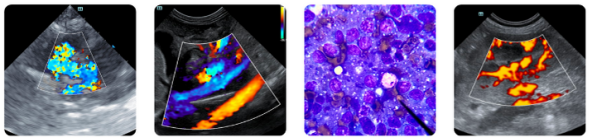




SonoPath.com info@sonopath.com 1.800.838.4268

**PATIENT**

Rusty David

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

14y

**WEIGHT**

7.5 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Harold Mike Beard

**HOSPITAL NAME**

Animal Care VC

**REFERRING VET**

Self

**INVOICE**

13211

**DATE**

2/18/26

## PRESENTING CLINICAL SIGNS

History:

- Weight loss
- Radioiodine for Hyperthyroidism 2 yr ago, normal T4 now.

Abnormal PE/Chem/CBC/UA Results: CBC hemoconcentration. Chemistry Protein/Globulin high, amylase and Precision PSL elevated. 3 view chest films WNL, abdomen thickened bowel.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder was non-distended with urine and subnormal in size and prohibiting full evaluation of the bladder wall. No evidence of tumors present and minor particulate sediment. trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.6 cm in length.

### *Adrenal Glands*

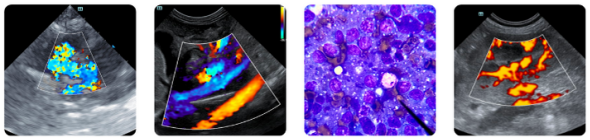
No evidence of pathology in the area of the left and right adrenal glands, although not definitively visualized.

### *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 normal in size, structure, and contour. The liver parenchyma was mild nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Solitary, non-capsule distorting hypoechoic mid caudal liver nodule was present measuring 0.76 cm in diameter. The gallbladder was non-distended in size with thin walls and minor, dependent lumen mineral. The cystic and common bile ducts were normal.





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### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic, non-shadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with exhibiting propensity for mildly prominent duodenal jejunal mucosa with discrete hyperechoic mucosal speckling. Mildly thickened small intestinal wall noted. Duodenum wall measured 0.26 cm and jejunal wall measured up to 0.33 cm width.

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

### *Pancreas*

The pancreas was normal in size and mild capsule asymmetry with isoechoic to heterogeneous parenchyma compared to adjacent omentum. Mildly prominent left limb pancreatic duct. No signs of active inflammation or neoplasia.

### *Free Abdomen*

No visualized significant or swollen metastatic lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Non-disruptive hypoechoic liver nodule
- Minor gallbladder mineral
- Chronic pancreatitis pattern
- Intact mildly thickened small intestinal wall with non-shadowing gastric ingesta – ingesta consistent with food echogenicity
- Bilateral chronic renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hypoechoic liver nodule was nonspecific and may indicate nodular/regenerative hyperplasia, hematopoiesis or granulomas while neoplastic nodule cannot be excluded. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Sonographic monitoring for evidence of progression would be a more conservative approach. Although nonspecific with possible patient variant, the mildly thickened intact small intestine wall may indicate underlying chronic enteropathy, i.e. IBD or other with emerging to occult intestinal neoplasia thought less likely yet not definitively excluded. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Assessment of caloric plane or for competitive eating environment if no gastrointestinal signs may be considered if clinically indicated. Sonographic monitoring indicated if continued or progressive weight loss or arising gastrointestinal signs.

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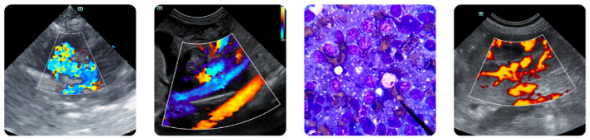

