



**PATIENT**

Donald Adamski

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

12y 7m

**WEIGHT**

16.2 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Vincent Ravancho,  
 CVT

**HOSPITAL NAME**

St. Geroge's VH

**REFERRING VET**

Dr. Ng

**INVOICE**

13411

**DATE**

4/16/26

**PRESENTING CLINICAL SIGNS**

History: Recheck from 2/12/26. Thickened Intestines, Swollen Pancreas vs LN, Lymphadenopathy.

**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 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.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Loss of corticomedullary distinction was also present. The left kidney measured 4.2 cm in length. The right kidney measured 4.2 cm in length.

**Adrenal Glands**

The left and right adrenal glands were overtly normal in size, position and shape. The left adrenal gland subjectively measured 0.5 cm. The right adrenal gland measured 0.49 cm.

**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**

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. 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 ileus, obstruction or foreign material. Jejunum wall measured 0.23-0.24 cm.

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



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**Pancreas**

Suspect persistent, regionally swollen distal left pancreas medial t the spleen without evidence of splenic connection. The swollen pancreatic parenchyma exhibited hypoechoic homogeneous echogenicity measuring ~1.3 cm in diameter. Potential for focal impinging to mildly swollen mesenteric lymph node.

**Free Abdomen**

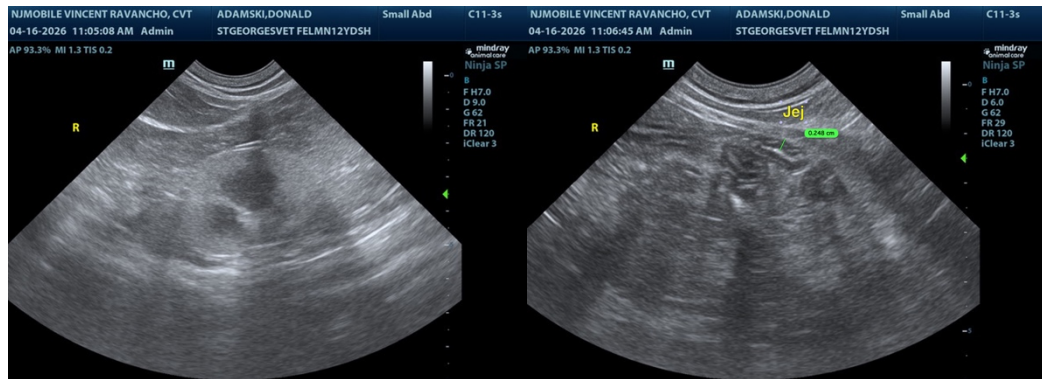
Subtle surrounding hyper echoic omentum. No additional lymphadenopathy visualized and no evidence of peritoneal effusion present.

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable empty gastrointestinal tract
- Suspect persistent mildly swollen distal left pancreas vs an impinging solitary swollen mesenteric lymph node
- Mild chronic renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of previously noted enteropathy pattern likely indicating resolved previous nonspecific enteritis. No evidence of intestinal IBD or neoplastic criteria. Possible persistent regional left limb pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation or recurring gastrointestinal signs. Correlation with spec fPL is recommended. Assuming normal clotting status and using 25-gauge needle, FNA cytology into area of suspect swollen left pancreas for further clarification could be considered. Otherwise, sonographic monitoring for evidence of progression, specifically if recurrent gastrointetsinal signs is recommended.





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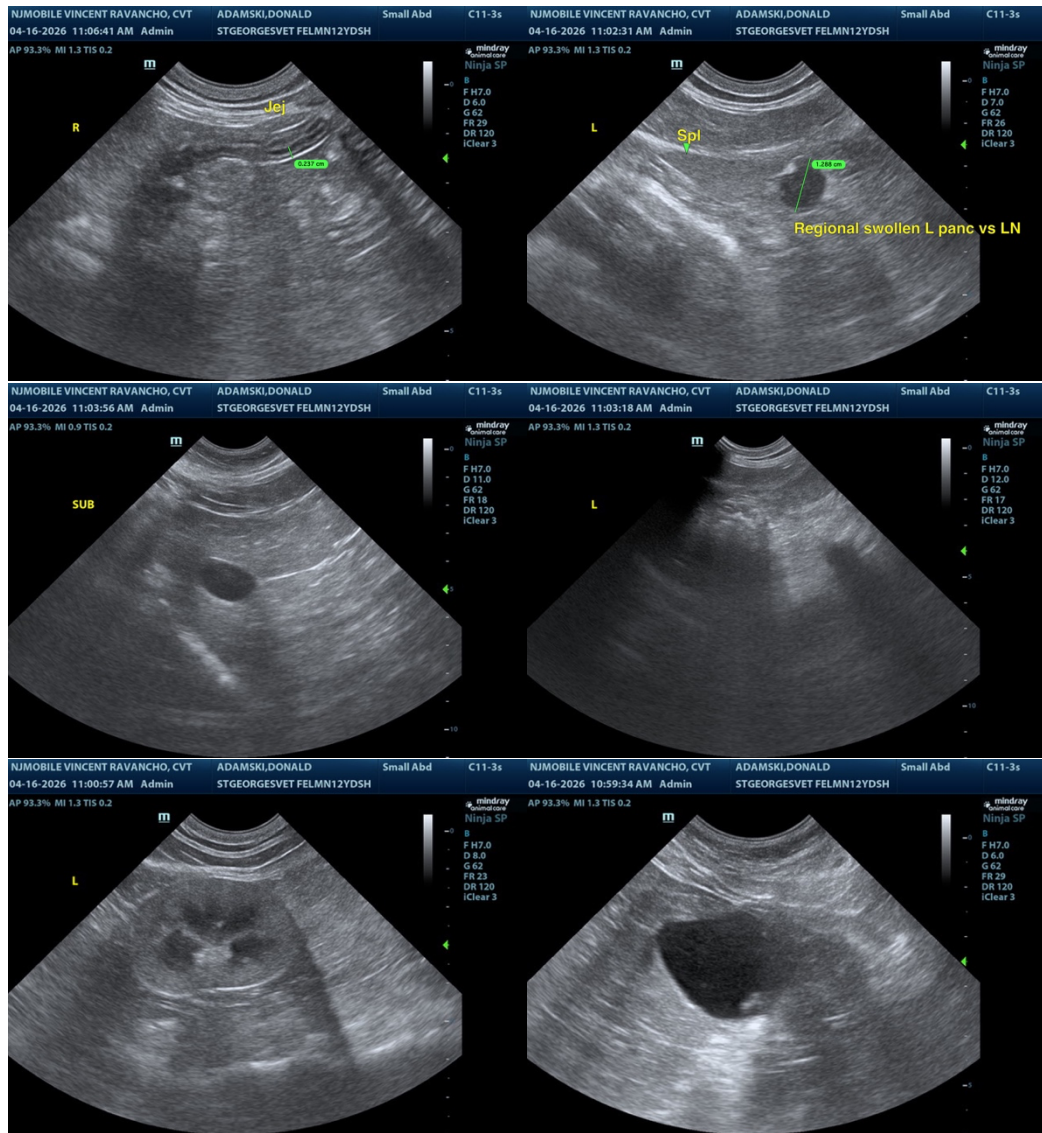
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)



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