



PATIENT

Bootsy! Gooding

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

11.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brita Kiffney

HOSPITAL NAME

Northshore Veterinary
Hospital

REFERRING VET

Dr. Brita Kiffney

INVOICE

16170

DATE

05/13/26

PRESENTING CLINICAL SIGNS

2.5 cm oval mass tumor involves the majority of the metatarsal pad and it begins 3 mm proximal to pad and extends 3 mm distal to the carpal pad LEFT hind that is growing and ulcerated. Owners are not going to pursue removal/ amputation. IRIS stage 2 renal disease. On Monday he had lost his appetite.

Abnormal PE/Chem/CBC/UA Results: ALT now 834, Calcium elevated at 11.4 (total).

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 minor dependent lumen hyperechoic nonshadowing sand. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

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 moderate indistinct corticomedullary border demarcation expected for the age of the patient. A right kidney caudal cortical infarct was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.3 cm in length. Pinpoint dystrophic medullary mineral was present bilaterally.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width.

The right adrenal gland was indistinctly visualized without evident pathology. The right adrenal gland subjectively measured 0.3 cm width.

Spleen

The spleen presented mildly enlarged exhibiting asymmetrical medial capsule contour and primarily homogenous parenchyma. A solitary nondisruptive well demarcated mid splenic hyperechoic nodule was present measuring 0.4 cm in diameter. The spleen measured 1.2 cm width level of the mid spleen.

Liver & Gallbladder

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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic nonshadowing ingesta consistent with food echogenicity and with no signs of ileus, obstruction or foreign material.



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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.

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

Pancreas

The left pancreas presented normal in size and contour with mild homogenous hypoechoic parenchyma with mildly prominent pancreatic duct.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

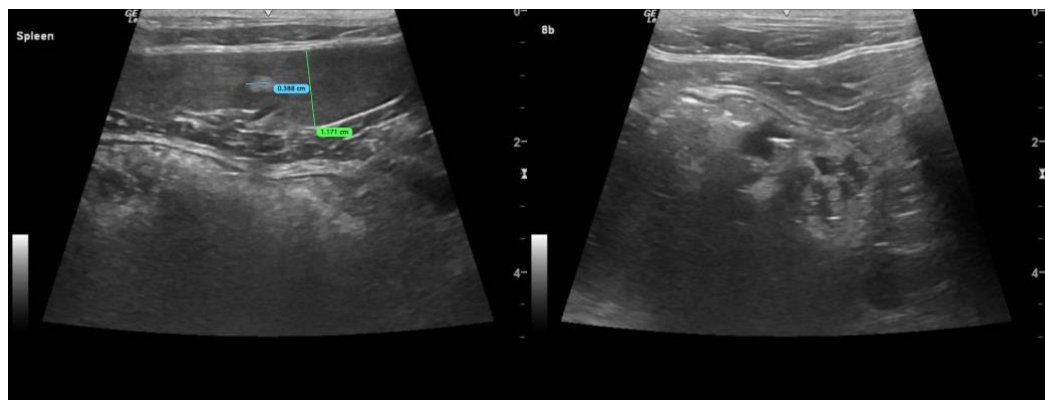
ULTRASONOGRAPHIC FINDINGS

- Minor urinary bladder sand.
- Chronic renal changes with right kidney cortical infarct.
- Mild splenomegaly exhibiting asymmetrical medial capsule contour and mild splenic hyperechoic nodule.
- Normal gastrointestinal tract with gastric ingesta- consistent with food echogenicity.
- Possible mild left limb chronic pancreatitis.
- Sonographically normal liver/gallbladder- consistent with benign hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenic hyperplasia, hematopoiesis, inflammation, sedation, if clinically applicable, benign myelolipoma, hyperechoic nodular hyperplasia, previous focal chronic infarct, neoplasia are all possible. Assuming normal clotting status and using a 25-gauge needle, screening hepatosplenic FNA cytology could be considered for further clarification. If documented NPO, some degree of metabolic or non-obstructive gastric ileus given presence of gastric congestive is possible.

No evidence of mechanical gastrointestinal obstruction or mural pathology. Correlation with a spec fPL or full GI panel to include PLI, TLI, cobalamin or folate is recommended. Urinalysis is suggested if not done.





