



PATIENT

Mossi Cepeda

SPECIES

Feline

BREED

Persian

SEX

Neutered Male

AGE

3 Years

WEIGHT

7.5 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kim

HOSPITAL NAME

Ridgefield Park Animal
Hospital

REFERRING VET

Dr. Dima

INVOICE

13869

DATE

02/19/26

PRESENTING CLINICAL SIGNS

Submitted study contained 24 still images and 9 videos for review.

- The patient has not eaten or drunk anything for two days, is acting quiet, and has lost 1 pound in two weeks. There is some discomfort on examination of the mouth and some pain on abdominal palpation.

Abnormal PE/Chem/CBC/UA Results: RBC 6.56 6.54 - 12.20 M/ μ L HCT 29.6 30.3 - 52.3 % LOW HGB 9.7 9.8 - 16.2 g/dL LOW WBC 18.22 2.87 - 17.02 K/ μ L HIGH NEU 14.84 2.30 - 10.29 K/ μ L HIGH LYM 1.77 0.92 - 6.88 K/ μ L MONO 1.37 0.05 - 0.67 K/ μ L HIGH GLOB 5.4 2.8 - 5.1 g/dL HIGH ALB/GLOB 0.5 ALT < 10 12 - 130 U/L LOW ALKP < 10 14 - 111 U/L LOW

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.

The left kidney was mildly enlarged compared to the right kidney. 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. Indistinct corticomedullary border demarcation was also present. Mild left kidney pyelectasia was present. The left kidney measured 4.7 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.30 cm width. The right adrenal gland measured 0.33cm width.

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 & Gallbladder

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. A solitary noncapsule deforming mildly hyperechoic to cystic intraparenchymal nodule was present measuring 2.0 cm in diameter.

The gallbladder was non distended in size with mild biliary sludge. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction.

Gastrointestinal



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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. The gastric wall measured 0.28 cm wall width.

The visualized segments of 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. The small intestine wall measured 0.23 cm wall width.

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

Pancreas

The pancreas presented normal in size with mild capsule asymmetry and heterogeneous mildly hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Focally enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild perilymphatic hyperechoic omentum. An example of lymph node size was 1.6 cm in diameter. No overt evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Empty visualized gastrointestinal tract.
- Chronic/chronic active pancreatitis pattern.
- Nonhomogenous cystic liver nodule- possible cholangitis/cholangiohepatitis given short half-life of hepatic enzymes in cats. Nodule may indicate hyperplasia, granuloma, biliary cystadenoma, potential emerging to low-grade neoplasia i.e. biliary cystadenocarcinoma.
- Gallbladder debris with mild nonobstructive common bile duct dilation.
- Bilateral interstitial nephrosis renal pattern exhibiting mild left renomegaly and pyelectasia.
- Intermittent mesenteric lymphadenopathy- hyperplasia, lymphadenitis or early neoplastic lymphadenopathy is possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI, TLI, cobalamin and folate is recommended. A full urinary workup including urinalysis, culture/sensitivity, and UPC level if non-inflammatory proteinuria is recommended. Assuming normal clotting status and using 25-gauge needle, hepatic parenchyma/nodule and accessible lymph node FNA cytology is warranted for further clarification. Three view chest radiographs are suggested if not done. Gastrointestinal support and empirical therapy for pancreatitis with clinical monitoring and pending diagnostics would be reasonable.



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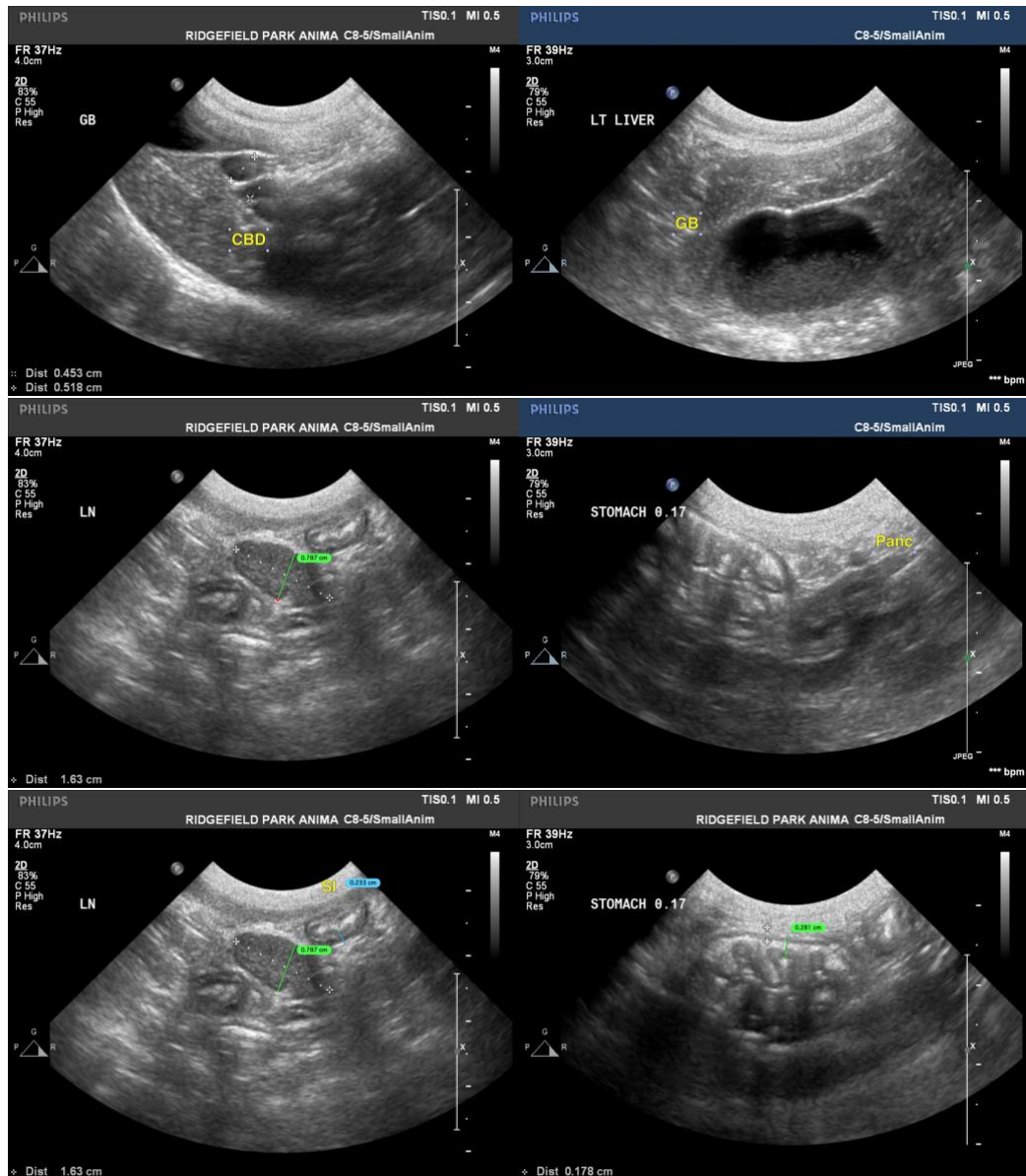
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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