



PATIENT

Bella Mellott

SPECIES

Feline

BREED

DLH

SEX

Female Spayed

AGE

9y 7m

WEIGHT

7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Mack E

HOSPITAL NAME

Northside VC

REFERRING VET

Mack E

INVOICE

13313

DATE

3/24/26

PRESENTING CLINICAL SIGNS

History:

- No clinical signs.

Abnormal PE/Chem/CBC/UA Results: Pre-anesthetic bloodwork - amylase 1649, alpk <10. Patient was going under anesthesia for a dental cleaning.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The bilateral kidneys exhibited subnormal size. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 2.6 cm in length. The right kidney measured 2.8 cm in length.

Adrenal Glands

No obvious pathology in the area of the left and right adrenal glands.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Solitary, expansive, well-defined, symmetrical, hyperechoic nodule was present in the medial parenchyma measuring 0.3 cm in diameter. The capsule was smooth and regular with associated symmetrical medial capsule distortion. The spleen otherwise exhibited normal size, symmetrical contour and maintained homogeneous parenchyma. 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 hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver

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.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, non-shadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental, mild, similar appearing, non-shadowing ingesta. Small intestine wall measured 0.20 cm.

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

Pancreas

The area of the pancreas presented sonographically normal.

Free Abdomen

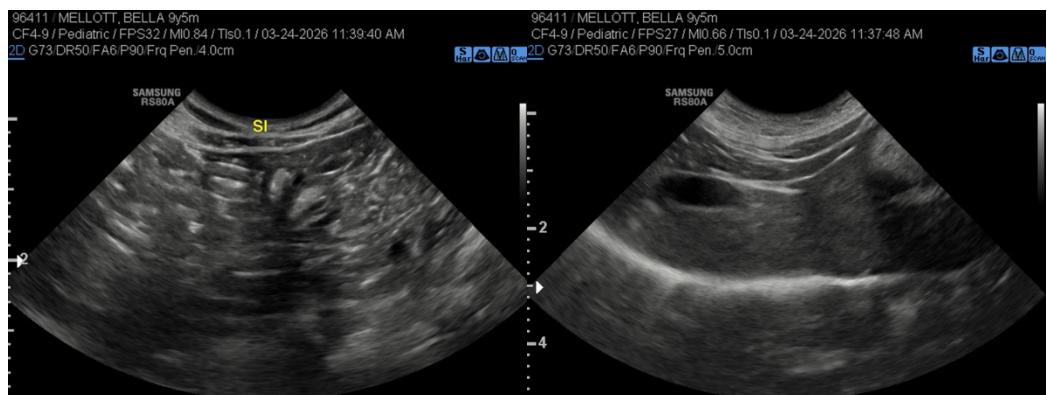
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal gastrointestinal tract with gastrointestinal ingesta – consistent with food echogenicity
- Normal area of pancreas
- Mildly expansive, hyperechoic splenic nodule – suggestive of benign criteria, i.e. myelolipoma, minor potential for neoplastic nodule
- Bilateral subnormal renal size
- Normal liver/gallbladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographic monitoring of the splenic nodule for evidence of progression is recommended. NO evidence of active pancreatitis or gastrointestinal mural pathology. Correlation with most recent meal ingestion is recommended if non-reported gastrointestinal signs are present or rise. Mild to chronic pancreatitis at times may present sonographically normal. Suspect bilateral renal patient variant regarding size. No anesthetic contraindications assuming no evidence of azotemia.





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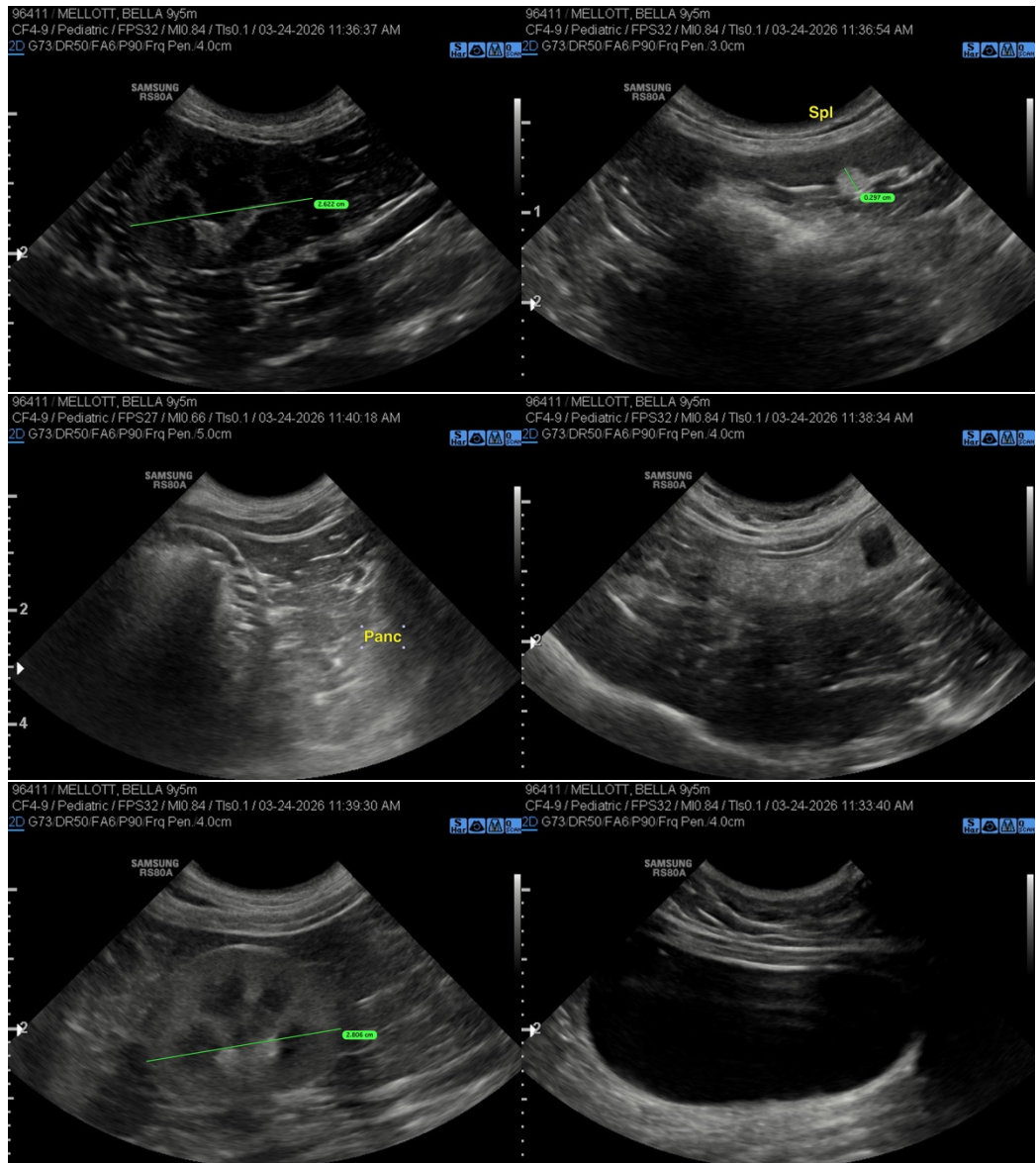
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com



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