



**PATIENT**

Paulette Imholt

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

10 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amanda Crook- SDEP  
Clinical Sonographer

**HOSPITAL NAME**

Rivers Edge PMC

**REFERRING VET**

Dr. Barrington

**INVOICE**

20935

**DATE**

2/2/23

**PRESENTING CLINICAL SIGNS**

History: Coughing for months, possible abdominal mass palpated. Decreased appetite l. 1 lb a weight loss in a year. Also has a forl upper left.

Abnormal PE/Chem/CBC/UA Results: Lab work - Increased globulin 6.9, increased Bnp 310  
Radiographs - see attached

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 changes were noted.

Normal size and margination were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.9 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm.

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild asymmetrical medial capsule contour was noted. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. No evidence of inflammatory or neoplastic disease. The spleen measured 0.65 cm in width at the level of the hilus.

**Liver**

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.

The gallbladder was non-distended in size with thin walls and anechoic content with mild echogenic luminal debris. No evidence of gallbladder/peripheral gallbladder inflammation. 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 with no signs of ileus, obstruction or foreign material.



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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. No evidence of pathology at the level of the ileocolic junction.

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

***Pancreas***

The left pancreas was normal to mildly prominent in size with minor capsule asymmetry and nonhomogenous mildly hypoechoic parenchyma compared to adjacent omentum.

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***Free Abdomen***

No omental masses, lymphadenopathy or peritoneal effusion was present.

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***Other***

Transdiaphragmatic view of the caudal thorax revealed ill-defined, hypoechoic, homogenous caudal thoracic mass lesion with surrounding pulmonary comet tail artifact.

**AGE**

14 Years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

10 Pounds

- Mild chronic renal changes
- Possible low grade to chronic left pancreatitis
- Mild gallbladder debris
- Sonographically unremarkable gastrointestinal tract
- Transdiaphragmatic ill-defined caudal thoracic mass lesion with surrounding comet tail artifact

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Largely geriatric abdomen without evidence of significant visceral pathology. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Spec fPL could be considered for further clarification of possible low grade to chronic left pancreatitis as a contributing factor to the patients weight loss. Suspect primary thoracopulmonary pathology.

