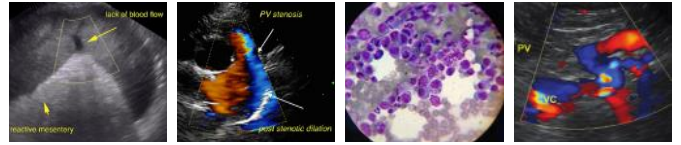
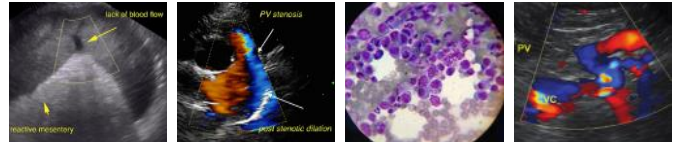


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Brenton Sternbenc	Anorexic previous episode of syncope. Abnormal PE/Chem/CBC/UA Results: Non diagnostic
<b>SPECIES</b>	
Feline	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
DSH	The urinary bladder, trigone, cystourethral 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 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.
<b>SEX</b>	
Male Neuter	The area of the aortic trifurcation was free of pathology.
<b>AGE</b>	
13 years	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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.2 cm in length.
<b>WEIGHT</b>	
7.24 kg	<b>Adrenal Glands</b>
<b>INTERPRETED BY</b>	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.29 cm width.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	The spleen exhibited borderline enlargement with 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 1.0 cm in width at the level of the hilus.
Dr. Belan	<b>Liver/ Gallbladder</b>
<b>HOSPITAL NAME</b>	The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild debris. The cystic and common bile ducts were normal.
Aspen AC	<b>Gastrointestinal</b>
<b>REFERRING VET</b>	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 measured 0.25 cm in width.
Dr. Sekhan	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent muscularis and submucosa layers. The prominent muscularis and submucosal layers were primarily adjacent to areas of marked yet variable mid abdominal hypoechoic mesenteric lymphadenopathy. An example of mesenteric lymph node measured 3.0 cm - 3.5 cm in
<b>INVOICE</b>	
10470ag	
<b>DATE</b>	
4/27/22	



<b>PATIENT</b>	diameter. Regional perilymphatic reactive mesentery was noted. Concurrent mildly prominent to hypoechoic colic lymph nodes were present, an example measuring 1.0 cm in diameter. The jejunum wall measured 0.25 cm in width. The ileocolic wall measured 0.3 cm in width.
Brenton Sternbenc	
<b>SPECIES</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Feline	<b>Pancreas</b>
<b>BREED</b>	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.
DSH	
<b>SEX</b>	<b>Free Abdomen</b>
Male Neuter	No peritoneal effusion was present.
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
13 years	<b>Primary Findings</b>
<b>WEIGHT</b>	<ul style="list-style-type: none"> <li>• Mid abdominal marked hypoechoic to swollen lymphadenopathy to lymphatic mass, associated regional perilymphatic reactive mesentery.</li> <li>• Potential segmental enteropathy.</li> <li>• Borderline to mild hepatosplenomegaly- nonspecific.</li> </ul>
7.24 kg	<b>Secondary Findings</b>
<b>INTERPRETED BY</b>	<ul style="list-style-type: none"> <li>• Mild age-related kidneys.</li> <li>• Mild gallbladder debris.</li> </ul>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
<b>IMAGING PERFORMED BY</b>	The mesenteric lymphadenopathy/lymphatic mass is suggestive of neoplastic criteria i.e. lymphoma or other while the possibility of significant lymphoid hyperplasia, lymphadenitis or granulomatous lymphadenopathy is also possible. The mild hepatosplenomegaly may be secondary to sedation although potential early infiltrative hepatosplenic disease cannot be excluded. Assuming normal clotting status and using a 25g needle, lymphatic and hepatosplenic FNA for screening cytology may be considered. Biopsies may be required for a definitive diagnosis.
Dr. Belan	
<b>HOSPITAL NAME</b>	
Aspen AC	
<b>REFERRING VET</b>	
Dr. Sekhan	
<b>INVOICE</b>	
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<b>DATE</b>	
4/27/22	



