



PATIENT

Bella Gates

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

13y

WEIGHT

8.86 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Salem AC

REFERRING VET

Dr. Sirianni

INVOICE

13434

DATE

4/23/26

PRESENTING CLINICAL SIGNS

History: Weight loss in the face of a good appetite. Matted coat. Moderate dental disease. PU/PD

ABNORMAL Lab work Values: Cholesterol: 58, Triglyceride: 22, CPK: 764, Platelet count:32
Monocytes: 7, Absolute neutrophils: 8976, Absolute monocytes: 952

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.

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 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 4.3 cm in length.

Adrenal Glands

The left adrenal gland was not definitively visualized with no obvious pathology subjectively measuring 0.37 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm.

Spleen

The spleen was variably enlarged in size with asymmetrical contour and multifocal, non-capsule deforming, well-demarcated nodules with an example measuring 0.7 cm in diameter.

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 minor, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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 thickened wall exhibiting primary intact to segmental, mildly indistinct wall layering. Segmental, non-obstructive ileus to the level of the colon. Small intestine wall measured 0.26-0.3 cm.

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



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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 was evident.

Free Abdomen

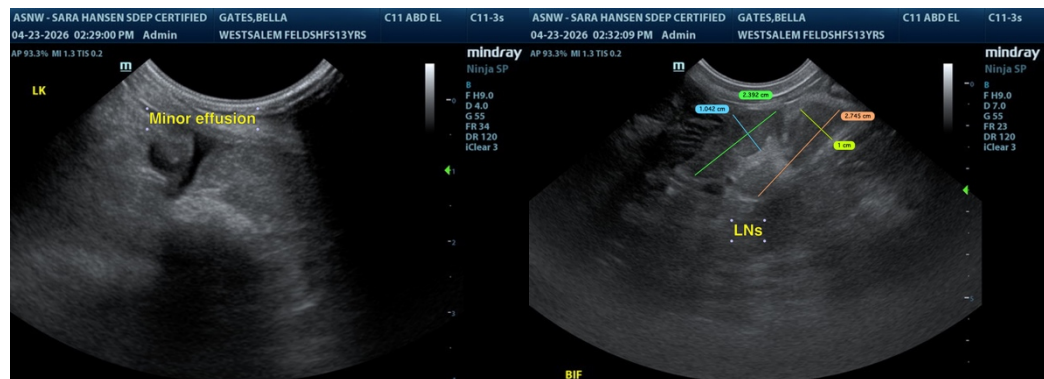
Focally enlarged mid to ventral abdomen mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild perilymphatic hyperechoic omentum. An example of lymph node size was 2.7 cm x 1.0 cm. Minor pockets of peritoneal effusion present.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy with concurrent mesenteric lymphadenopathy
- Variable splenomegaly exhibiting hyperechoic nodules
- Mild gallbladder debris
- Bilateral chronic renal changes
- Overtly normal adrenal glands
- Scant peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling required for further clarification, multicentric intestinal, lymphatic and splenic neoplasia, i.e. lymphoma or other is a primary concern with multicentric inflammation including IBD or other inflammatory enteropathy, lymphadenitis, splenic hyperplasia, hematopoiesis or splenitis possible. Assuming normal clotting status and using 25-gauge needle and with suggested Benadryl pre-treatment, splenic and accessible mesenteric lymph node FNA cytology recommended for further assessment. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Correlation with full lab work and urinalysis is recommended.





