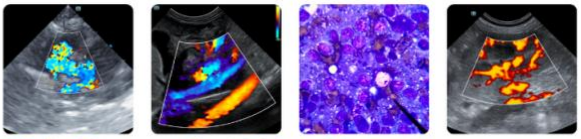


PATIENT

Lamar Rossi

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

14 Years 1 Month

WEIGHT

15.4

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Veterinary Clinic

REFERRING VET

Dr. Laura Green

INVOICE

14110

DATE

03/06/26

PRESENTING CLINICAL SIGNS

- Not eating well for just over a week. Bloodwork normal, single lateral X-ray normal. Suspect oral pain from dental disease but owner wants to be thorough.

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. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 4.3 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 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.

Spleen

The spleen exhibited 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.

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. The hepatic and portal vasculature were normal in appearance without signs of congestion. A noncapsule deforming thinly walled intraparenchymal cyst was present in the ventral liver measuring 1.2 cm in diameter. A second similar appearing caudate lobe cyst was present measuring 0.85 cm in diameter.

The gallbladder was non distended in size with minor dependent lumen biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

PATIENT

Lamar Rossi

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

14 Years 1 Month

WEIGHT

15.4

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Veterinary Clinic

REFERRING VET

Dr. Laura Green

INVOICE

14110

DATE

03/06/26

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 ileus, obstruction or foreign material. The small intestine wall measured 0.22 cm wall width.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

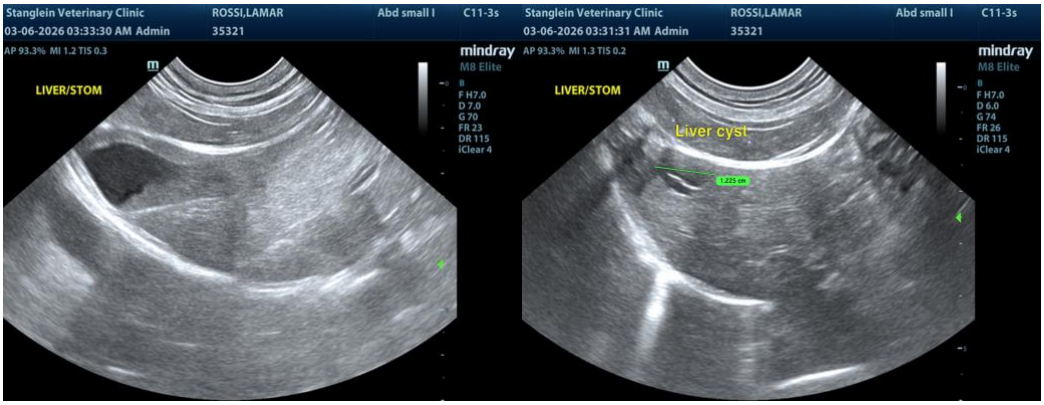
ULTRASONOGRAPHIC FINDINGS

- Mild urine sediment.
- Normal bilateral kidneys.
- Normal gastrointestinal tract/area of the pancreas.
- Small benign hepatic cysts.
- Mild gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral pathology as an obvious cause of the patient's clinical signs. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

The gallbladder debris is nonspecific and may be secondary to decreased food intake, mild non-obstructive non-clinical cholestasis yet may be associated with mild hepatobiliary inflammation given short half-life of hepatic enzymes in cats. Monitoring of liver enzymes is suggested.



PATIENT

Lamar Rossi

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

14 Years 1 Month

WEIGHT

15.4

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Veterinary Clinic

REFERRING VET

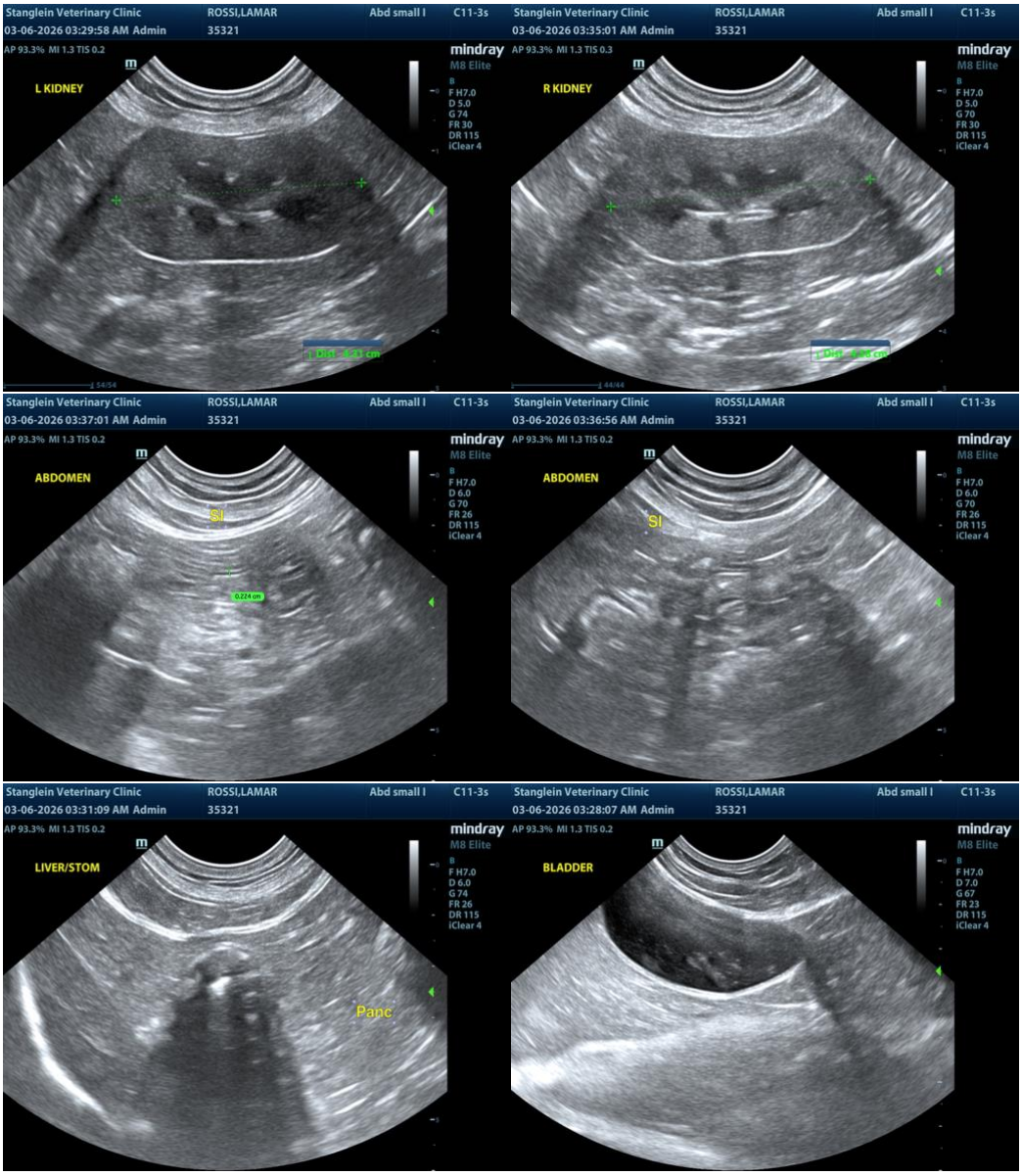
Dr. Laura Green

INVOICE

14110

DATE

03/06/26



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