

PATIENT

Rose Beltram

SPECIES

Feline

BREED

DLH Tortie

SEX

Spayed Female

AGE

16 Years

WEIGHT

7 lbs

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Donner Truckee
Veterinary Hospital

REFERRING VET

Dr. India Vannini

INVOICE

15702

DATE

05/01/26

PRESENTING CLINICAL SIGNS

Hyperproteinemia - enough to justify aus concern for neoplasia. na/k ratio likely skewed by factors other than Addison's.

Abnormal PE/Chem/CBC/UA Results: LABS attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 change 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 3.3 cm in length. The right kidney measured 3.4 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 0.40 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 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 0.85 cm width level of the mid spleen.

Liver & Gallbladder

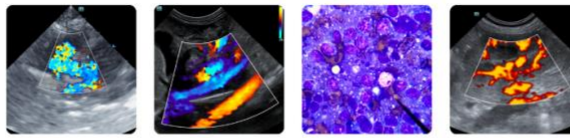
The liver presented normal in size with primarily homogenous parenchyma and maintained symmetrical capsule contour. A solitary mildly expansive hypoechoic ventrocaudal intraparenchymal nodule was present measuring 0.78 cm in diameter.

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 overall intact wall layering with mildly thickened duodenum and segmental jejunum exhibiting mild duodenal and segmental jejunal altered wall layer ratio. Generalized



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empty intestinal lumen to the level of the colon. The duodenum wall measured 0.34 cm wall width. The segmental mildly thickened jejunum wall measured 0.28 cm to 0.29 cm wall width. By comparison, normal appearing jejunum wall measured 0.21 cm wall width. The ileocolic wall measured 0.36 cm wall width.

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

Pancreas

The pancreas presented normal in size with primarily symmetrical contour and mild nonhomogenous hypoechoic parenchyma with mildly prominent pancreatic duct.

Free Abdomen

Intermittent jejunocolic 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 2.0 cm x 0.66 cm. No evidence of peritoneal effusion.

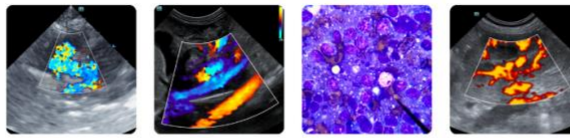
ULTRASONOGRAPHIC FINDINGS

- Mildly expansive liver nodule.
- Mildly thickened duodenum and segmental jejunum with mild altered wall layer ratio.
- Intermittent to mild variable jejunocolic lymphadenopathy.
- Normal spleen.
- Mild chronic renal changes.
- Suspect mild chronic/chronic active pancreatitis.
- Normal bilateral adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although no reported gastrointestinal signs, the mildly thickened duodenum and segmental jejunum may indicate inflammatory criteria i.e. IBD or other with associated mild to variable mesenteric reactive hyperplasia or lymphadenitis, potential for emerging intestinal and lymphatic neoplasia, such as lymphoma may present in a similar sonographic manner. Likewise, the hepatic nodule may indicate hyperplasia or granuloma, although emerging neoplastic hepatic nodule is possible.

Further assessment may include (assuming normal clotting status and using a 25-gauge needle) hepatic nodule and accessible lymph node FNA cytology. Correlation with a protein electrophoresis could be considered. Sonographic monitoring versus a potential hepatointestinal and lymphatic biopsies may be considered.