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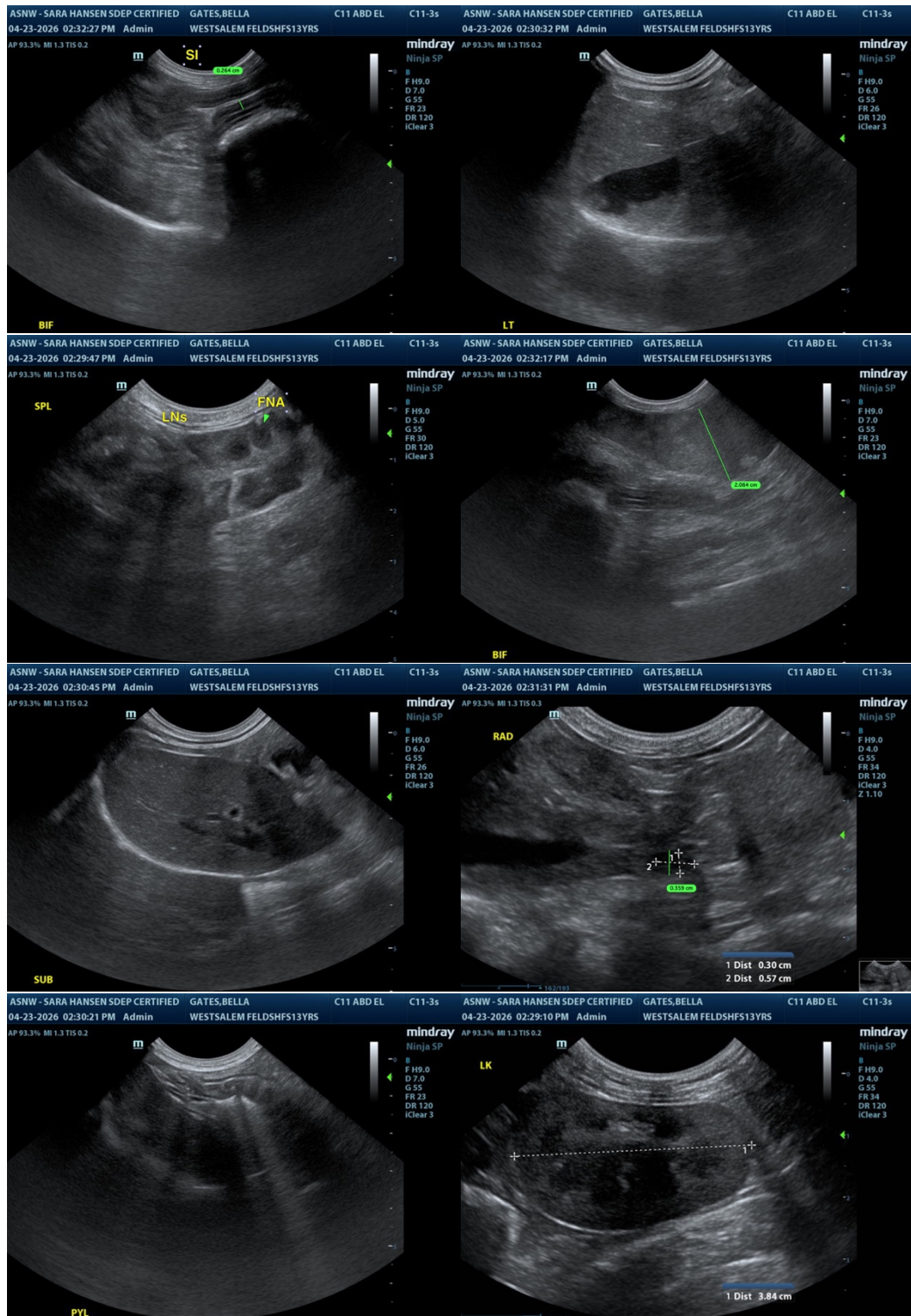
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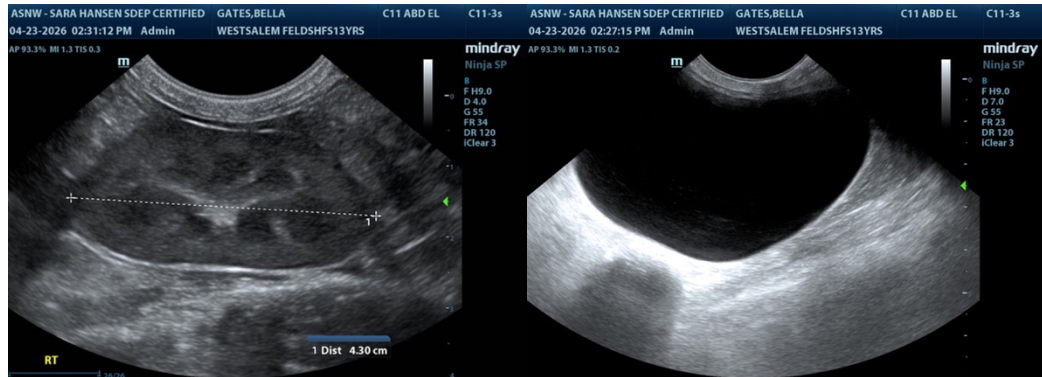
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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