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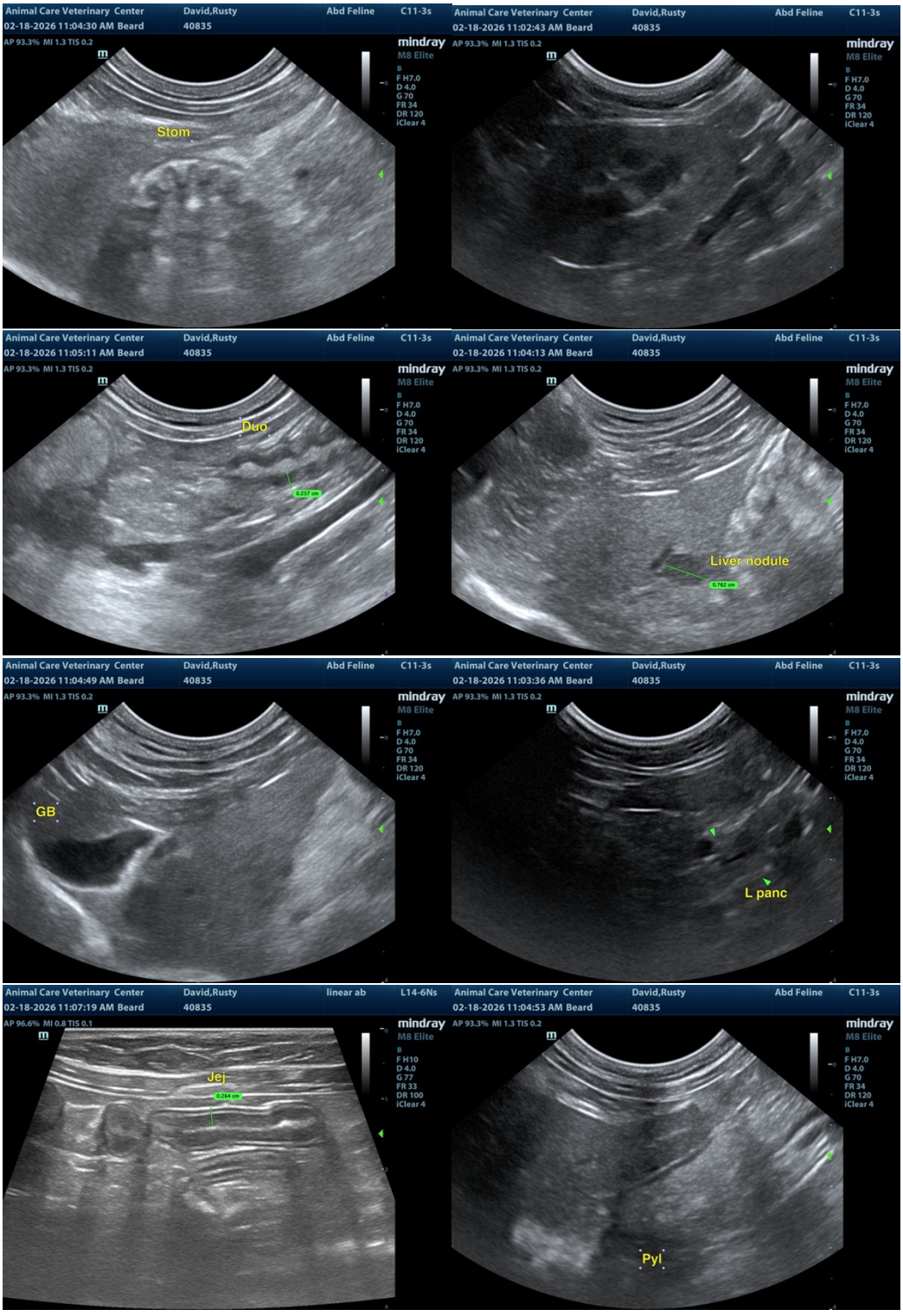

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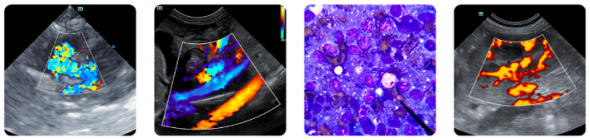

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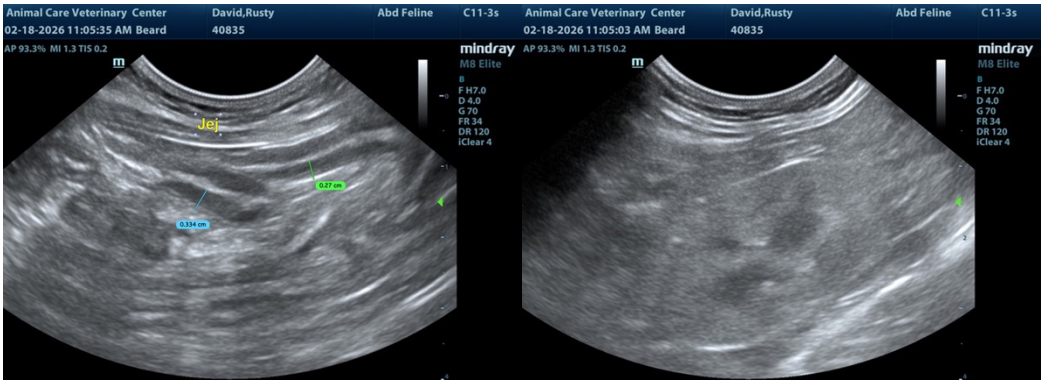


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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

info@sonopath.com