



**PATIENT**

Gracie Widony

**SPECIES**

Feline

**BREED**

DLH

**SEX**

F/S

**AGE**

15 years

**WEIGHT**

8.9 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Bailes

**HOSPITAL NAME**

All Creatures Great  
& Small VC,  
Cornell, NY

**REFERRING VET**

Dr. Beth Marszewski

**INVOICE**

13668

**DATE**

4/14/22

**PRESENTING CLINICAL SIGNS**

Hx of intermittent blood in stool; minor progressive weight loss Prior hx of MCT ( low grade - completely excised) 8/21. Prior hx of feline asthma.

Abnormal PE/Chem/CBC/UA Results: Minor progressive weight loss, otherwise NSF on PE BW: CBC: Decreased Lymph's (13%) Chem: BUN (37), Crea (1.6), Phos (4.2) T4: (2.3) U/A: USG (1.029) IS Thoracic rads taken today - concern for multiple pulmonary nodules Aspirates of spleen and liver mass taken today - cytology pending

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary border demarcation expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.7 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 0.36 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. The spleen measured 0.9 cm width at the level of the hilus.

**Liver/ Gallbladder**

The liver was normal in size and overall contour with normal hepatic parenchyma echogenicity exhibiting minor parenchymal remodeling. Subtly expansive, nonhomogeneous to cystic nodule was noted In the ventral caudal mid to left liver, measuring 2.2 cm In diameter. Additional similar-appearing nodule was present in the caudate liver lobe dorsal to the duodenum, measuring 1.2 cm in diameter. Concurrent intermittent small thinly walled hepatic parenchymal cysts were present. The gallbladder was non-distended in size with thin walls containing mild gallbladder debris. The gallbladder was otherwise normal. 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 was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.26 cm.

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 duodenum wall width measured 0.27 cm. The jejunum wall width measured 0.26 cm. The ileocolic wall width measured 0.43 cm.

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

**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 were evident.

**Free Abdomen**

No omental masses, lymphadenopathy or peritoneal effusion were present.

**ULTRASONOGRAPHIC FINDINGS**

- Nonspecific yet subjectively benign hepatic cystic nodules - suspect benign cystic biliary adenomas
- Mild gallbladder debris - Incidental
- Mild chronic renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, largely geriatric abdomen without evidence of significant visceral pathology.

Minor potential for neoplastic criteria associated with the hepatic nodules i.e., cystic biliary adenocarcinoma, although considered less likely.

An obvious cause of the patient's minor progressive weight loss was not definitively evident within the abdominal cavity. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss. Correlation with pending hepatosplenic cytology is suggested.



