



**PATIENT**

Kona Levine

**PRESENTING CLINICAL SIGNS**

not e/d x days

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: K 2.7 Cl 102 ALT 448

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild dependent hyperechoic to shadowing sand/mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**SEX**

FS

Bilateral enlarged size and asymmetrical margination was present in the kidneys. Mild non-uniform cortical hypertrophy, moderate loss of corticomedullary border demarcation and mild left kidney was present. A moderately sized thinly walled right kidney cyst was present measuring 2.7 cm in diameter. The left kidney measured 4.7 cm in length. The right kidney measured 4.6 cm in length. Left and right increased retroperitoneal echogenicity with concurrent mild retroperitoneal free fluid was present.

**AGE**

10yr

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**WEIGHT**

5.8kg

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

**Spleen**

**INTERPRETED BY**

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

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. A solitary non-disruptive well-demarcated uniform hyperechoic nodule was present in the cranial spleen measuring 0.25 cm. The spleen measured 0.64 cm in width at the level of the hilus.

**IMAGING PERFORMED BY**

Hayley Heindel CVT

**HOSPITAL NAME**

Mason Dixon Animal  
ER

**Liver/Gallbladder**

The liver exhibited mild enlargement with mild non-uniform increased parenchyma echogenicity. A solitary mildly irregular hyperechoic intraparenchymal mass lesion was present in the mid liver adjacent to the gallbladder measuring 3.4 cm in diameter. 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 with mild non-organized echogenic debris. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. DeCordon

**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.

**INVOICE**

12987ag

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.

**DATE**

02/18/2023

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

**Pancreas**



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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 was evident.

## SPECIES

Feline

### Free Abdomen

No omental masses or overt lymphadenopathy was present.

Scant peritoneal free fluid was present.

## BREED

DSH

## ULTRASONOGRAPHIC FINDINGS

## SEX

FS

- Mild dependent urinary bladder sand/mineral
- Mild bilateral renomegaly exhibiting loss of corticomedullary border distinction, mild left kidney pyelectasia and right kidney cyst, evidence of concurrent retroperitonitis-nonspecific, nephritis or potential neoplasia possible
- Hepatopathy with non-specific intraparenchymal mass/lesion-cholangiohepatitis given the ALT elevation with possible intraparenchymal hyperplasia, hematopoiesis, adenoma, neoplastic mass/lesion all potentials
- Mild gallbladder debris-no evidence of post hepatic obstruction
- Sonographically unremarkable GI tract/pancreas
- Likely concurrent scant peritoneal free fluid

## AGE

10yr

## WEIGHT

5.8kg

### Secondary findings

- Probable small benign hyperechoic splenic nodule

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for evidence of left/right retroperitoneal pain on palpation suggested. A full urinary workup including C/S recommended. Monitoring of renal parameters is indicated. Assuming normal clotting status and using a 25g needle, a hepatic parenchyma and mass/lesion FNA for screening cytology could be considered for further assessment.

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(Canine and Feline)

