



PATIENT

Newt Martland

SPECIES

Feline

BREED

Persian Mix

SEX

FS

AGE

5yr

WEIGHT

4.19kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Jill Rankin

HOSPITAL NAME

Panorama Hills Animal
Hospital

REFERRING VET

Dr. Manpreet Dhaliwal

INVOICE

24318

DATE

03/27/2026

PRESENTING CLINICAL SIGNS

- Newt, a feline, presented for evaluation of abnormal behavior, abnormal urination, and mild weight loss.
- The primary concern is a recent change in behavior. The owner's husband reported that Newt is no longer greeting him when he gets home. Instead, she just lays in bed and sometimes does not even lift her head. The owner describes her as "not acting normally".

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. 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 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 3.4 cm in length. The right kidney measured 3.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 cm width.

Spleen

The spleen was borderline enlarged with mild asymmetrical to scalloped medial capsule contour. Normal maintained homogenous parenchyma and normal vascularity was present. The spleen measured 1.0 cm in width at the level of the mid spleen.

Liver/Gallbladder

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 was empty with no signs of ileus, obstruction or foreign material.

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.



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The duodenum wall measured 0.21 cm width. The jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.30 cm width.

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

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Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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Free Abdomen

No omental masses or peritoneal effusion was present.

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Intermittent normal to mildly prominent to enlarged 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). An example measured 1.2 cm x 0.4 cm.

AGE

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Primary

- Borderline splenomegaly exhibiting asymmetrical scalloped medial capsule contour
- Sonographically normal gastrointestinal tract
- Normal area of pancreas
- Minor benign colic lymphadenopathy

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4.19kg

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of definitive visceral pathology as an obvious cause of the patient's clinical signs. The borderline splenomegaly and asymmetrical splenic medial capsule contour is non-specific with considerations including sedation if clinically applicable, incidental hyperplasia, hematopoiesis, possible splenitis with occult or emerging splenic neoplasia thought less likely yet not excluded.

