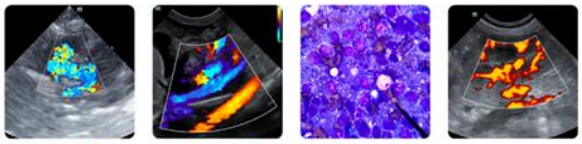


PATIENT

Mowgli MacNicole

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10yr

WEIGHT

5.06kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Gira

HOSPITAL NAME

Resolution Veterinary Ultrasound

REFERRING VET

Dr Brown

INVOICE
24387

DATE
04/02/2026

PRESENTING CLINICAL SIGNS

The incidental finding of the enlarged spleen during annual exam .

Abnormal PE/Chem/CBC/UA Results: Borderline elevation of Ca and ALT, mild hypercholesterolemia .

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 3.9 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 0.30 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 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 0.75 cm in width at the level of the mid spleen.

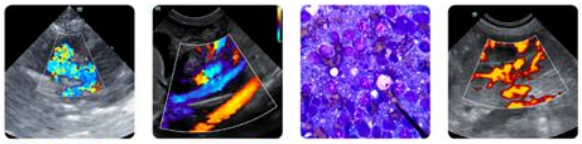
Liver/Gallbladder

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 minor non-organized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

The stomach presented mild segmental thickened wall, exhibiting subjective maintained intact wall layer detail and mild decreased mural echogenicity measuring 0.64 cm wall width. The lumen of the stomach was empty with mild lumen gas and 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. The jejunum measured 0.24 cm in wall width.



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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Subjective areas of homogenous caudal abdomen to sublumbar fat to potential lipomas present adjacent to the urinary bladder and appearing to potentially efface the caudal aspect of the liver. No evidence of associated inflammation or retroperitoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically unremarkable liver with minor gallbladder debris- non-specific suspect mild hepatobiliary inflammation in conjunction with mildly elevated ALT
- Sonographically normal non-enlarged spleen
- Subjective caudal abdomen to sublumbar fat/lipoma without evidence of associated inflammation
- Regional mildly thickened stomach wall
- Mild pancreatic remodeling
- Mild age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of splenic pathology. Radiographically the caudal abdomen to potential sublumbar subjective fat/lipomas may resemble splenomegaly given adjacent position. Minor potential for nonspecific steatitis not definitively excluded. The mildly thickened stomach wall is of unclear clinical significance given no reported gastrointestinal signs, it may indicate patient variant, low-grade gastric inflammation or less likely potential for emerging infiltrative or neoplastic gastropathy.

Sonographic monitoring of the stomach is indicated while monitoring for gastrointestinal signs going forward. A spec CPL could be considered if clinical signs consistent with chronic pancreatitis are present.

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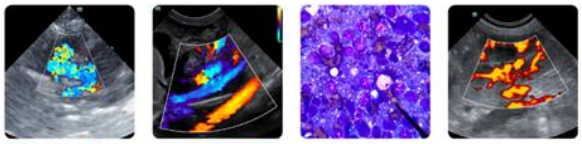

