



**PATIENT PRESENTING CLINICAL SIGNS**

Sebastian Morgan Recent weight loss, anorexia, lethargy, sneezing.

Medication: Mirtazapine, Cerenia, Convenia

**SPECIES**

Spec fPL 89

Feline

**BREED**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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**

2008

Normal size and margination were present in the left kidney. 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. Focal areas of mild medullary mineral were present. The left kidney measured 4.2 cm in length.

**WEIGHT**

9.9

The right kidney was enlarged with moderately hyperechoic renal cortex and medulla echogenicity. A hypoechoic halo was present at the periphery of the cortex. Mild dilation of the renal diverticuli was present. The right kidney measured 5.4 cm in length. Moderate right kidney pyelectasia was noted without overt evidence of extension of pelvic fluid into the lateral diverticuli. Subtle indistinct hypoechoic halo sign was noted surrounding the right kidney.

**INTERPRETED BY**

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

**Adrenal Glands**

**IMAGING**

**PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

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.

**HOSPITAL NAME**

**Spleen**

Lehigh Valley AH  
(Bath)

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.

**REFERRING VET**

Dr. Meyer

**INVOICE**

**Liver/ Gallbladder**

16299

The liver exhibited potential borderline enlargement. Primarily normal hepatic parenchyma echogenicity was present with a solitary, subtly expansive nodule in the caudal parenchyma measuring 1.7 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with minor echogenic debris. The cystic and common bile ducts were normal.

**DATE**

2/23/23



**PATIENT** *Gastrointestinal*

Sebastian Morgan 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 0.25 cm.

**SPECIES**

Feline 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. The ileocolic wall measured 0.33 cm width. The duodenum wall measured 0.24 cm width. The jejunum wall measured 0.24 cm width.

**BREED**

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

**SEX**

*Pancreas*

M/N 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 were evident.

**AGE**

*Free Abdomen*

2008

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

**WEIGHT**

**ULTRASONOGRAPHIC FINDINGS**

9.9

- Suspect right kidney lymphoma pattern vs. nonspecific right kidney nephritis exhibiting moderate pyelectasia
- Left kidney chronic renal changes with focal mild medullary mineral
- Structurally unremarkable gastrointestinal tract / pancreas
- Suspicious yet nonspecific liver nodule

**INTERPRETED BY**

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 DVM, DABVP  
 (Canine and Feline)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

Assuming normal clotting status and using a 25-gauge needle, ultrasound guided FNA of the right kidney cortex for screening cytology is warranted. Likewise, if accessible, FNA cytology of the liver nodule for further clarification is recommended.

**HOSPITAL NAME**

Lehigh Valley AH  
 (Bath)

No overt sonographic evidence of gastrointestinal mural pathology or active pancreatitis. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered to assess for occult intestinal or pancreatic disease as contributing factors. Three-view chest radiographs are suggested to rule out occult thoracic pathology if not done.