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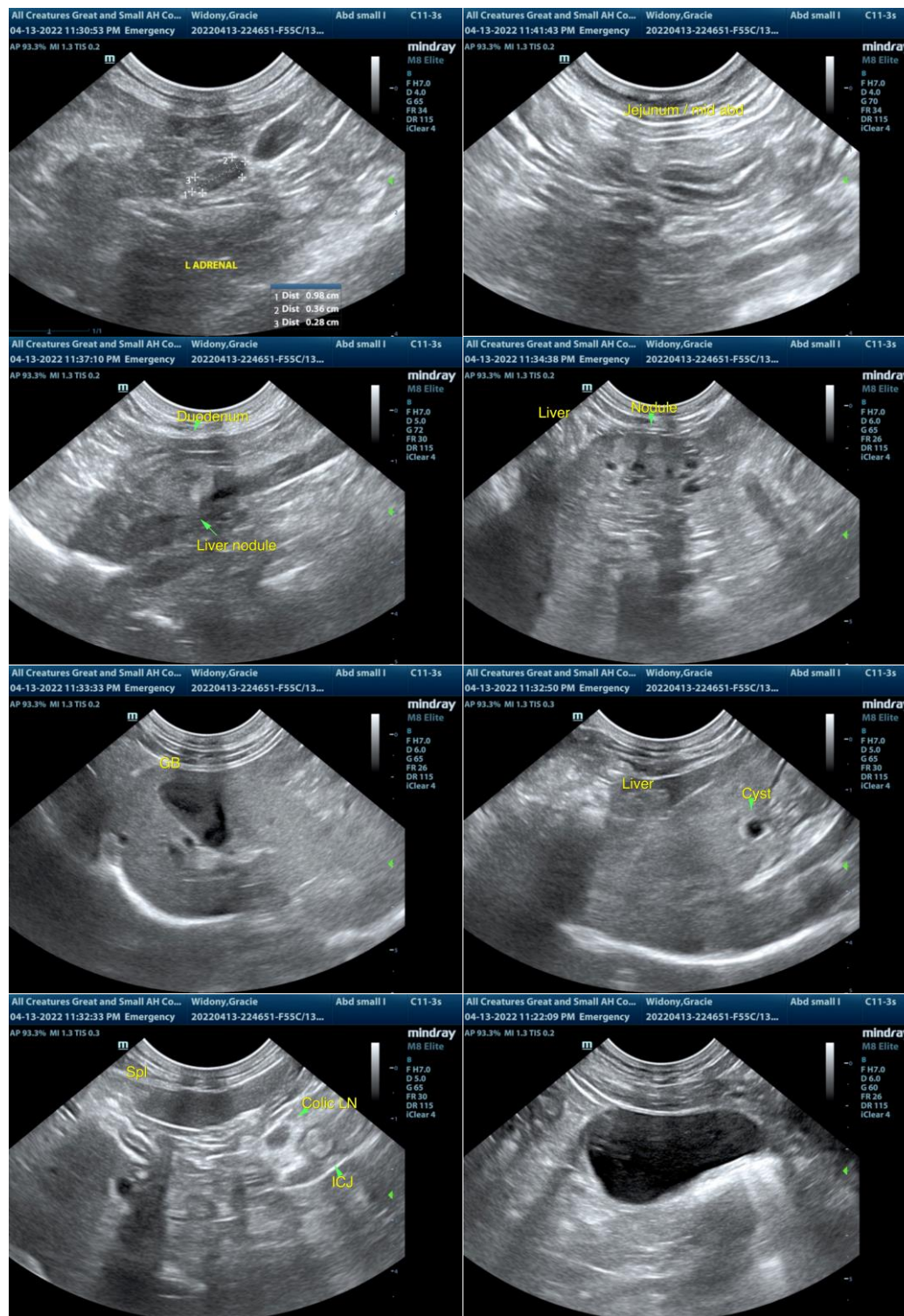
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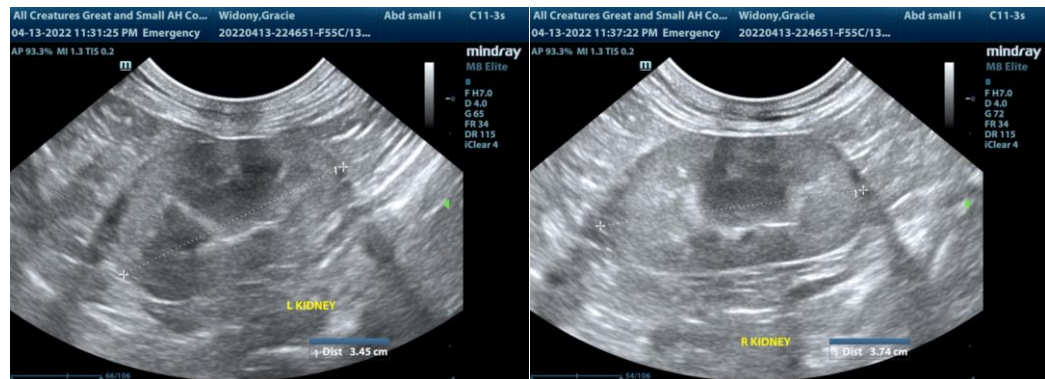
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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