Clinical Sonography & Telecytology
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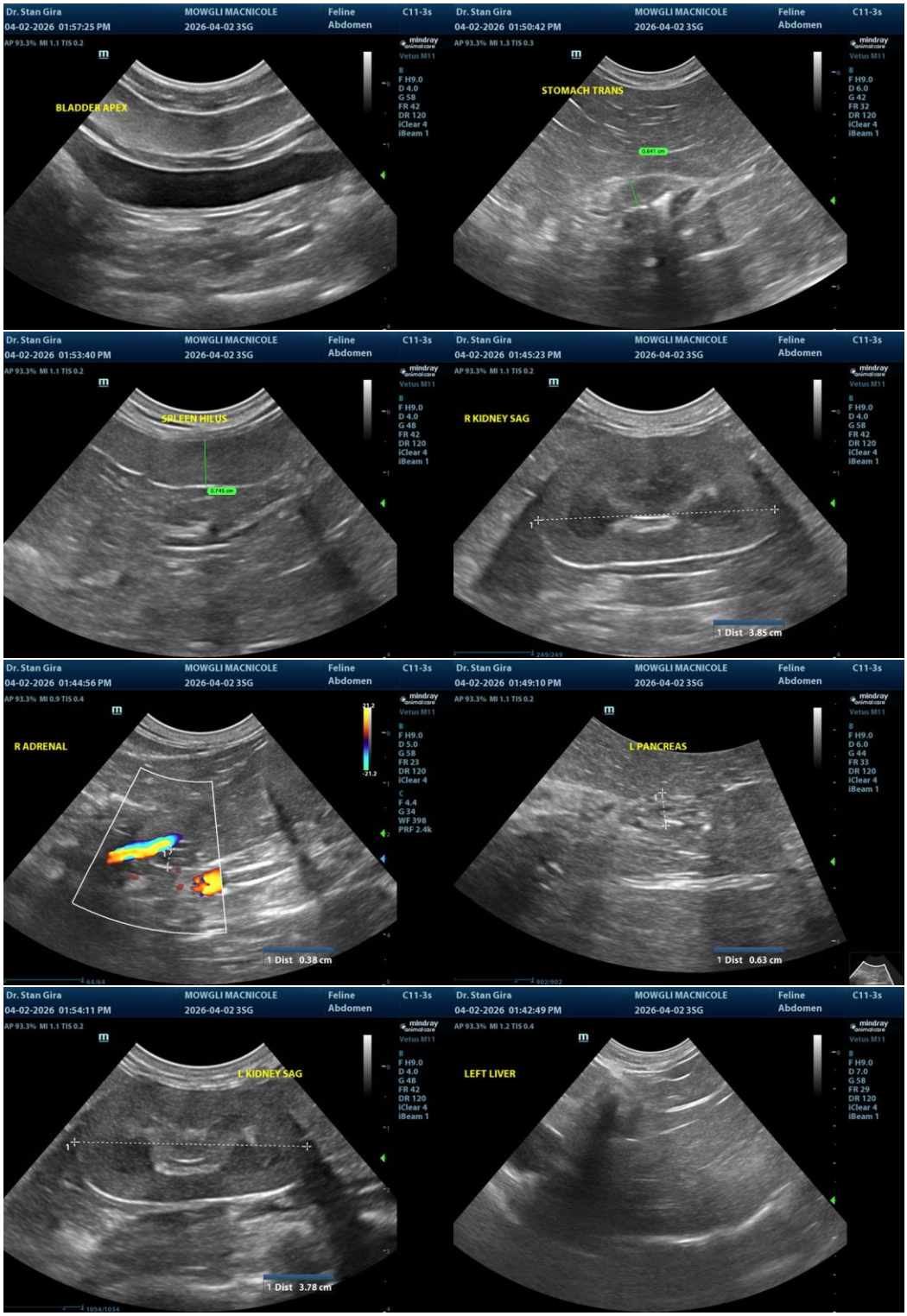

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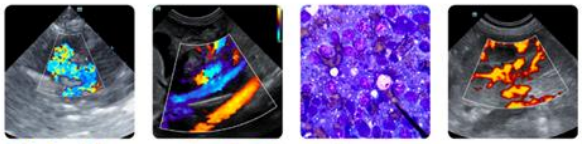

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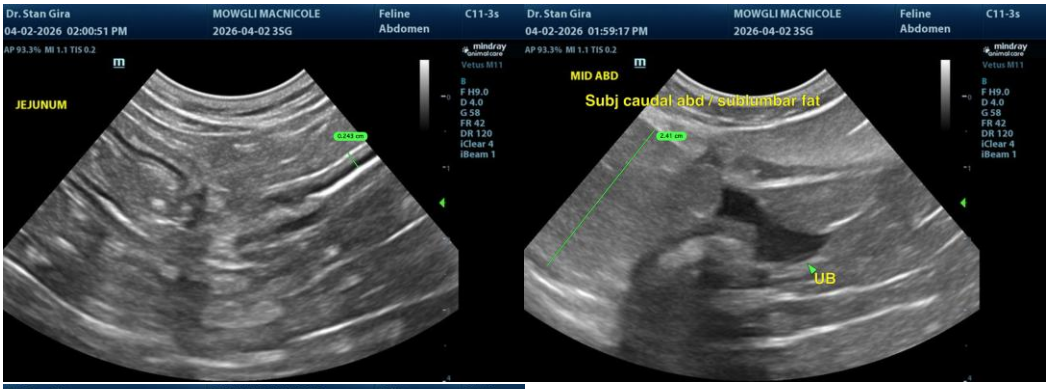

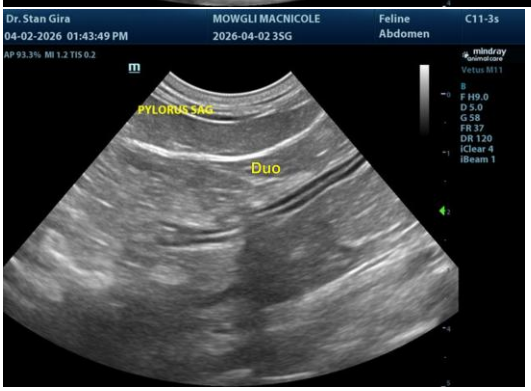

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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