



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Dan Von Zemensky	Treated for hyperthyroidism. O reports decreased appetite, cough, lethargy and puritis. O reports dry heaving. Indoor/outdoor. Chest radiographs ddx advanced asthma vs early neoplasia
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Pending
Feline	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
DSH	The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. 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 mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory, calculi or neoplastic changes were noted.
<b>SEX</b>	
MN	
<b>AGE</b>	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 4.3 cm in length. The right kidney measured 4.7 cm in length.
<b>WEIGHT</b>	The area of the aortic trifurcation was free of pathology.
17.2lb	<b>Adrenal Glands</b>
<b>INTERPRETED BY</b>	The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.42 cm width. The right adrenal gland measured 0.49 cm width.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	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 0.7 cm in width at the level of the hilus.
A. Rodriguez	<b>Liver/Gallbladder</b>
<b>HOSPITAL NAME</b>	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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
Foxfield Veterinary Services	<b>Gastrointestinal</b>
<b>REFERRING VET</b>	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate progressively shadowing variably echogenic ingesta with no signs of ileus, obstruction or foreign material.
A. Rodriguez	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 ileus, obstruction or foreign material.
<b>INVOICE</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
13774ag	
<b>DATE</b>	
05/11/2023	



**PATIENT**

**Pancreas**

Dan Von Zemensky

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.

**SPECIES**

**Free Abdomen**

Feline

No omental masses or peritoneal effusion was present.

**BREED**

Solitary to intermittent enlarged mid abdominal colic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 1.3 cm in diameter.

DSH

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

MN

- Mila age related renal changes.
- Structurally unremarkable GI tract with mild progressively shadowing gastric ingesta.
- Focal to intermittent mildly prominent to hypoechoic colic lymph nodes.

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

13yr

Overall, there is no overt evidence of definitive neoplastic criteria. The colic lymphadenopathy is non-specific with considerations including incidental lymphoid hyperplasia or reactive lymphadenitis, potential for emerging neoplastic colic lymphadenopathy cannot be definitively excluded. The current LN size likely precludes FNA sampling. Sonographic monitoring of these lymph nodes and for evidence of progressive GI signs/weight loss is recommended.

**WEIGHT**

17.2lb

**INTERPRETED BY**

The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without overt evidence of foreign material. Potential for intermixed hairball density within the stomach cannot be excluded if previous history of hairball. Sonographic monitoring of gastric emptying after documented NPO is recommended.

