



PATIENT	PRESENTING CLINICAL SIGNS
Bronson Cockerline	Suspect Ab mass on X-ray lethargic with both acute and chronic vomiting. Owner concerned that ate paint.
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: No abnormalities UA taken today
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
	Urinary System
DSH	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate 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. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.
SEX	
M/N	
AGE	
9 years	The area of the aortic trifurcation was free of pathology.
WEIGHT	
8 kg	Normal size and areas of minor capsule asymmetry were present in the kidneys. The kidneys exhibited areas of increased cortex echogenicity, consistent with discrete cortical infarcts. The left kidney measured 4.5 cm in length. The right kidney measured 4.2 cm in length. Adequate corticomedullary border demarcation was noted with a maintained 1:3 cortex / medulla ratio.
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Adrenal Glands
	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width.
IMAGING PERFORMED BY	
Dr. Belan	Spleen
	The spleen was mildly enlarged measuring 1.4 cm - 1.5 cm width at the level of the hilus. The spleen maintained a symmetrical capsule contour and primarily finely textured and homogenous parenchyma. No splenic masses were noted.
HOSPITAL NAME	
Signal Hill AC	Liver/ Gallbladder
REFERRING VET	
Dr. Sweet/Costa	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 primarily anechoic luminal content. The cystic and common bile ducts were normal.
INVOICE	
16362	Gastrointestinal
DATE	
3/14/23	The stomach presented intact wall layering with a normal wall layer ratio. Mild anechoic pyloric fluid was noted with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.28 cm.



PATIENT	The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Mild duodenal nonobstructive ileus was noted. The duodenum wall measured 0.31 cm width. The jejunum wall measured 0.31 cm width. The ileocolic wall measured 0.36 cm width.
Bronson Cockerline	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Feline	
BREED	<i>Pancreas</i>
DSH	The pancreas was normal in size with minor capsule asymmetry and mild nonhomogeneous to hypoechoic pancreatic parenchyma compared to adjacent omentum.
SEX	<i>Free Abdomen</i>
M/N	Intermittent colic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of peritoneal effusion or omental masses was found.
AGE	
9 years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
8 kg	<ul style="list-style-type: none"> • Urinary bladder sediment • Intermittent minor renal cortical infarcts • IBD small bowel pattern with associated mild benign / reactive colic lymphadenopathy • Mild retained gastric fluid • Suspect concurrent low-grade pancreatitis • Nonspecific mild splenomegaly
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No evidence of intraabdominal masses or significant lymphadenopathy was noted. Potential for early to low-grade neoplastic infiltrative enteropathy with round cells, i.e., lymphoma, mast cell disease, or similar, which may present in similar sonographic manner as IBD, cannot be definitively excluded yet is thought less likely.
IMAGING PERFORMED BY	Definitive diagnosis would require full-thickness intestinal biopsies. Correlation with pending splenic cytology is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.
Dr. Belan	
HOSPITAL NAME	
Signal Hill AC	
REFERRING VET	
Dr. Sweet/Costa	
INVOICE	
16362	
DATE	
3/14/23	



PATIENT

Bronson Cockerline

SPECIES

Feline

BREED

DSH

SEX

M/N

AGE

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WEIGHT

8 kg

INTERPRETED BY

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BREED

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M/N

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WEIGHT

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HOSPITAL NAME

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REFERRING VET

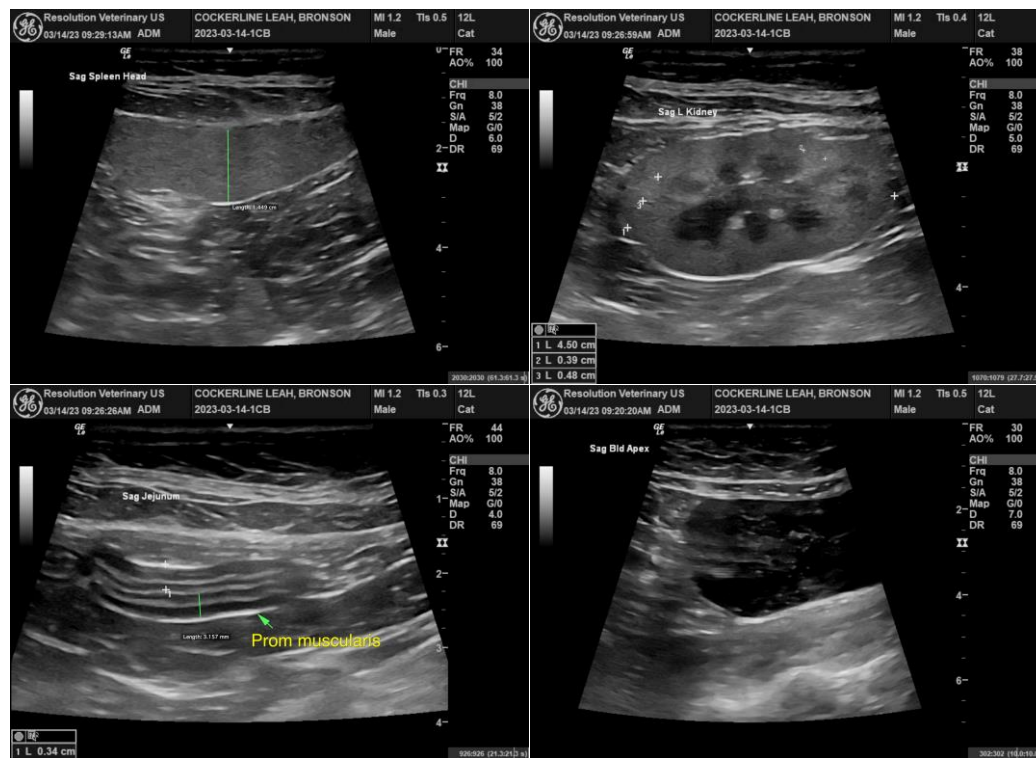
Dr. Sweet/Costa

INVOICE

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DATE

3/14/23



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 can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com