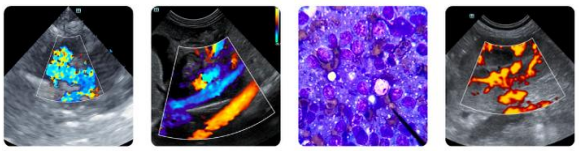


PATIENT

Mia Horner

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

10yr

WEIGHT

8.25lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of Boone

REFERRING VET

Dr Chestnutt

INVOICE
24635

DATE
04/27/2026

PRESENTING CLINICAL SIGNS

P presented ADR, not eating well for 3-4 weeks, weight loss of approx 5 #

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.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.39 cm width The right adrenal gland measured 0.41 cm width.

Spleen

The spleen was mildly enlarged in size with mild asymmetrical capsule contour. Mild non homogenous decreased splenic parenchyma echogenicity compared to the liver. The spleen measured 1.25 cm width at the level of the mid spleen. Mild caudal splenic parenchymal expansion to possible indistinct nodule was present measuring 1.1 cm in diameter.

Liver/Gallbladder

Generalized hepatomegaly exhibiting non homogenous hyperechoic parenchyma. Multiple hypoechoic hepatic parenchymal nodules. An example of a nodule measured 1.0 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

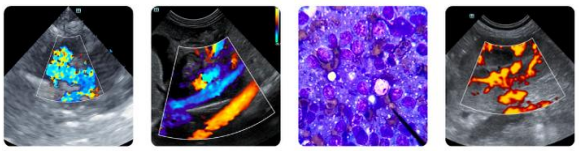
Gastrointestinal

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 mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.22 cm in width. The ileocolic wall measured 0.33 cm in width.

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

Pancreas



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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

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

Transdiaphragmatic view of the caudal thorax revealed pleural effusion, subjective normal cardiac structure /function.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild splenomegaly exhibiting caudal splenic parenchymal expansion to indistinct nodule.
- Enlarged nonhomogeneous hyperechoic liver with multiple hypoechoic parenchymal nodules.
- Sonographically normal gastrointestinal tract.
- Pleural effusion - subjective non-cardiogenic.
- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, multicentric hepatosplenic to bicavitary neoplasia is highly suspected until proven otherwise. Assuming normal clotting status and using 25ga needle with suggested Benadryl pretreatment, hepatosplenic FNA cytology as well as pleural effusion analysis cytology +/- C/S if inflammatory component or FIP titer/ PCR if clinically indicated is recommended. Correlation with 3 view chest radiographs and pending sampling and fluid analysis, possible GI panel to include PLI/TLI/cobalamin/folate given weight loss is recommended.

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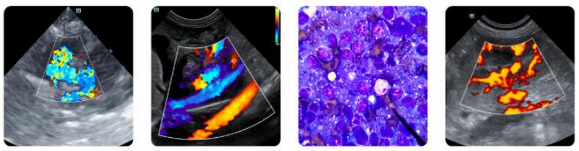

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Educational Teleconsultation Services™

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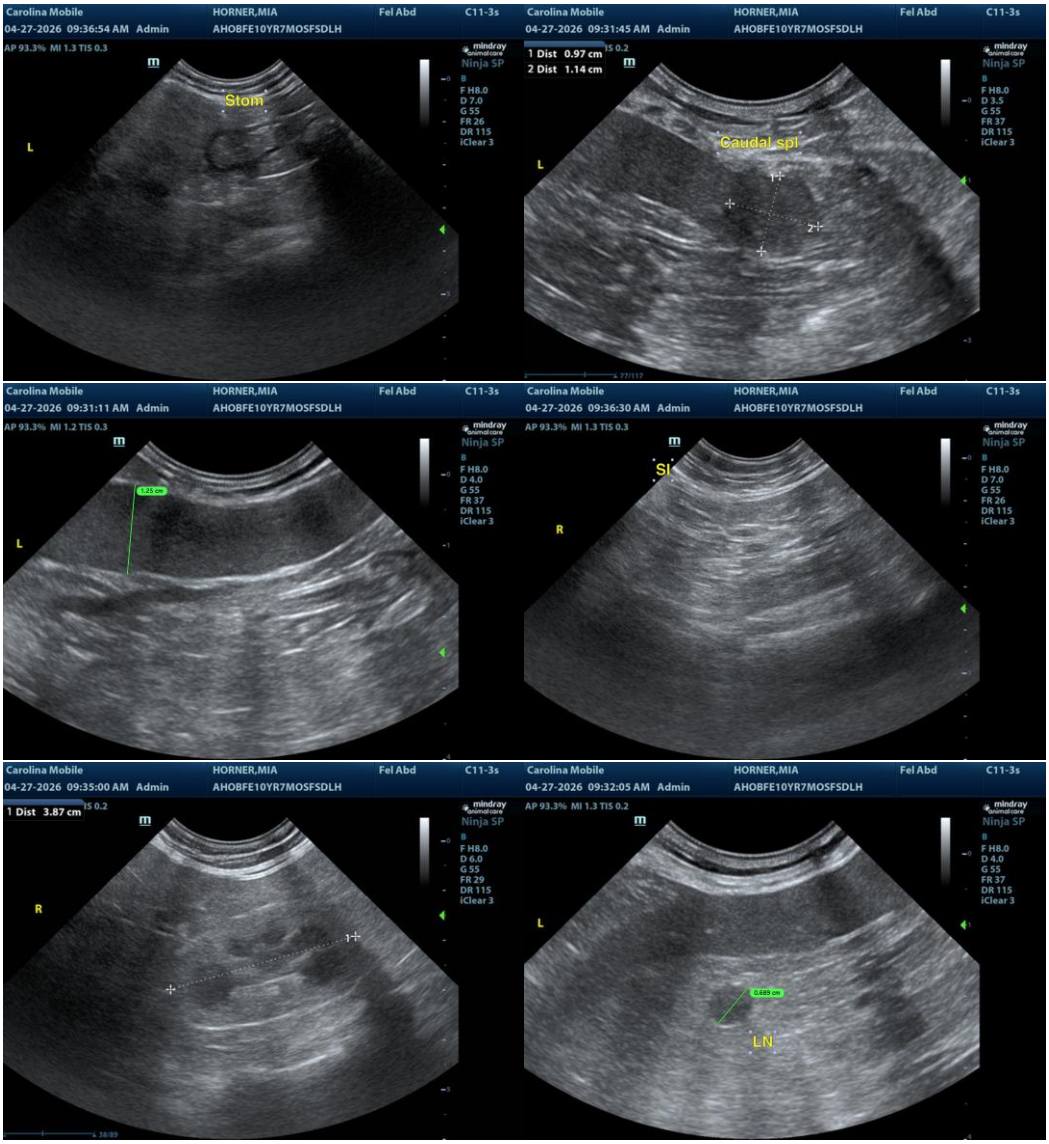

