



## PATIENT

Prince Chilly Dunn

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

17yr

## WEIGHT

5.68kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Carlie Koltek, RVT

## HOSPITAL NAME

Tuxedo Animal  
Hospital

## REFERRING VET

Dr. Kristin Buchanan

## INVOICE

23842

## DATE

02/09/2026

## PRESENTING CLINICAL SIGNS

- Cat has been on and off having issues with vomiting and a wavering appetite.
- On January 25, had a full seizure, went to emergency clinic after this.
- Was diagnosed with hypertension and started on amlodipine and phenobarbital.
- Amlodipine has since been increased, but blood pressure still high.
- Has not had any further seizures since this visit, but seems to vomit liquid every night still.
- Appetite good this week
- Maropitant trial started but continued to vomit through this
- Has kidney disease - stage 2/3
- Current meds: amlodipine 1.25mg SID phenobarbital 15mg BID previously on gabapentin 25mg BID for hyperesthesia syndrome
- Abnormal PE/Chem/CBC/UA Results: CBC WNL CHEM: BUN 18.4 mmol/L (5.7 - 12.9) SDMA 18 µg/dL (0 - 14) CREA 290 µmol/L (71 - 212) QPLI 7.3 U/L (0 - 4.4)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal renal size with asymmetrical margination was present in both kidneys. 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. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Bilateral mild pyelectasia was present. The left kidney measured 4.1 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left adrenal gland was borderline prominent in size with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width. The right adrenal gland was borderline prominent in size with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width.

### Spleen

The spleen was mildly enlarged in size (1.1 cm in width at the mid spleen) with asymmetrical capsule contour. Multifocal, small to discrete, hypoechoic nodules were present diffusely throughout the parenchyma without associated capsule impingement or distortion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

### Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of



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congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. 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.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The jejunum wall measured 0.4 cm width. The ileocolic wall measured 0.5 cm width.

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

### **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.

### **Free Abdomen**

Several variably enlarged, hypoechoic colic lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of a lymph node measured 1.8 cm length and 1.4 cm width.

Surrounding perilymphatic hyperechoic omentum was present.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary**

- Subjective mild hepatomegaly
- Micronodular spleen
- Intact variably thickened small intestine
- Hypoechoic swollen colic lymphadenopathy
- Normal to mildly prominent bilateral adrenal glands- nonspecific, potential patient variant

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for further clarification, multicentric round cell neoplasia, i.e. lymphoma or mast cell neoplasia involving the spleen, intestinal tract and lymph nodes is warranted. The mild hepatomegaly is nonspecific. Further assessment may include assuming normal clotting status and using 25ga needle with consideration for Benadryl pretreatment, splenic and accessible lymph node +/- hepatic FNA cytology.

Gastrointestinal support +/- empirical IBD protocol could be considered. Correlation with urinary workup recommended. A guarded prognosis is indicated.



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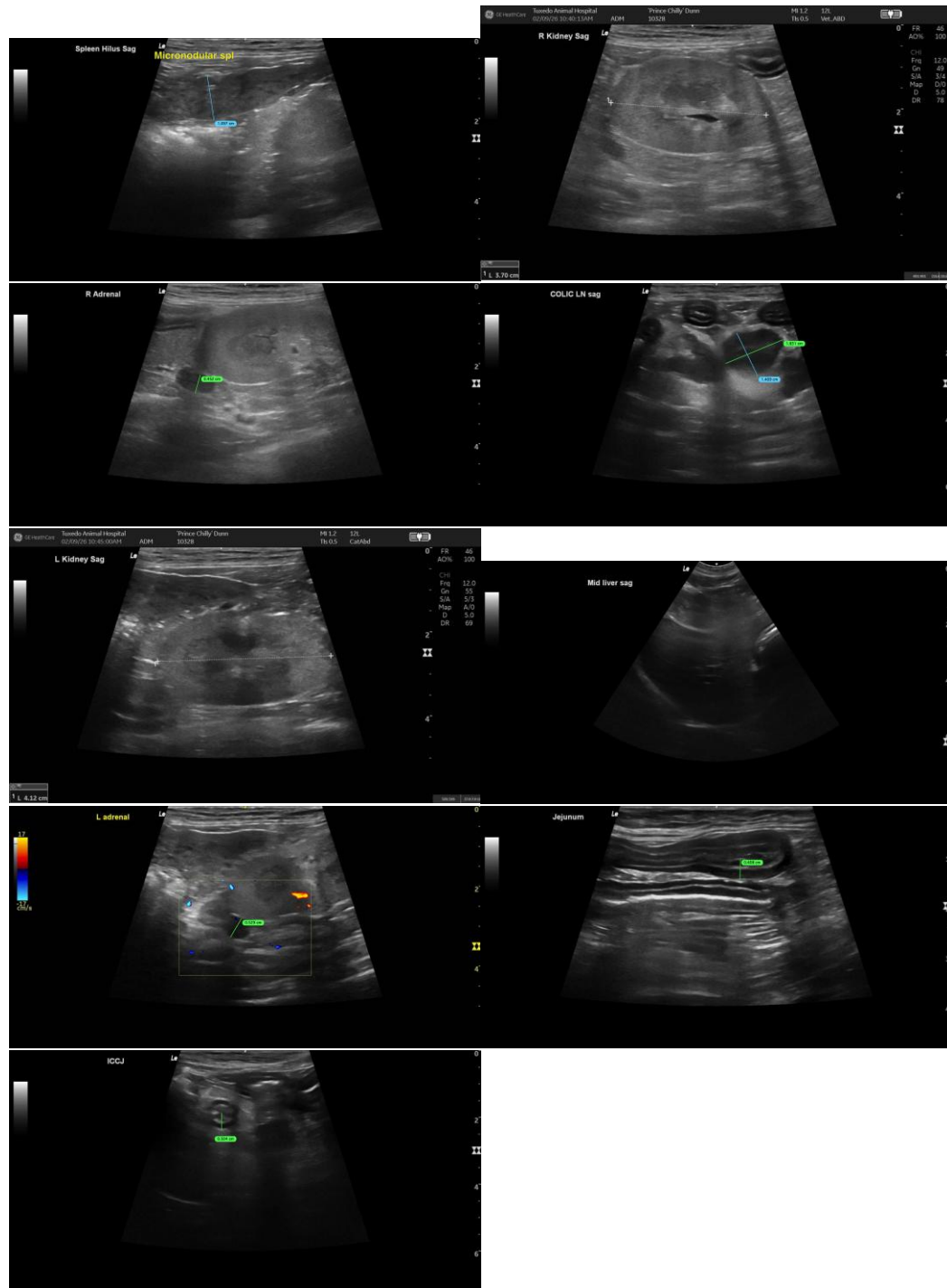
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



**PATIENT**

can be of any further assistance, please contact me.

Prince Chilly Dunn

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)

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