

PATIENT

Simba Dubbert

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2015

WEIGHT

18.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT,
 ARDMS/RVT

HOSPITAL NAME

Banfield Pet Hospital
 (Westminster)

REFERRING VET

N/A

INVOICE

13906

DATE

02/20/26

PRESENTING CLINICAL SIGNS

- Overweight
- Anterior uveitis, lens luxation, surgical cataract
- Elevated GGT

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent 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.

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 loss of corticomodullary symmetry and definition expected for the age of the patient. Minor medullary mineral was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 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 0.41 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width.

Spleen

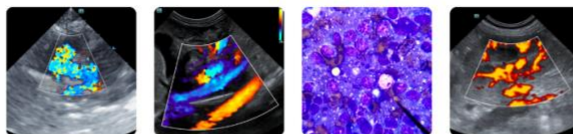
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 mild nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. In the right liver, a mildly irregular nonhomogenous hyperechoic to cystic intraparenchymal mass was present measuring approximately 4.5 cm in diameter.

The gallbladder was non distended in size with mild nonorganized biliary sludge. No evidence of inflammation or wall edema. The common bile duct was not visualized.

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.

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The small intestine exhibited mildly thickened wall exhibiting intact wall layering and mild altered wall layer ratio owing to propensity for mildly thickened muscularis layer. The duodenum wall measured 0.35 cm wall width. The jejunum wall measured 0.30 cm wall width. The ileocolic wall measured 0.35 cm wall width.

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

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Pancreas

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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Cystic nonhomogenous right liver mass.
- Nondistended gallbladder with mild bile debris.
- Intact mildly thickened small intestine.
- Mild age-related renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the liver mass may include complex hepatic cyst, biliary cystadenoma, biliary cystadenocarcinoma, or other. No evidence of post-hepatic obstruction, although mild gallbladder debris may be associated with cholestasis or hepatobiliary inflammation.

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Assuming normal clotting status and using a 25-gauge needle, hepatic parenchyma and mass FNA cytology is warranted for further clarification. The mildly thickened small intestine is nonspecific with possible patient variant given no reported gastrointestinal signs yet may suggest underlying, emerging to mild enteropathy. Sonographic monitoring of the liver mass and gastrointestinal tract if progressive hepatopathy or future gastrointestinal signs/weight loss is recommended.

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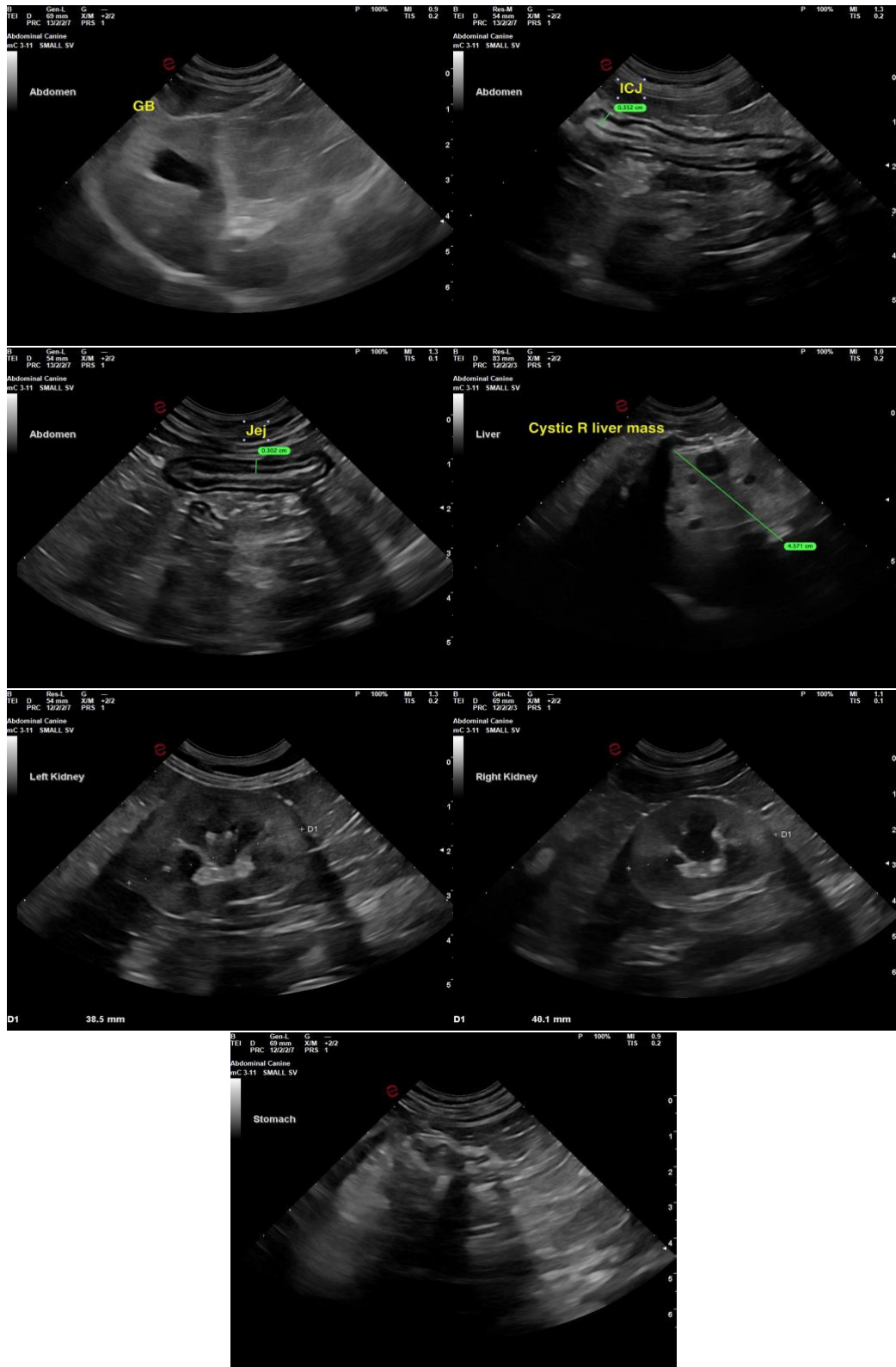
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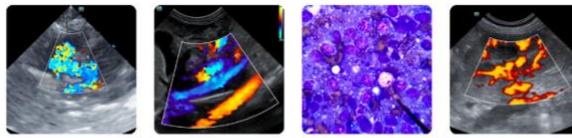
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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