**PATIENT**

Brenton Sternbenc

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neuter

**AGE**

13 years

**WEIGHT**

7.24 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Aspen AC

**REFERRING VET**

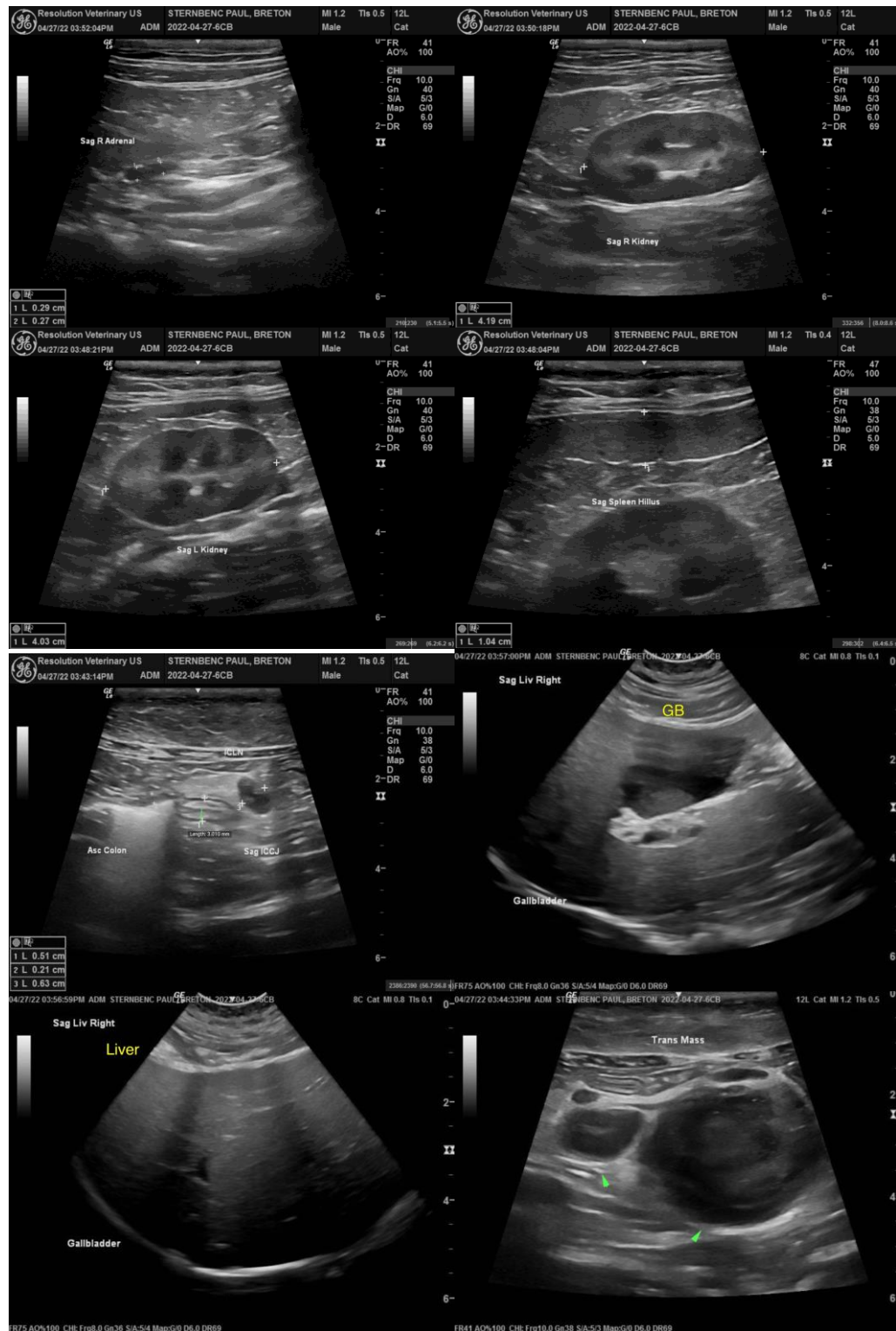
Dr. Sekhan

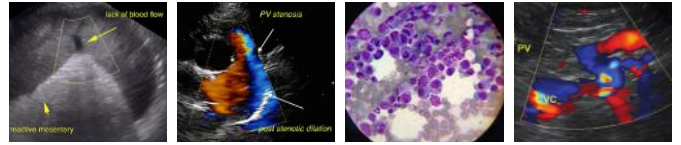
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**DATE**

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**PATIENT**

Brenton Sternbenc

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neuter

**AGE**

13 years

**WEIGHT**

7.24 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Aspen AC

**REFERRING VET**

Dr. Sekhan

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10470ag

**DATE**

4/27/22



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