

## PATIENT

Walley Lawrence

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

2012

## WEIGHT

15

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Rebekah Jakum, CVT,  
ARDMS/RVT

## HOSPITAL NAME

Creekview VH

## REFERRING VET

Dr. Ballek

## INVOICE

10731

## DATE

3/25/26

## PRESENTING CLINICAL SIGNS

### History:

- Urinating outside litter box
- Weight loss
- Hind end weakness - concern for diabetes (bloodwork does not indicate)

## 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 evidence of urine or lumen sediment. Dependent lumen, nonobstructive, accumulated mineral to small calculus was noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and mild asymmetrical margination were present in the kidneys. Mildly prominent hyperechoic cortex was noted with enhanced corticomedullary border demarcation. Adequate medullary volume was present. There is no evidence of pelvic dilation. The left kidney measured 4.2 cm in length. The right kidney measured 4.3 cm in length.

### *Adrenal Glands*

The left adrenal gland was asymmetrically enlarged in size, exhibiting nonhomogeneous, hypoechoic to focally mineralized parenchyma. The left adrenal gland measured 1.8 cm x 1.5 cm width. The right adrenal gland was indistinctly visualized, exhibiting subjective subnormal size.

### *Spleen*

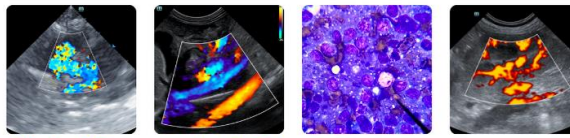
The spleen was asymmetrically enlarged with asymmetrical to scalloped medial capsule contour exhibiting a maintained homogeneous parenchyma. The spleen measured 1.4 cm width at the level of the mid-spleen.

### *Liver/Gallbladder*

The liver presented subjective mildly 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 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 was empty without evidence of retained ingesta, fluid, or foreign material.



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The small intestine presented intact wall layering with a primarily maintained wall layer ratio yet generalized mild thickened intestinal wall. The small intestinal lumen was empty to the level of the colon. The duodenum wall measured 0.36 cm width. The jejunum wall measured 0.27 cm width.

**SPECIES**

Feline

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

***Pancreas***

**BREED**

DSH

The parenchyma of the pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

**SEX**

***Free Abdomen***

MN

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

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**ULTRASONOGRAPHIC FINDINGS**

- Left adrenal mass with evidence of parenchymal mineralization
- Asymmetrical splenomegaly
- Mild hepatomegaly
- Intact mildly thickened small intestinal wall
- Chronic pancreatitis / fibrosis pattern
- Mild urinary bladder mineral / small calculus
- Mild age-related renal changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The left adrenal mass is almost certainly consistent with neoplastic criteria. Serial monitoring of systemic blood pressure for evidence of hypertension, as well as serum potassium level for evidence of hyperkalemia, which may suggest Conn's Syndrome, is recommended. Small intestinal patient variant is possible with potential for chronic enteropathy in conjunction with weight loss. Emerging multicentric intestinal and hepatosplenic neoplasia are not definitively excluded.

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Assuming normal clotting status and using a 25-gauge needle, further assessment may include hepatosplenic FNA cytology, a GI panel to include PLI/TLI/Cobalamin/Folate, and screening three view chest radiographs. If surgery is a potential, abdominal CT for further assessment of the left adrenal mass would be ideal pending suggested hepatosplenic sampling and additional diagnostics. Urinalysis is recommended.