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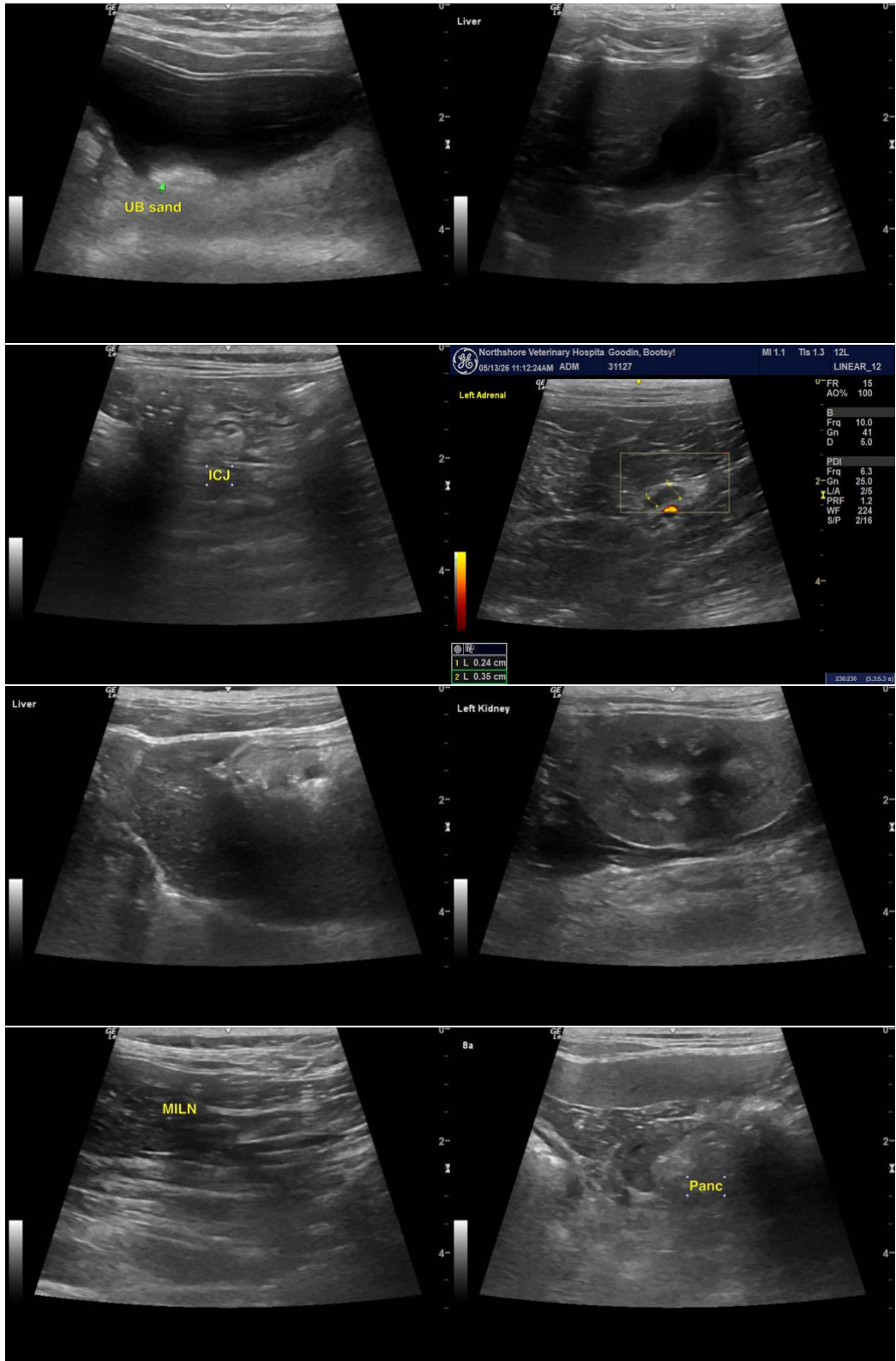
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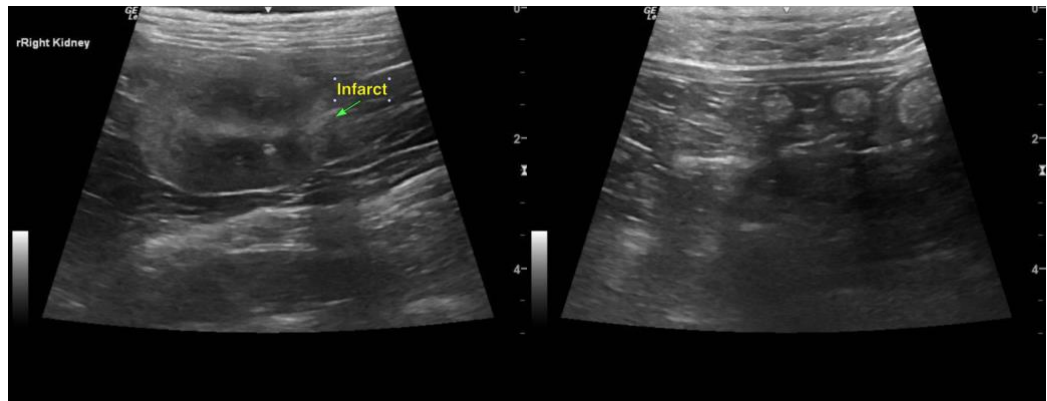
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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