



PATIENT

MR Leech

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

7yr

WEIGHT

9.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Burns

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Sarah Burns

INVOICE

24050

DATE

03/02/2026

PRESENTING CLINICAL SIGNS

Has been hiding most of the day, would not come for dinner and O found him hiding in a closet. Was reluctant to walk and seemed unsteady on his feet. When he came to food dish, sniffed food and turned and vomited. Very unusual for him, normally very food motivated. Hx of neuro "events", will have sudden anisocoria with lethargy and aggression. Monitored by rDVM but has not seen neuro.

Abnormal PE/Chem/CBC/UA Results: Abdomen/Gastrointestinal- Marked pain on cranial palpation, yowled became tense and had muscle fasciculations over shoulders/spine and abdomen. Neurologic- Mild anisocoria present. CBC: HCT 38.3 (N), WBC 12.88 (N), Neut 7.72 (N)_ bands suspected, Lymph 4.47 (N), Mono 0.43 (N), Plt 369 (N) Chem: Gluc 323 (H),BUN 21 (N), Creat 1.9 (N), remainder WNL fPL: 0.9 (N) EPOC: Creat 2.01 (H), Gluc 298 (H), remainder WNL Serum ketones: 0.1 mmol/L (N) USG >1.050, pH 7, protein 500 mg/dl, glucose 50 mg/dl, ketones negative, bilirubin negative, AFAST: scant ff near splenic hilus, numerous hyperechoic splenic nodules measuring 0.25 cm to 0.5 cm, remainder of abdomen subjectively normal Rads: impression of a soft tissue opacity structure partially overlying the caudal to the left kidney

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 mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 4.0 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

The spleen exhibited overall normal size and primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Focal to intermittent well-defined, symmetrical, hyperechoic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. An example of a splenic nodule measured 0.4 cm in width. The spleen measured 0.94 cm in width at the level of the mid spleen.

Liver/Gallbladder



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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. Normal vascular volume. 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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained pyloric fluid with no signs of obstruction or foreign material. The pylorus wall measured 0.23 cm in width.

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 mechanical/metabolic ileus, obstruction or foreign material. The small intestine measured 0.20 cm in width.

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

Pancreas

The left pancreas was prominent in size with capsule asymmetry and mild non-homogenous hypoechoic parenchyma. Mild surrounding peripancreatic hyperechoic omentum was present.

Free Abdomen

No visualized significant omental lymphadenopathy or peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically normal gastrointestinal tract, mild non-obstructive hypomotile stomach
- Pancreatitis subjective mild
- Small hyperechoic splenic nodules-most suggestive of benign criteria i.e. myelolipomas
- Mild chronic renal changes
- Mild urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographic evidence of mild pancreatic inflammation is present despite normal FPL. No evidence of mechanical gastrointestinal obstruction or mural pathology. Gastrointestinal support and empirical therapy for pancreatitis with monitoring is recommended.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Recheck sonogram warranted if evidence of progressive clinical signs.

A fructosamine level could be considered if concerned for emerging diabetes.



