



**PATIENT**

Mr. Max Bonenfant

**PRESENTING CLINICAL SIGNS**

History: Gradual weight loss. Total calcium 11.6. Ionized calcium normal.

**SPECIES**

Feline

**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 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.

**BREED**

DLH

No evidence of pathology in the area of the aortic trifurcation.

**SEX**

Neutered male

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 mildly increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.4 cm in length.

**AGE**

12 years

*Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.26 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm width.

**WEIGHT**

11 pounds

*Spleen*

The spleen exhibited subjective borderline enlargement measuring 1.0-1.1 cm width at the level of the hilus and 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.

**INTERPRETED BY**

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

*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.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

East Boston Animal  
 Hospital

The gallbladder and cystic duct presented mildly dilated in size with debris primarily in the caudal lumen and the gallbladder neck. No evidence of gallbladder or peripheral inflammation was noted. The common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.20 cm in width

**REFERRING VET**

Dr. Raman Chopra  
 DVM

*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 gastric body wall measured 0.25 cm.

**INVOICE**

10136ag

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio and a segmental propensity for a mildly prominent muscularis layer. No evidence of loss of intestinal wall layering or intestinal masses was noted. The duodenum wall measured 0.28 cm. The jejunum wall measured 0.27 cm. The ileocolic wall measured 0.30 cm.

**DATE**

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



**PATIENT**

*Pancreas*

Mr. Max Bonenfant

The left limb, body and right limb of the pancreas presented mildly uniform primarily hypoechoic parenchyma compared to the adjacent nonreactive or inflamed peri pancreatic 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.

**SPECIES**

Feline

*Free Abdomen*

**BREED**

DLH

Intermittent focally enlarged jejunocolic lymph nodes were present with mild reactive perilymphatic mesentery. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5).

No peritoneal effusion was present.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

**AGE**

12 years

- Mild chronic renal changes.
- Mildly hypoechoic pancreas-potential for low grade to chronic pancreatitis.
- Intermittent jejunocolic lymphadenitis, possible mild inflammatory bowel.
- Subjective borderline splenomegaly-hyperplasia, hematopoiesis, incidental splenitis with potential for emerging splenic round cell neoplasia considered a less likely differential diagnosis.

**WEIGHT**

11 pounds

**INTERPRETED BY**

**Secondary**

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

- Mild gallbladder debris with minor non obstructive proximal common bile duct dilation-gallbladder debris may be secondary to fasting, non-clinical cholestasis or potential for mild cholangitis.

**IMAGING PERFORMED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Pamela Harrigan, RDCS

The small intestine exhibited subtle mural changes which may suggest underlying inflammatory disease, however given lack of reported gastrointestinal signs, this finding is nonspecific. The potential for emerging neoplastic jejunocolic lymph node criteria is considered a less likely differential diagnosis. Sonographic monitoring for evidence of progressive lymphadenopathy is ideal with potential for ultrasound guided FNA.

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Dr. Raman Chopra  
 DVM

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended as well as three view chest radiographs to rule out occult thoracic pathology.

**INVOICE**

Assuming normal clotting status, a splenic FNA using a 25g needle could be considered, primarily to ensure only benign changes are present and to rule out potential for neoplasia pending additional diagnostics or evidence of progressive weight loss.