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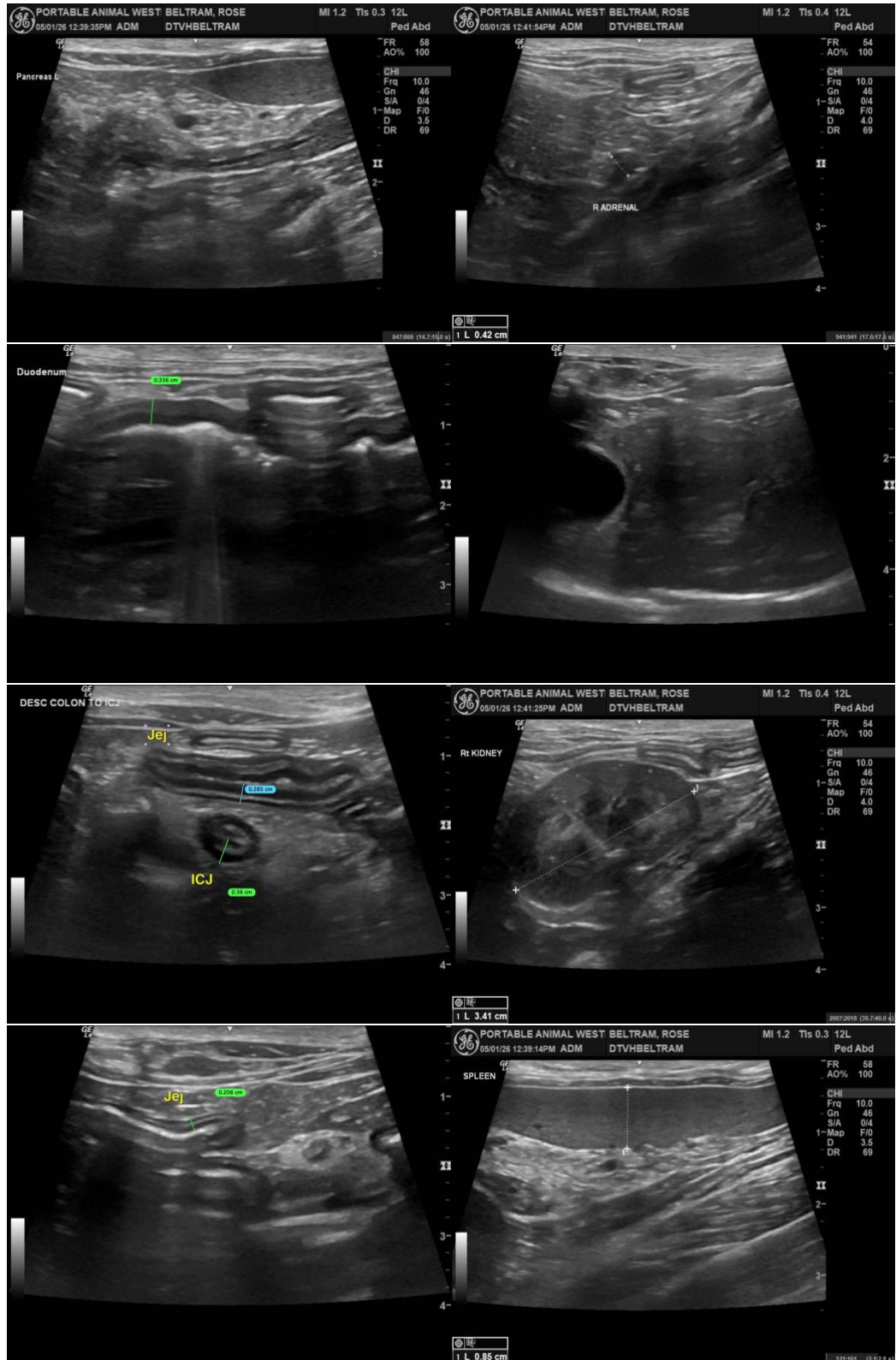
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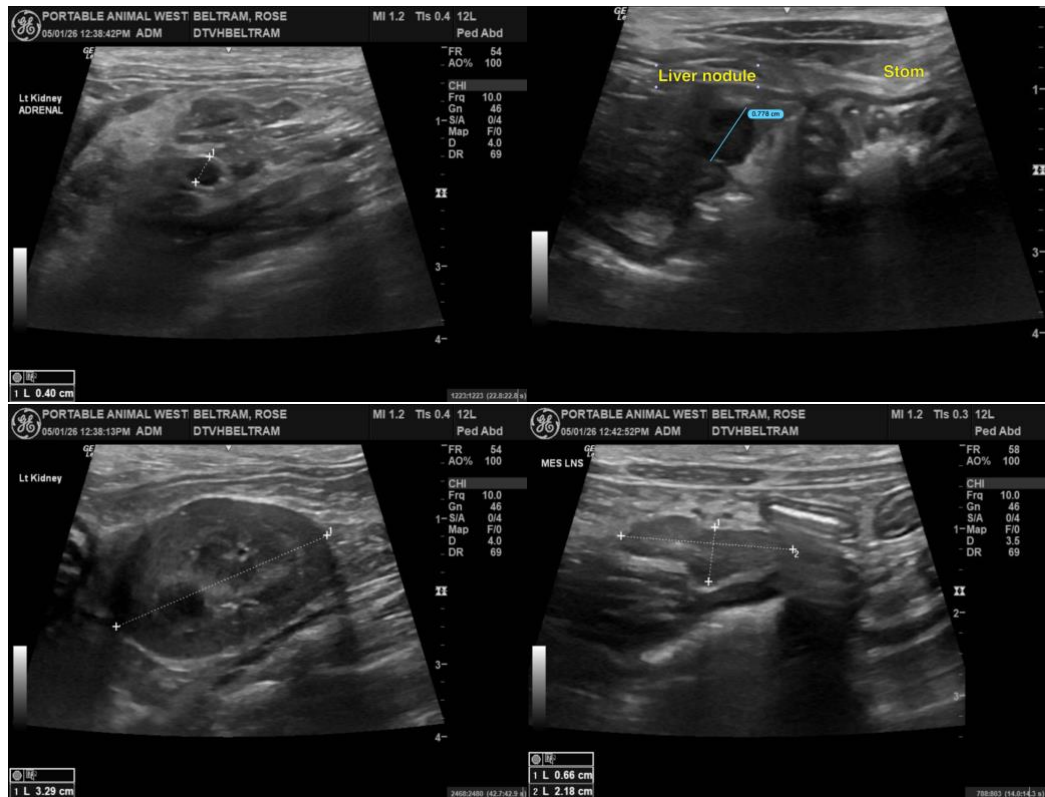
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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