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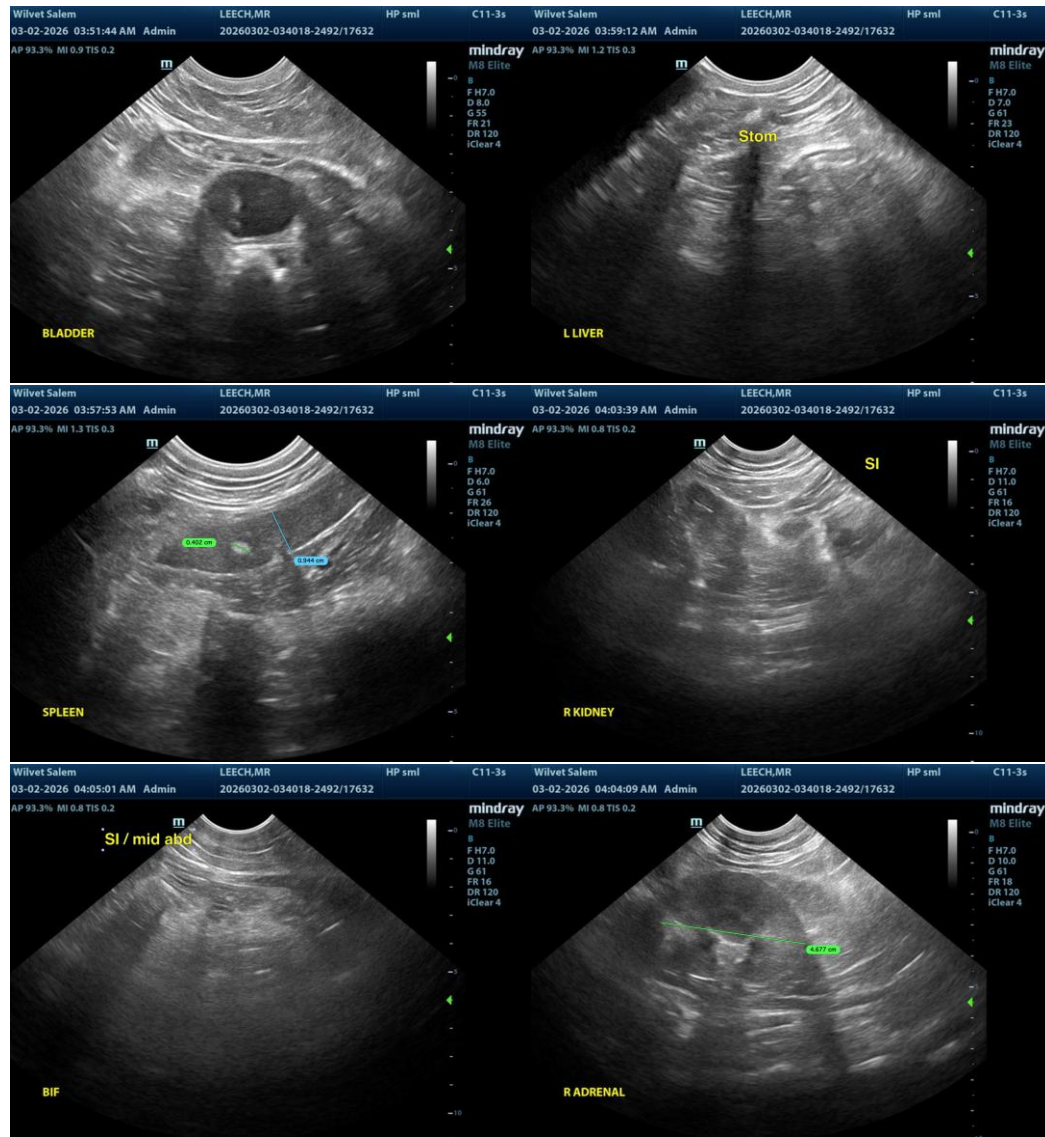
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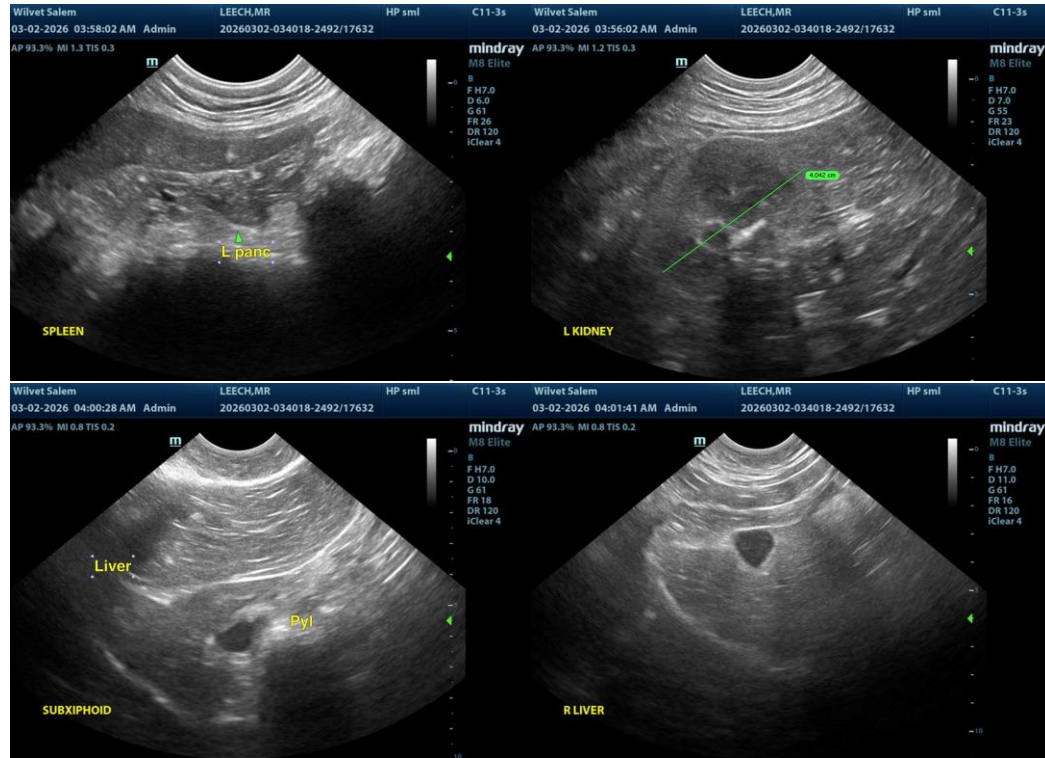
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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