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Pamela Harrigan, RDCS

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**REFERRING VET**

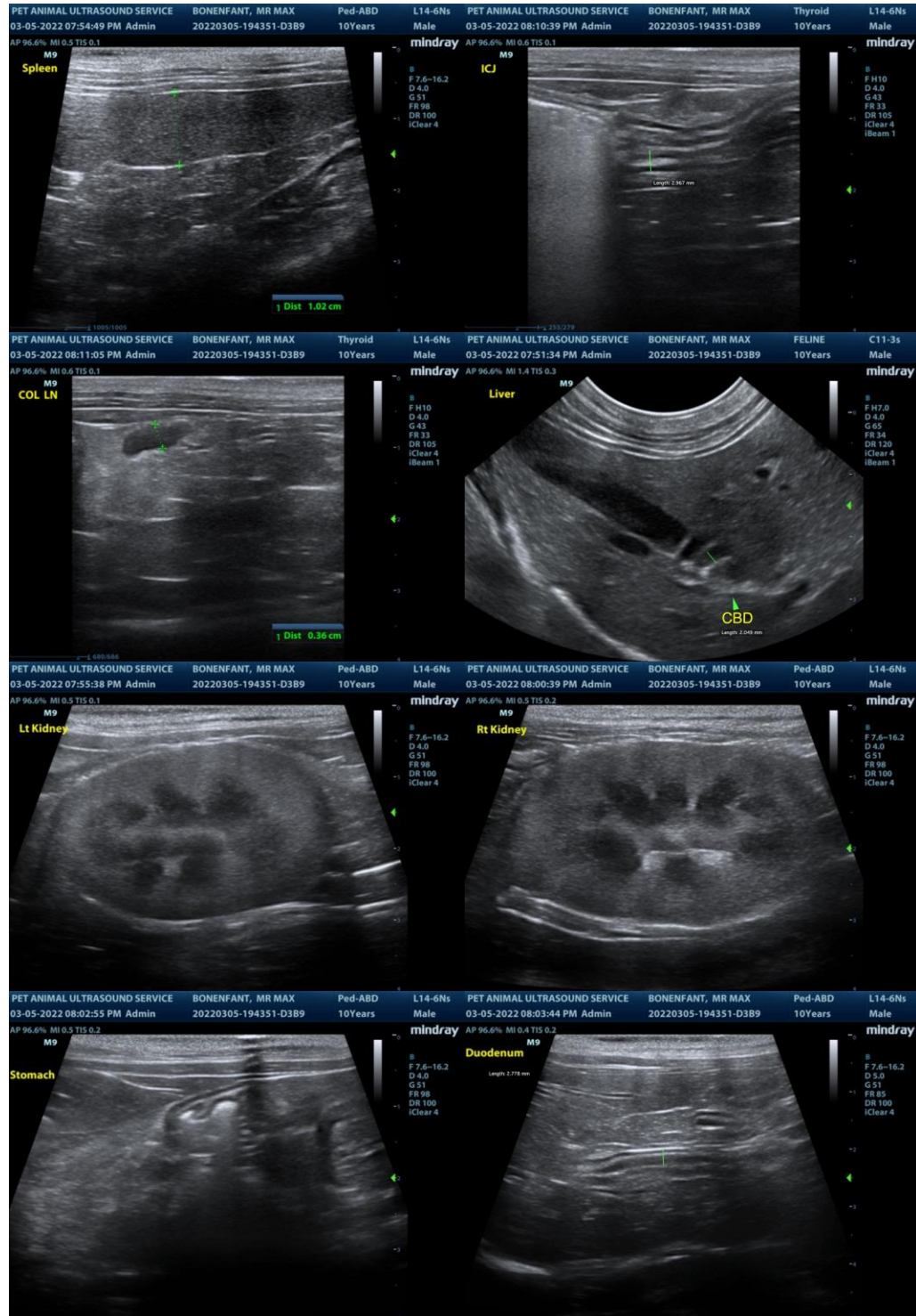
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**INVOICE**

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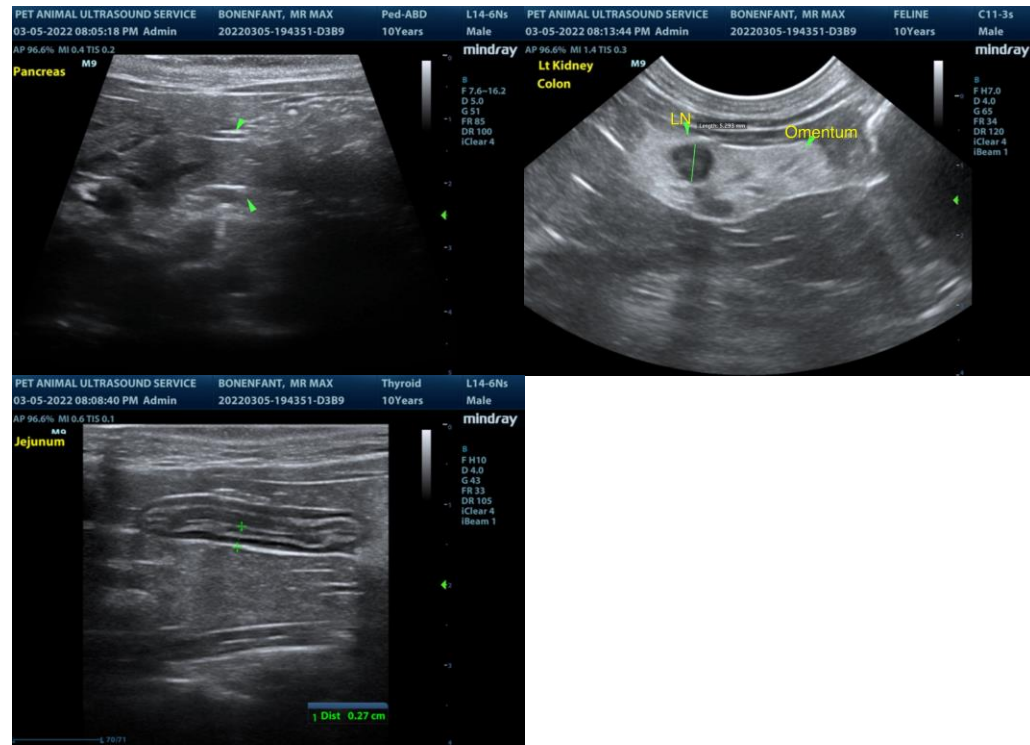
Neutered male

**AGE**

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**WEIGHT**

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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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