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

**IMAGING PERFORMED BY**

A. Rodriguez

**HOSPITAL NAME**

Foxfield Veterinary  
Services

**REFERRING VET**

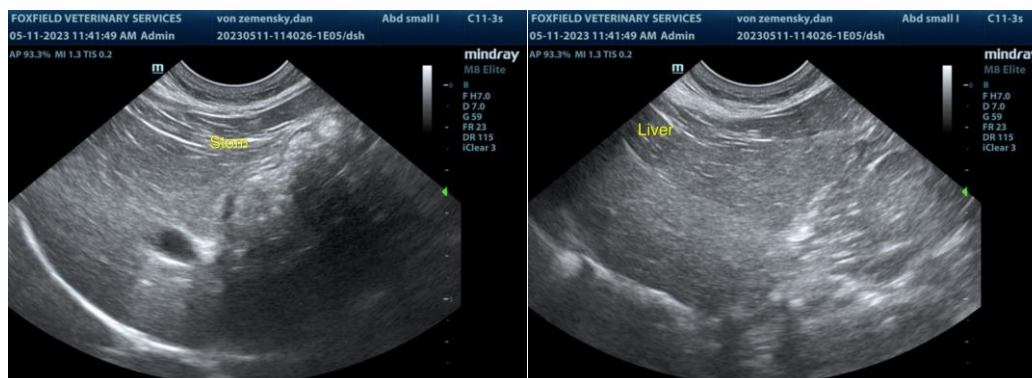
A. Rodriguez

**INVOICE**

13774ag

**DATE**

05/11/2023





**PATIENT**

Dan Von Zemensky

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

13yr

**WEIGHT**

17.2lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

A. Rodriguez

**HOSPITAL NAME**

Foxfield Veterinary  
Services

**REFERRING VET**

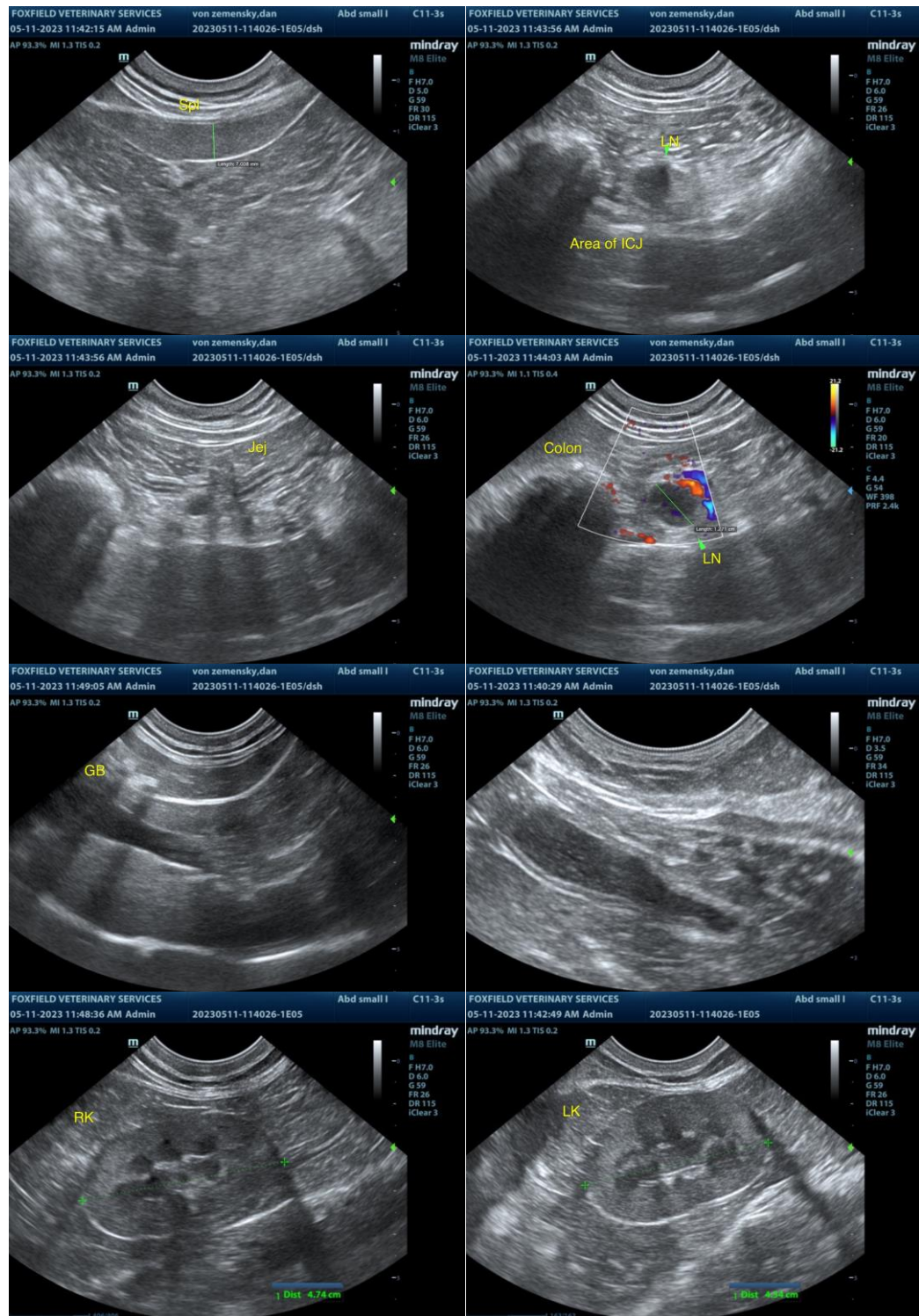
A. Rodriguez

**INVOICE**

13774ag

**DATE**

05/11/2023



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



**PATIENT**

can be of any further assistance, please contact me.

Dan Von Zemensky

**SPECIES**

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

[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

13yr

**WEIGHT**

17.2lb

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

A. Rodriguez

**HOSPITAL NAME**

Foxfield Veterinary  
Services

**REFERRING VET**

A. Rodriguez

**INVOICE**

13774ag

**DATE**

05/11/2023