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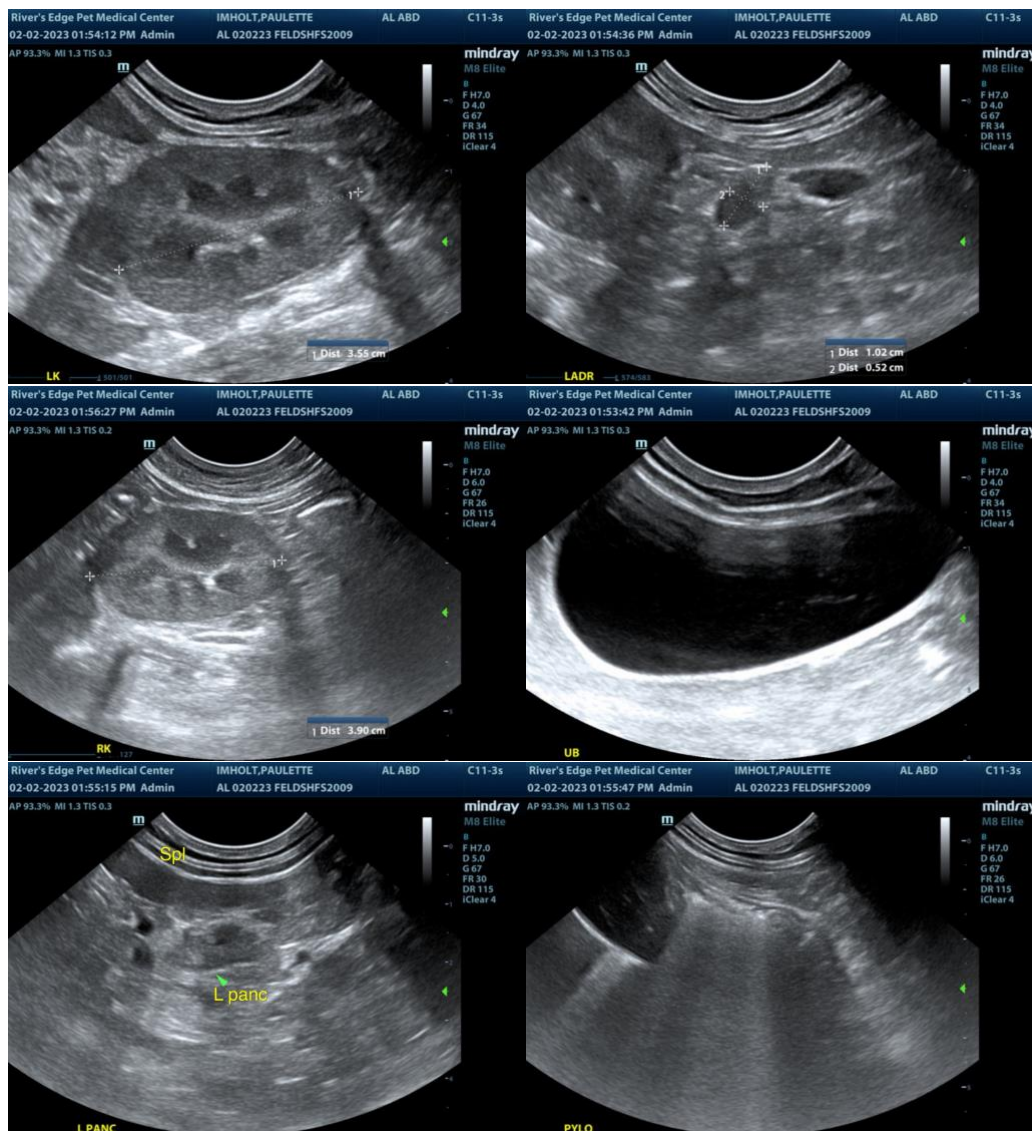
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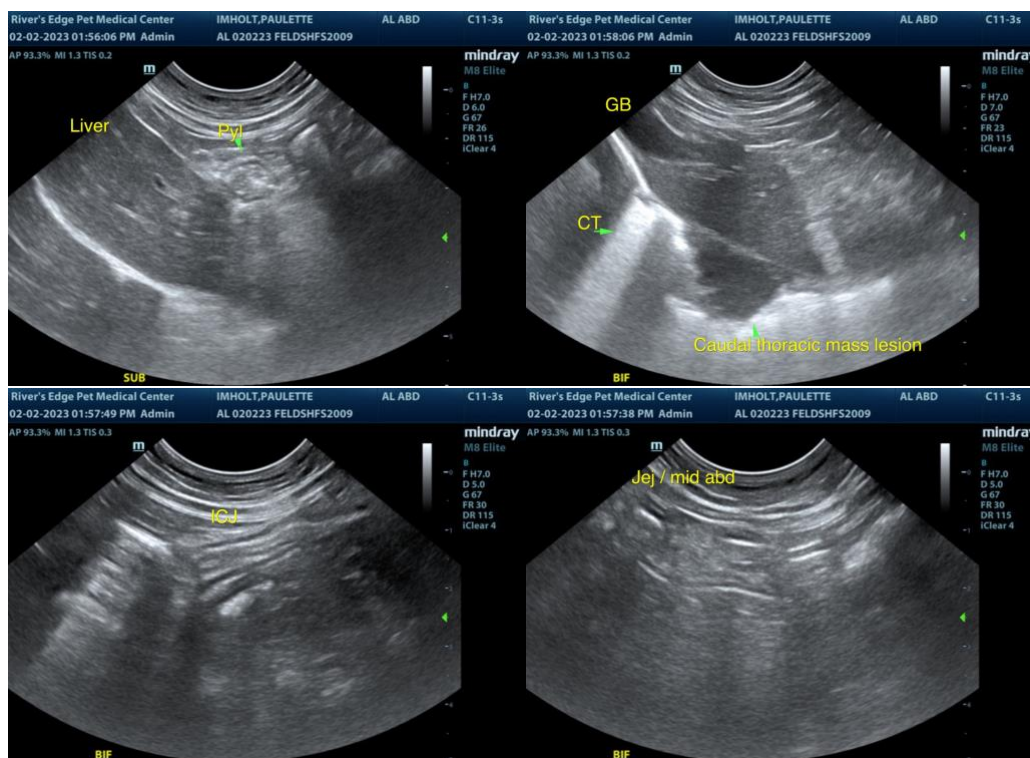
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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