



PATIENT

Potato Brooks

SPECIES

Feline

BREED

Abyssinian

SEX

Male Neutered

AGE

15y

WEIGHT

8.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

Brita Kiffney

INVOICE

13296

DATE

3/18/26

PRESENTING CLINICAL SIGNS

History:

- History from my colleague: "Potato has had two seizure-like events that I suspect are syncopal based on description: he becomes tired/sleepy/lethargic, then falls and paddles as if trying to right himself, then acts tired and tachypneic but alert directly after. He was seen at AEC the day of the first event then came to me for recheck and investigation on 3/11. Neurologic exam was normal. He had pale mucous membranes and a palpable grade 6 left-sided systolic murmur. Generalized muscle wasting was noted with MCS 3/4. Potato has a history of chronic soft stool and progressive weight loss.

Abnormal PE/Chem/CBC/UA Results: moderate non regen anemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 were noted.

The area of the aortic trifurcation was free of pathology.

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 corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney exhibited a non-obstructive pelvic renolith measuring 1.2 cm in diameter. The left kidney measured 4.0 cm in length. The right kidney measured 4.4 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 0.48 cm width at the caudal pole. The right adrenal gland was normal in size, position and shape measuring 0.39 cm

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

The liver presented enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. The hepatic vasculature was mildly prominent in appearance, most notable at the level of the hepatic vein / caudal vena cava junction, without evidence of thrombosis. The gallbladder was non-distended



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in size with thin walls and 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 small intestine presented intact wall layering with overall maintained duodenojejunal wall layer ratio. Jejunum wall measured 0.25 cm. Thickened ileum to ileocolic junction exhibiting intact mildly indistinct wall layer ratio. Ileum wall measured 0.74 cm.

Mildly thickened proximal colon wall with semi-formed fecal matter and lumen cecocolic gas.

Pancreas

The pancreas was normal in size and contour with heterogeneous, mildly hypoechoic, remodeled parenchyma compared to adjacent omentum. Mildly prominent pancreatic duct. No signs of active inflammation or neoplasia.

Free Abdomen

Peri ileocolic non-homogeneous, potentially nodular omentum and multifocal mild colic lymphadenopathy with potential for non-homogeneous peri ileocolic mass measuring ~3.0 cm in diameter. Scant pockets of peritoneal effusion was present.

Heart

Brief subjective echo including 3 videos, primarily of cross section left ventricle revealed potential for left atrial enlargement and suspect mildly prominent non-homogeneous left auricle. Potential for left auricle mass not definitively excluded. Scant pericardial effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Thickened ileum/ileocolic junction and proximal colon
- Peri ileocolic non-homogeneous nodular omentum, potential multiple mild colic lymphadenopathy or ill-defined peri ileocolic mass
- Congested liver
- Scant peritoneal effusion
- Subjective possible LA enlargement with prominent left auricle, potential left auricle mass
- Scant pericardial effusion
- Chronic renal changes with non-obstructive left renolithiasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending FNA cytology of the peri ileocolic pathology is recommended. A GI panel in correlation with 3-view chest radiographs to assess for additional non-structural intestinal disease or thoracic pathology as a contributing factor to the muscle wasting and weight loss is recommended. Full echocardiogram for further cardiac assessment.