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## REFERRING VET

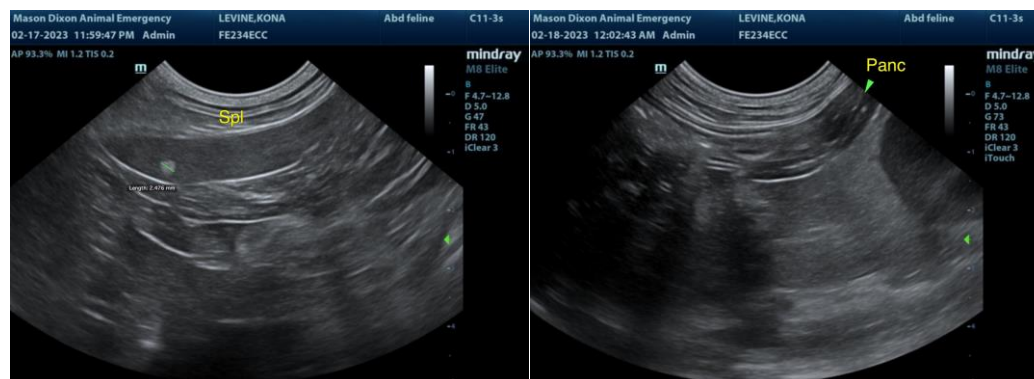
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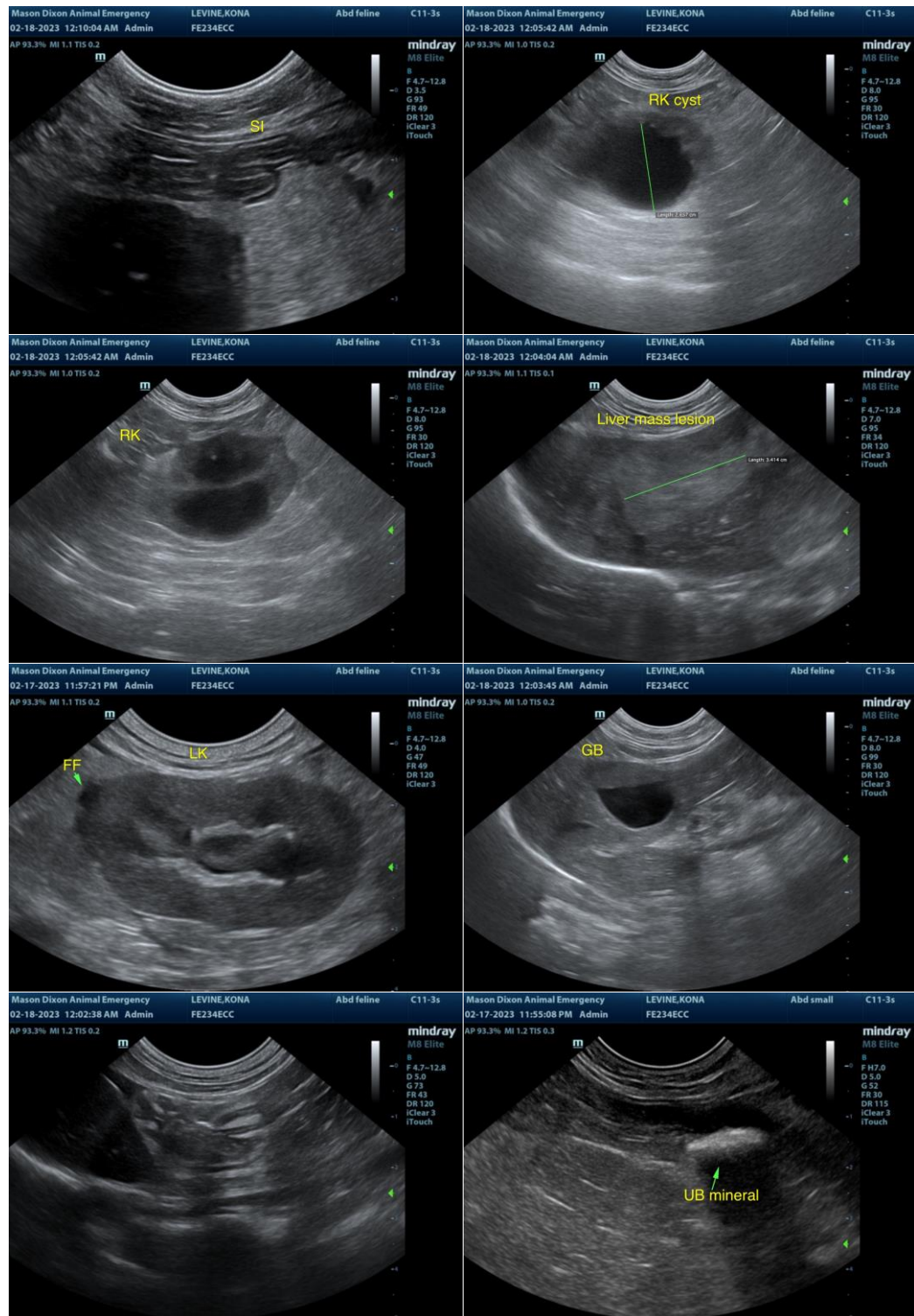
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



**PATIENT**

can be of any further assistance, please contact me.

Kona Levine

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