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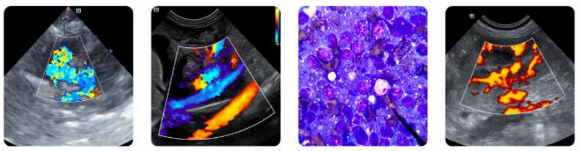

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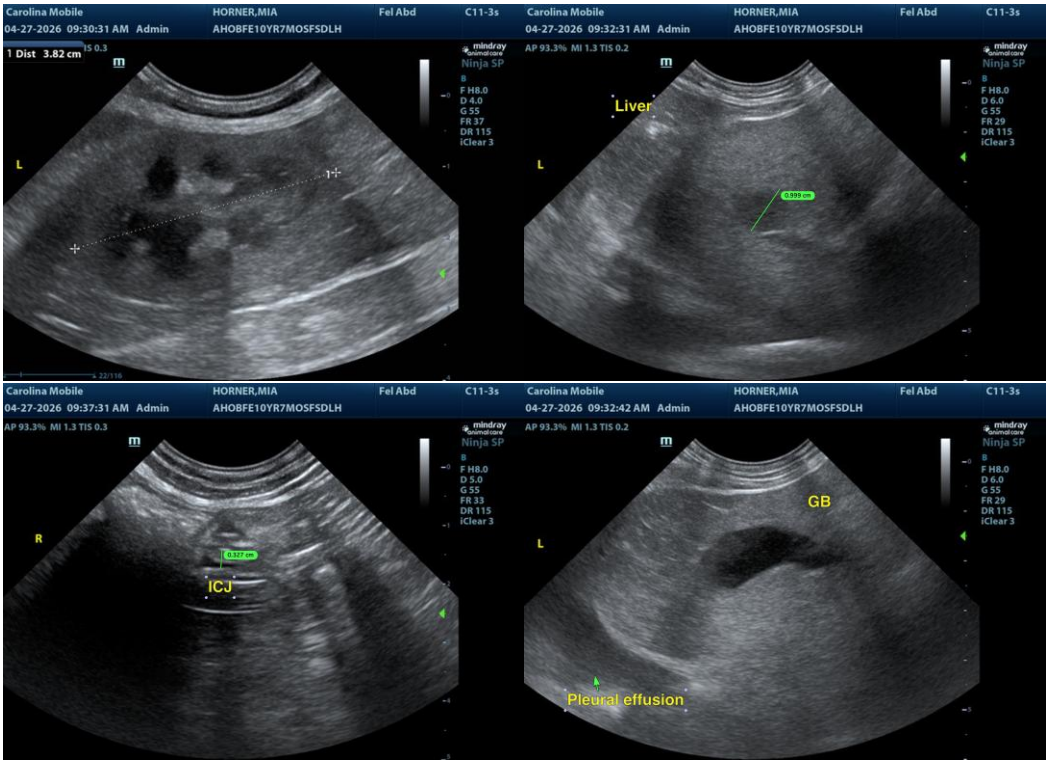

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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