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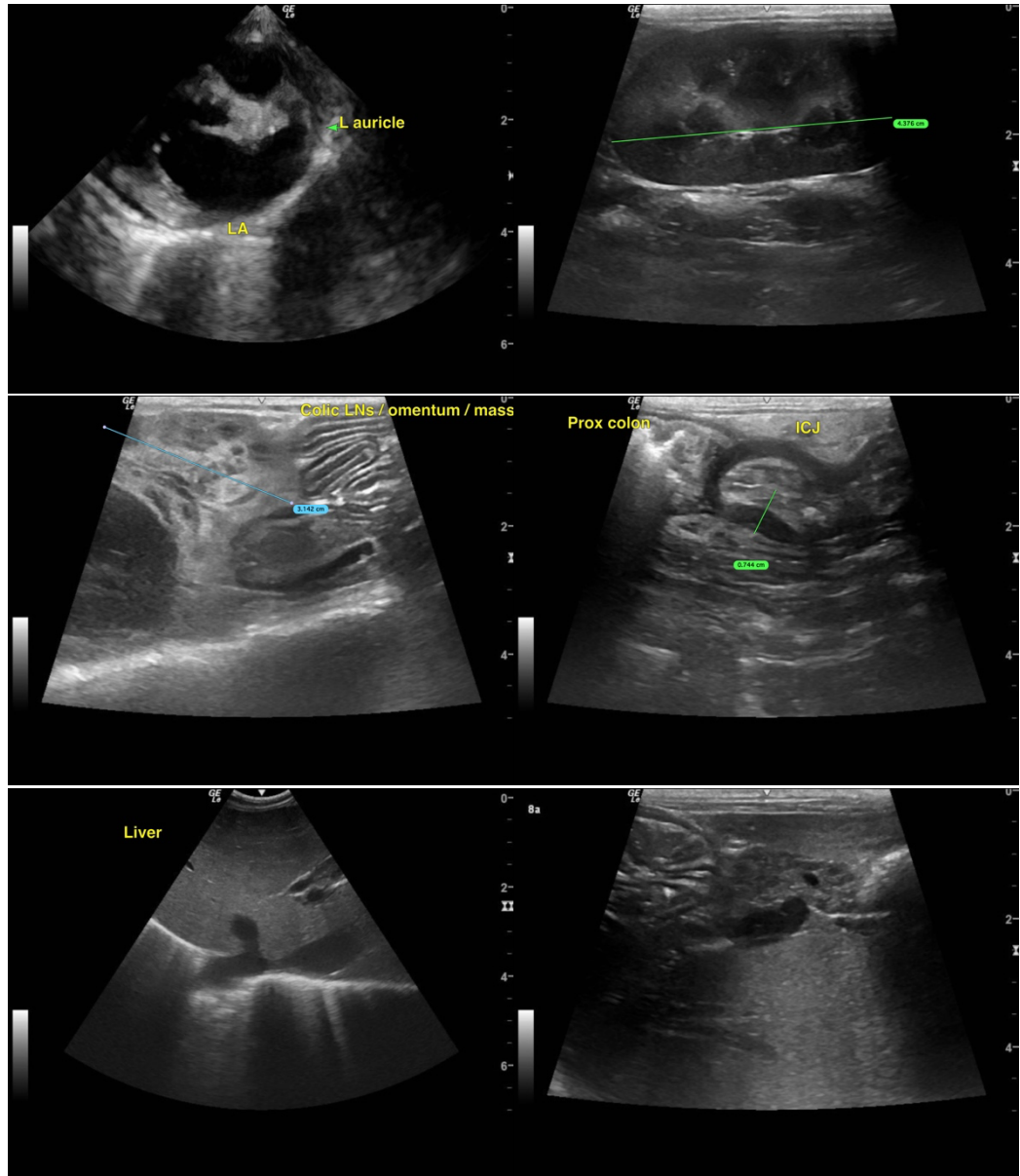
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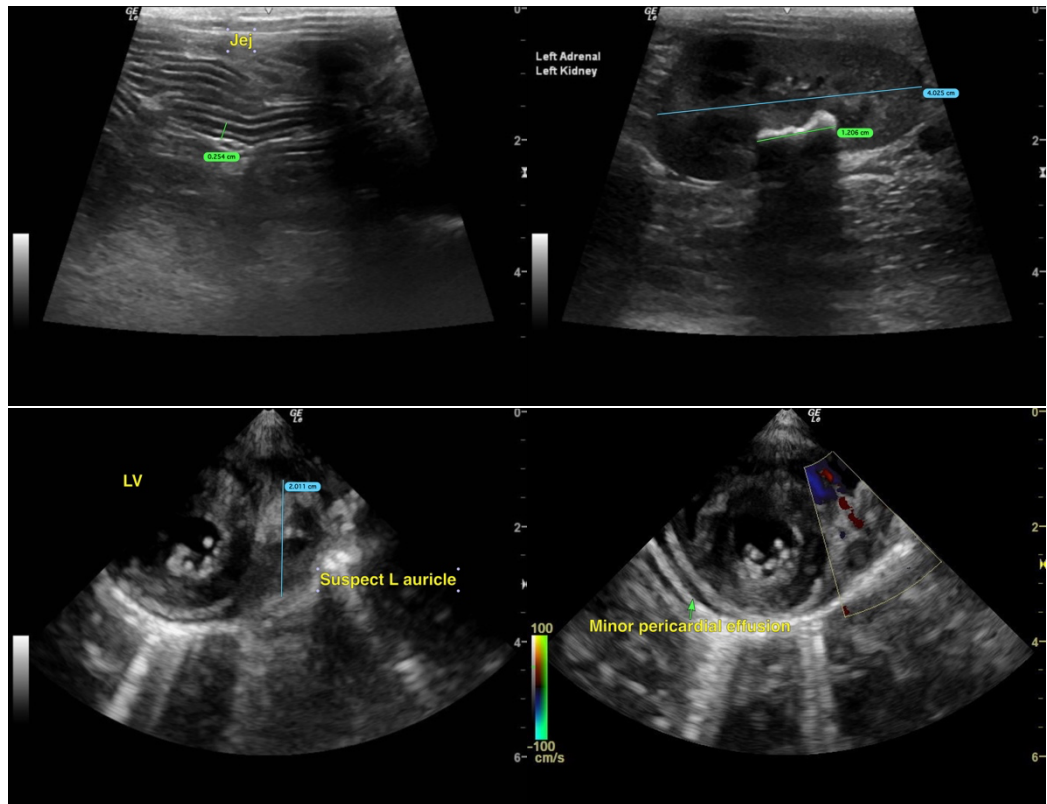
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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