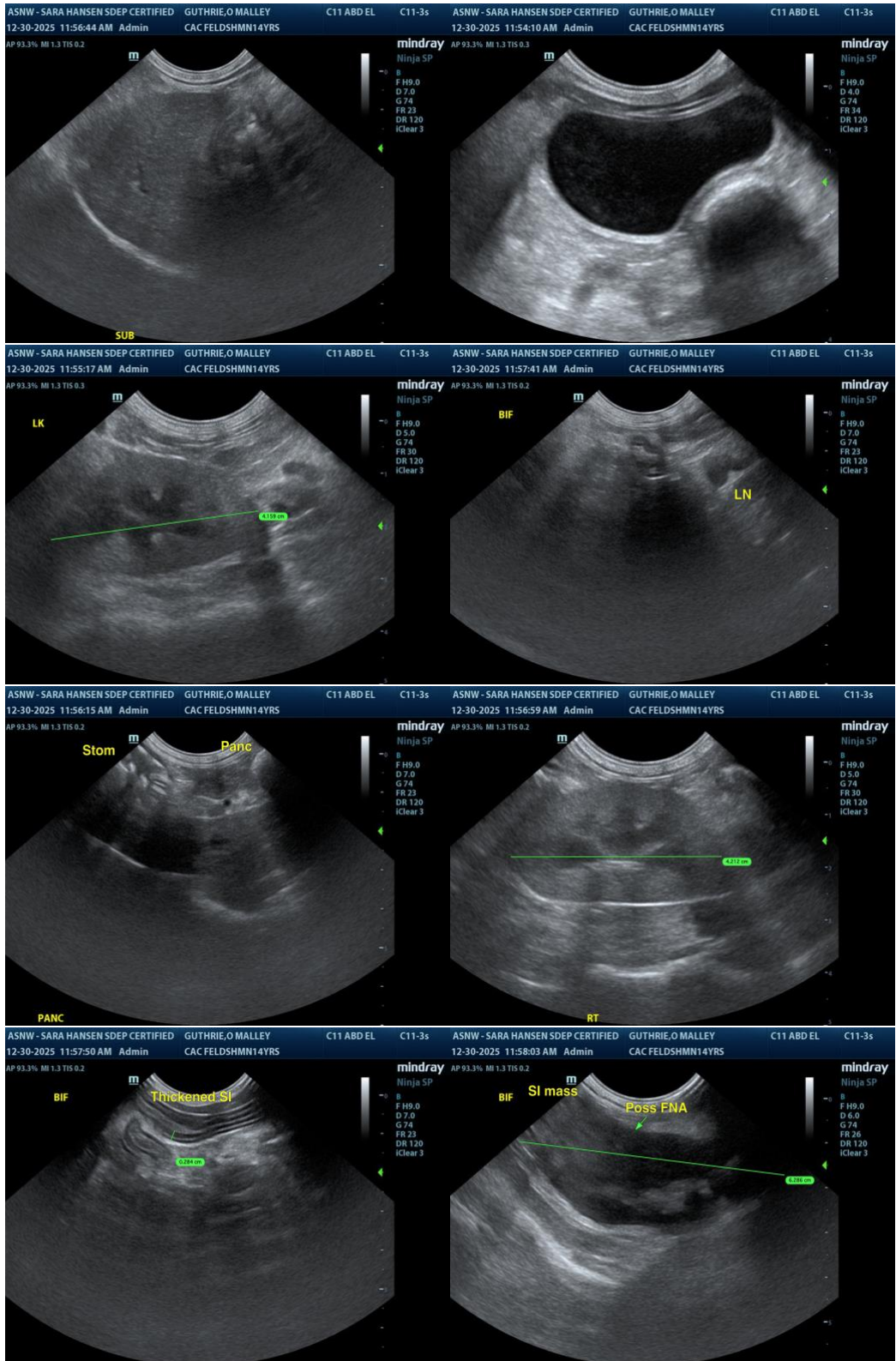
Dr. Cox

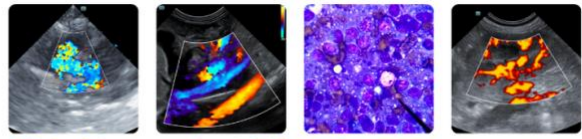
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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