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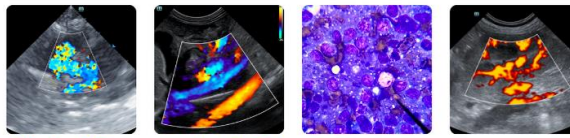
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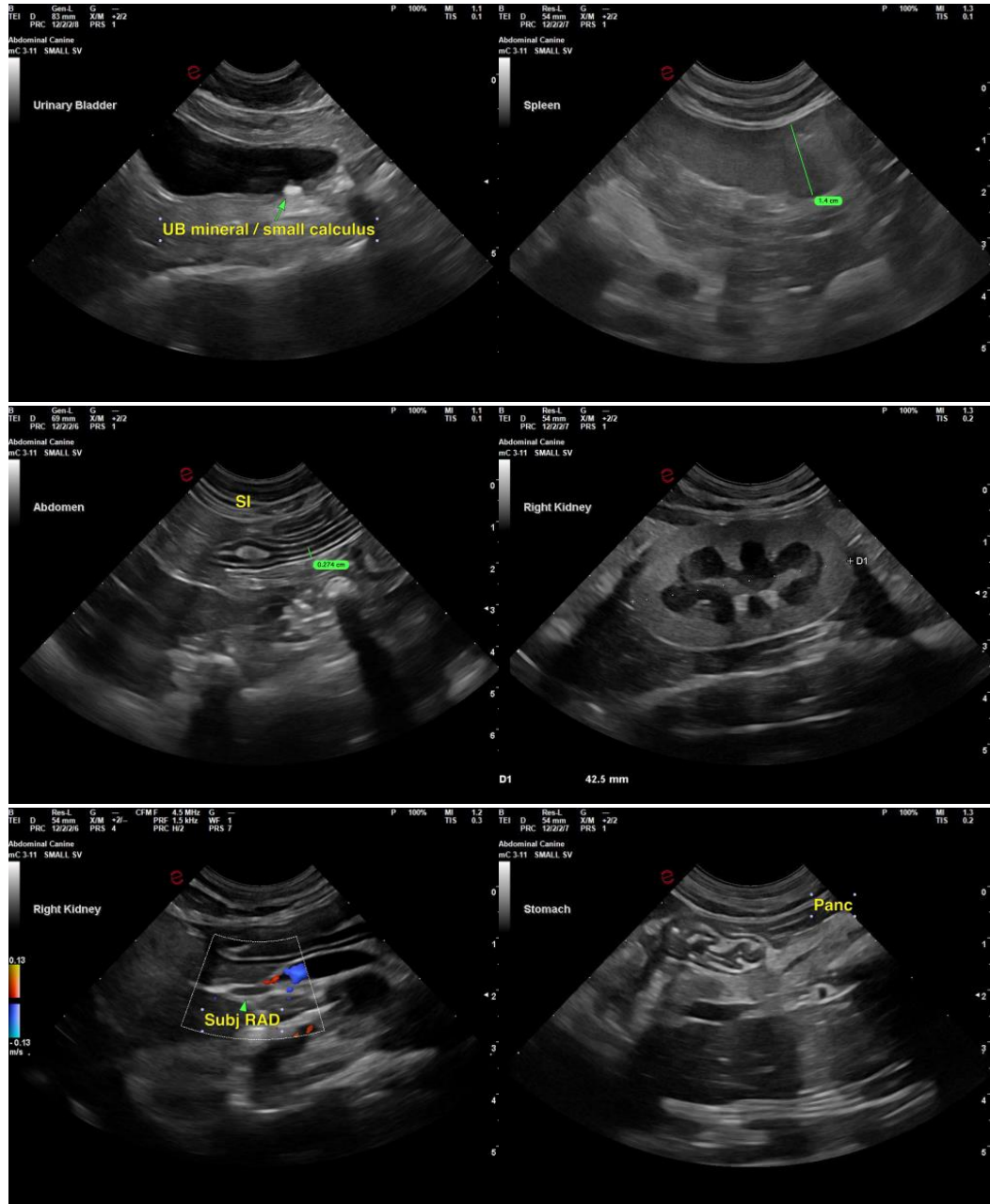
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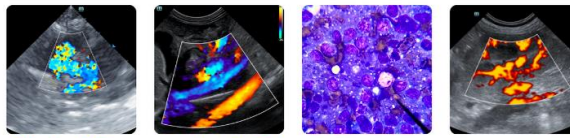
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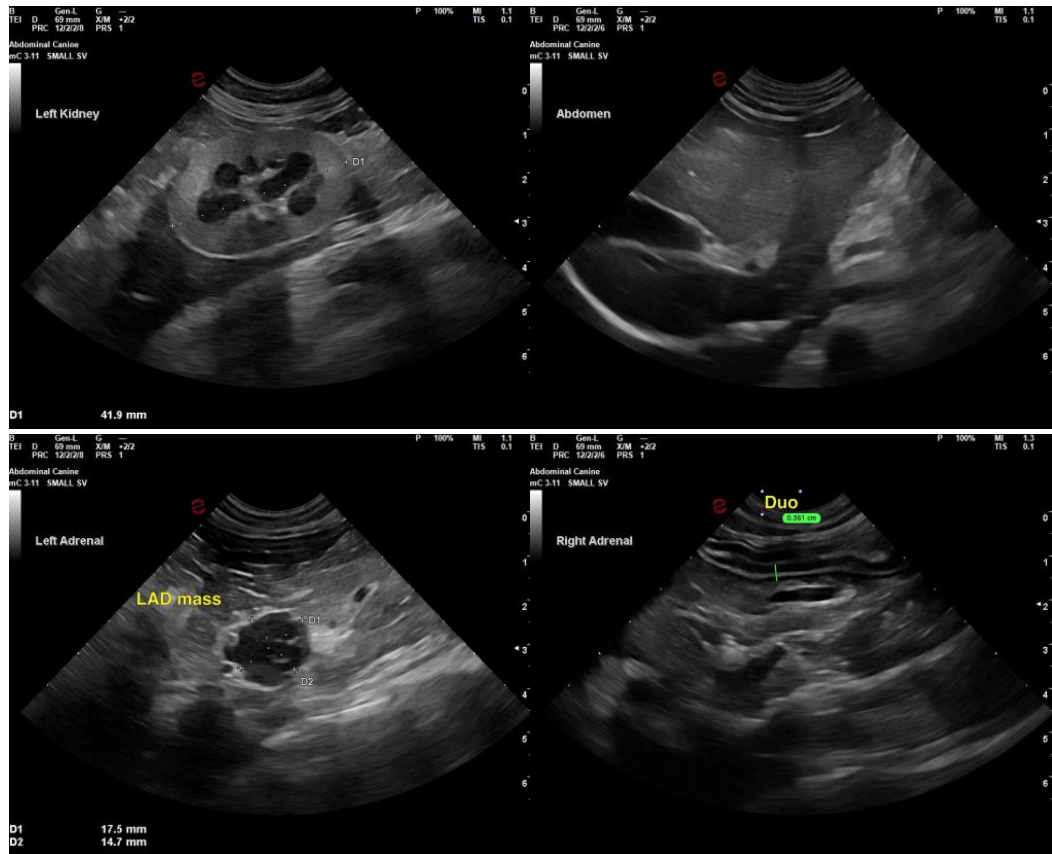
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
[info@sonopath.com](mailto:info@sonopath.com)