If patient non-sedated and assuming normal clotting status, splenic FNA cytology using 25ga needle is warranted for further assessment. Correlation with full lab work and consideration for screening GI panel to include PLI/TLI/cobalamin/folate to assess for non-structural intestinal disease or mild pancreatitis recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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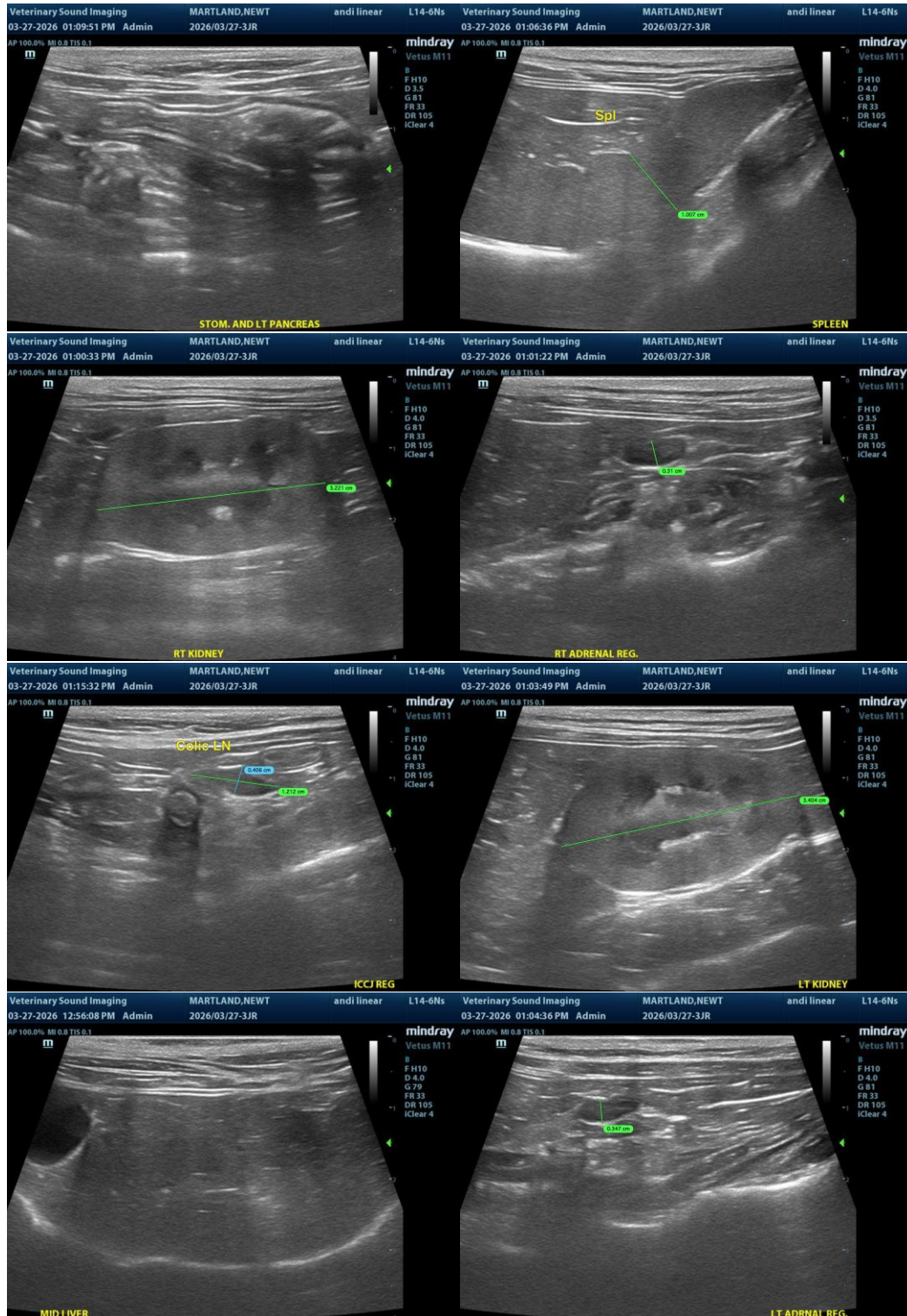
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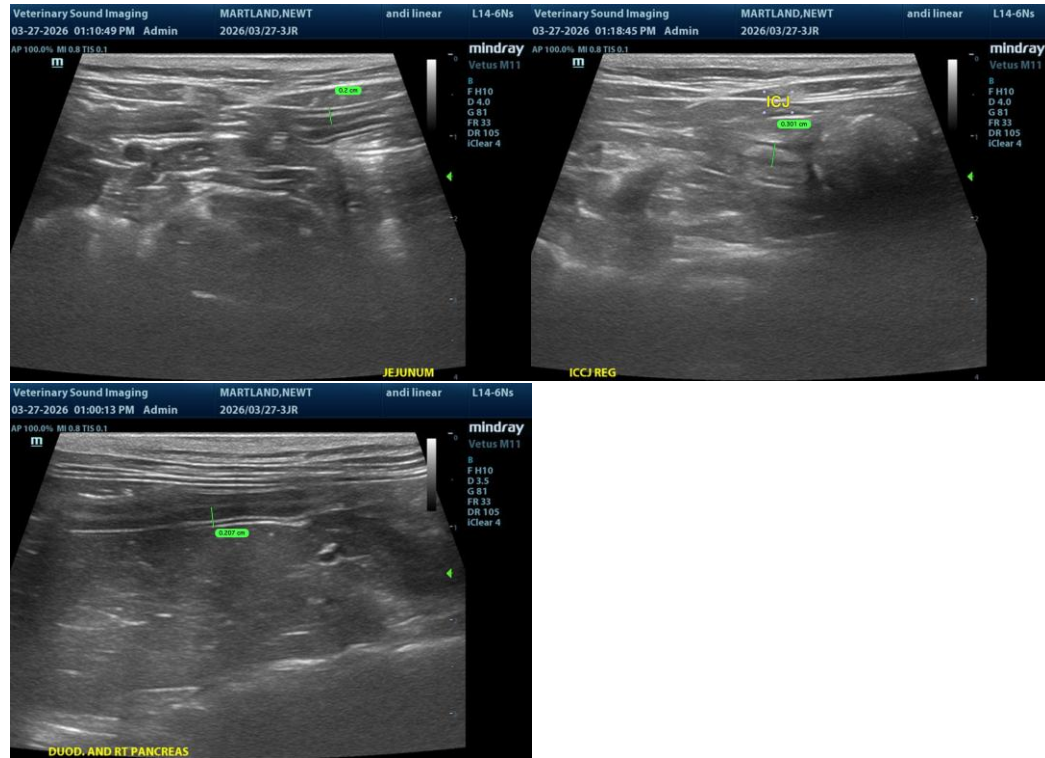
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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