



**PATIENT PRESENTING CLINICAL SIGNS**

Masoka Chopick Decreased appetite, weight loss, increased frequency of vomiting.  
 Medication: Solencia

**SPECIES**  
 ALP 197, CK 1034  
 Feline

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**DSH**  
**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 changes was noted.

**SEX**  
 M/N The area of the aortic trifurcation was free of pathology.

**AGE**  
 2011 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.7 cm in length.

**WEIGHT**  
 13.1

**Adrenal Glands**

**INTERPRETED BY**  
 R. McKenzie Daniel, DVM, DABVP (Canine and Feline)  
 The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width. No overt pathology was noted in the area of the right adrenal gland.

**Spleen**

**IMAGING PERFORMED BY**  
 Rebekah Jakum, CVT ARDMS/RVT  
 The spleen exhibited borderline subnormal size with symmetrical capsule contour and maintained finely textured and homogenous parenchyma. The spleen measured 0.67 cm width at the level of the hilus.

**HOSPITAL NAME Liver/ Gallbladder**

Brodheads ville VC The liver presented mildly enlarged in size with symmetrical contour. Generalized mild uniform increased hepatic parenchyma echogenicity compared to the spleen was present with a mild coarse echotexture. The gallbladder was non-distended in size containing primarily anechoic content with mild to moderate, nondependent yet nonorganized, echogenic gallbladder debris. No overt evidence of gallbladder or peripheral gallbladder inflammation was noted. No evidence of post hepatic obstructive criteria was noted.

**REFERRING VET**

Dr. McAleer

**INVOICE**

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**DATE**

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**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. The gastric body wall width measured 0.24 cm.



**PATIENT**

Masoka Chopick

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. Minor duodenal corrugation was noted with no evidence of an obstructive pattern. The duodenum wall measured 0.24 cm width. The jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.26 cm width.

**SPECIES**

Feline

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

**Pancreas**

**BREED**

DSH

The right pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**Free Abdomen**

**SEX**

M/N

No omental masses, lymphadenopathy, or peritoneal effusion were noted.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

2011

- Mild hepatomegaly exhibiting uniform parenchyma hyperechogenicity - potential emerging lipidosis, cholangiohepatitis, vacuolar hepatic changes, less likely occult infiltrative round cell neoplasia, all potentials
- Heterogeneous pancreas - not sonographically consistent with significant or active pancreatitis, potential for chronic pancreatitis possible
- Mild gallbladder debris - no evidence of post-hepatic obstructive criteria
- Structurally normal gastrointestinal tract with potential mild duodenitis
- Minor volume contracted spleen
- Age-related kidneys

**WEIGHT**

13.1

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING**

**PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

Assuming normal clotting status, using a 25-gauge needle and with vitamin K pretreatment screening hepatic FNA cytology is warranted for further assessment, potential identification of emerging lipidosis, or identification of inflammatory cells if present.

**HOSPITAL NAME**

Brodheads ville VC

A GI panel to include PLI/TLI/Cobalamin/Folate, three view chest radiographs, as well as thorough muscular, skeletal, and neurological examination is suggested to assess for or rule out occult disease as a contributing factor to the patient's weight loss.

**REFERRING VET**

Dr. McAleer

Gastroprotectants, as-needed antiemetic medication, and canned hydrolyzed diet trial +/- feeding tube placement, if evidence of continued inappetence or evidence of progressive possible hepatic lipidosis, may be considered.