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16299

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**PATIENT**

Sebastian Morgan

**SPECIES**

Feline

**BREED**

DSH

**SEX**

M/N

**AGE**

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**REFERRING VET**

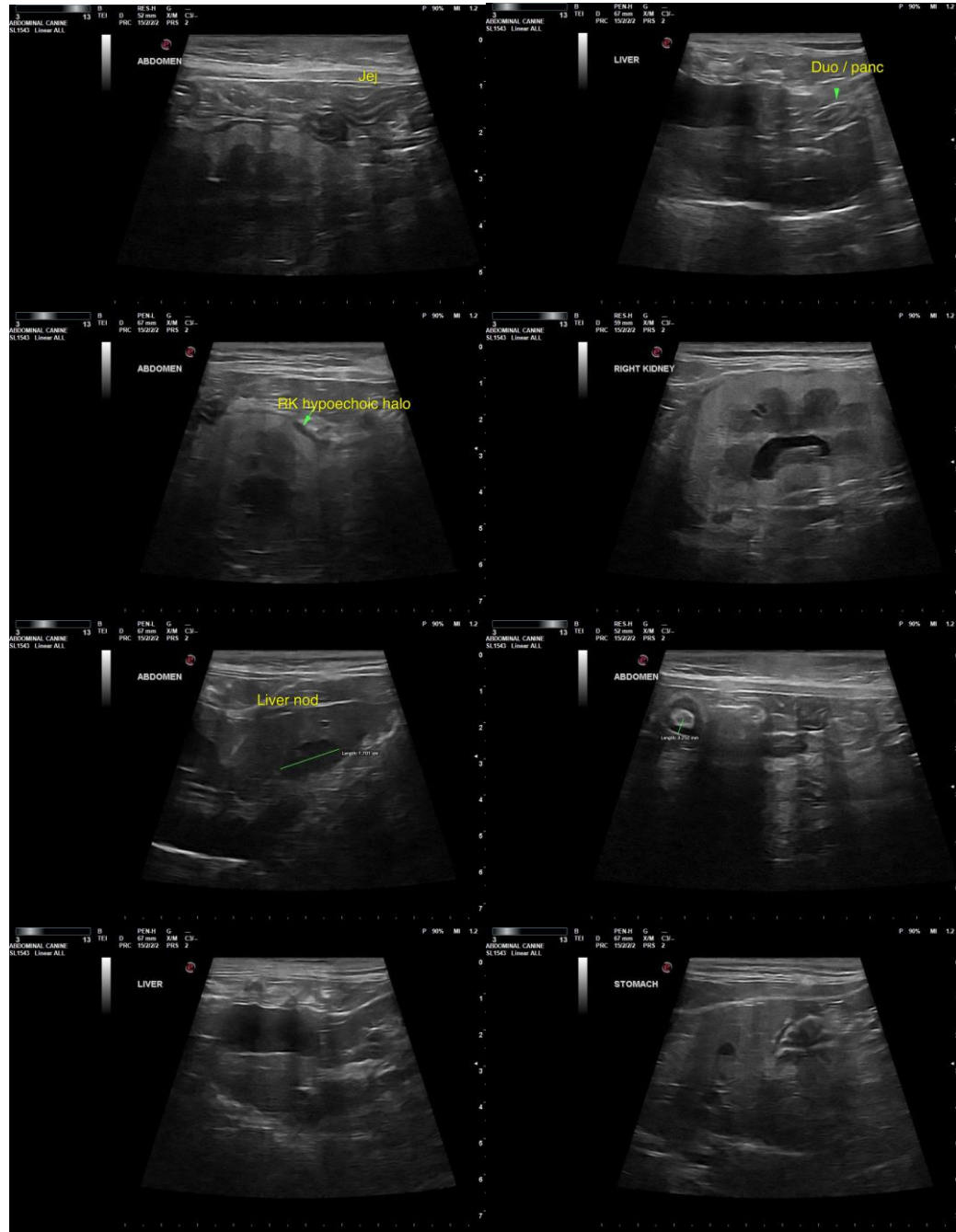
Dr. Meyer

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**DATE**

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**PATIENT**

Sebastian Morgan

**SPECIES**

Feline

**BREED**

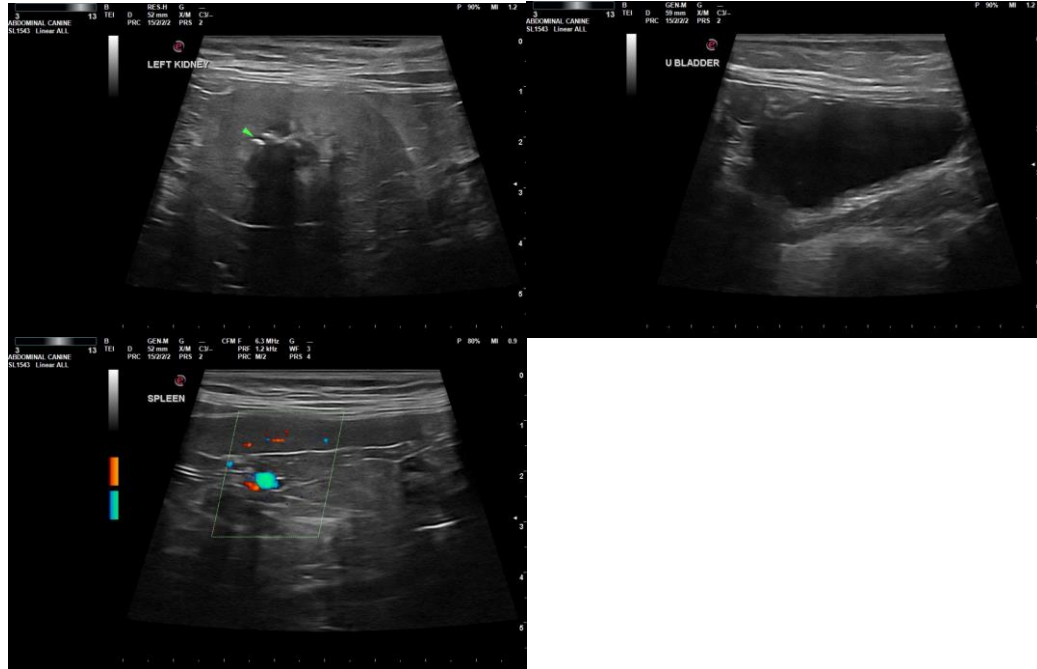
DSH

**SEX**

M/N

**AGE**

2008



**WEIGHT**

9.9

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.

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

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