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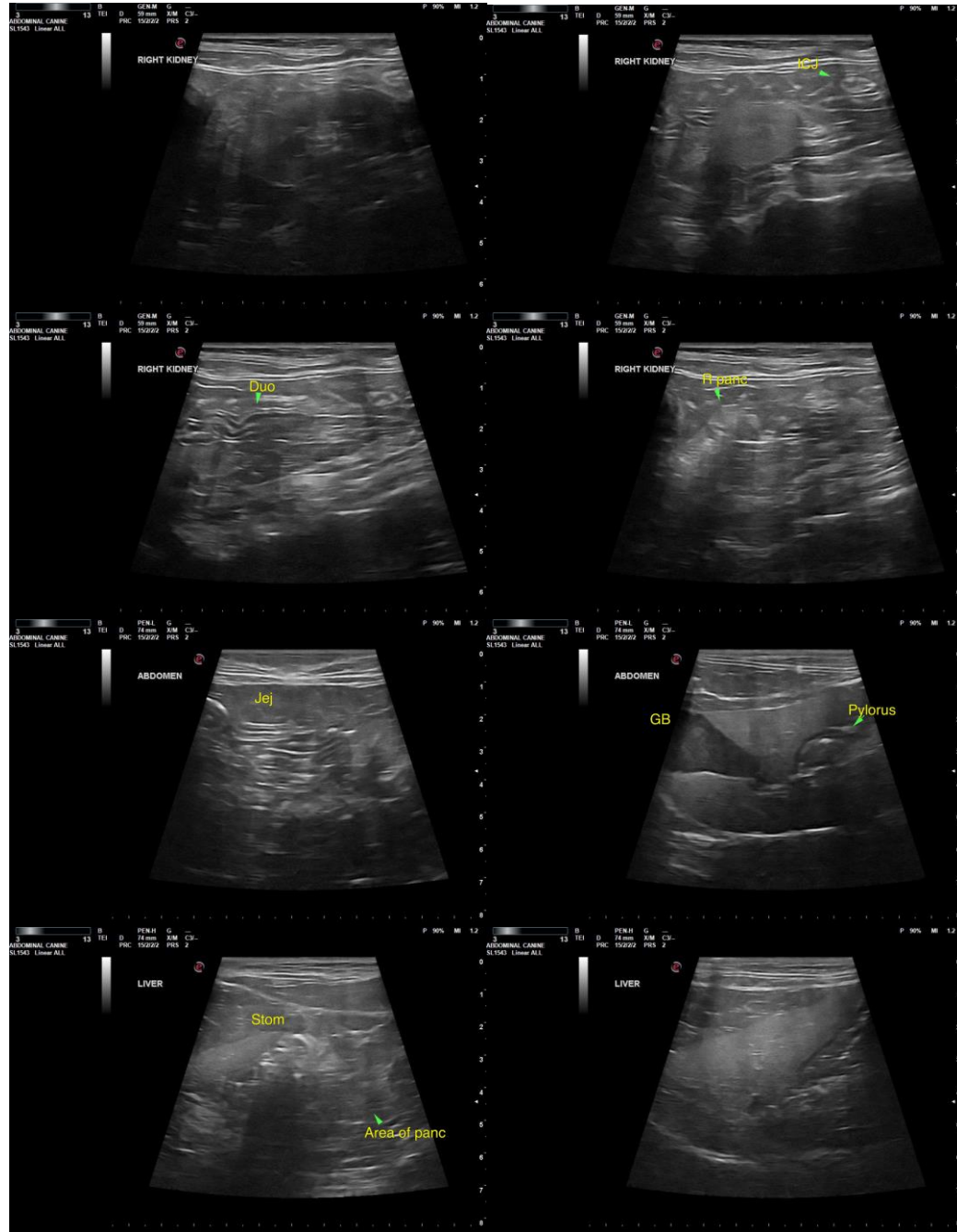
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**PATIENT**

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**SPECIES**

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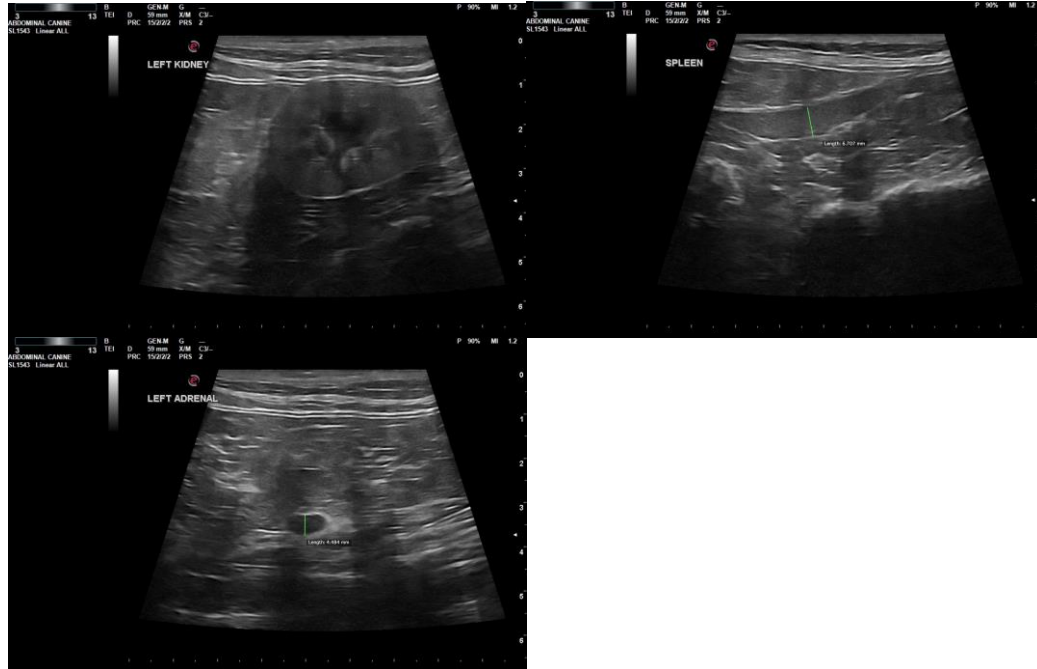
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**SEX**

M/N

**AGE**

2011



**WEIGHT**

13.1

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.

**INTERPRETED BY**

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

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.

**IMAGING**

**PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

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

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