



PATIENT

Sassy Ritter

SPECIES

Feline

BREED

Persian

SEX

Spayed Female

AGE

16 Years

WEIGHT

8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

All Creatures Great &
Small Denville

REFERRING VET

Dr. Silas Ashmore

INVOICE

16203

DATE

05/14/26

PRESENTING CLINICAL SIGNS

Weight loss (3 lbs in 1 month), vomiting. BCS 2/9. Current Medications: Cerenia, Famotidine (Torb)

For FNA: PLT=126; HCT=34%

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 asymmetrical 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 loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral mild pyelectasia was visualized. The left kidney measured 3.0 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.39 cm width. The right adrenal gland measured 0.42 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 0.98 cm width level of the mid spleen.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. An indistinctly marginated mildly expansive nonhomogenous left ventrocaudal intraparenchymal nodular lesion was visualized measuring approximately 2.0 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 intestinal walls demonstrated intact wall layers with mildly thickened walls and mild altered 1:3 muscularis / mucosa ratio owing to propensity for mildly prominent muscularis layer. No evidence of loss of intestinal wall layer or obstructive pattern to the level of the colon. The small intestine wall



PATIENT

Sassy Ritter

measured 0.28 to 0.3 cm wall width. The ileocolic wall measured 0.4 cm wall width. Minor homogenous colic lymphadenopathy was visualized with an example measuring 0.3 cm in diameter. Mild peri-ileocolic hyperechoic omentum.

SPECIES

Feline

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

Pancreas

BREED

Persian

The parenchyma of the left pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

SEX

Spayed Female

Free Abdomen

No peritoneal effusion was present.

AGE

16 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

8 lbs

- Hepatic parenchymal remodeling with indistinct ventrocaudal nonhomogenous hepatic nodular lesion.
- Suspect chronic pancreatitis/fibrosis.
- Intact mildly thickened small intestine.
- Chronic renal changes exhibiting mild pyelectasia.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Indistinct lobar hepatic hyperplasia, inflammation, granuloma, neoplasia are all potentials. A small intestine exhibited mild intact mural changes, which although possible patient variant and nonspecific, may indicate mild inflammatory criteria, i.e. a mild IBD, although emerging to occult round cell intestinal neoplasia, such as lymphoma, is not definitively excluded.

IMAGING PERFORMED BY

Shari Reffi CVT

Assessment for cranial abdomen/subxiphoid discomfort on palpation, which may correlate with chronic pancreatitis is suggested. Correlation with pending hepatic nodule cytology, a GI panel to include PLI, TLI, cobalamin and folate, three view chest radiographs, lab work and urinalysis is recommended.

HOSPITAL NAME

All Creatures Great & Small Denville

REFERRING VET

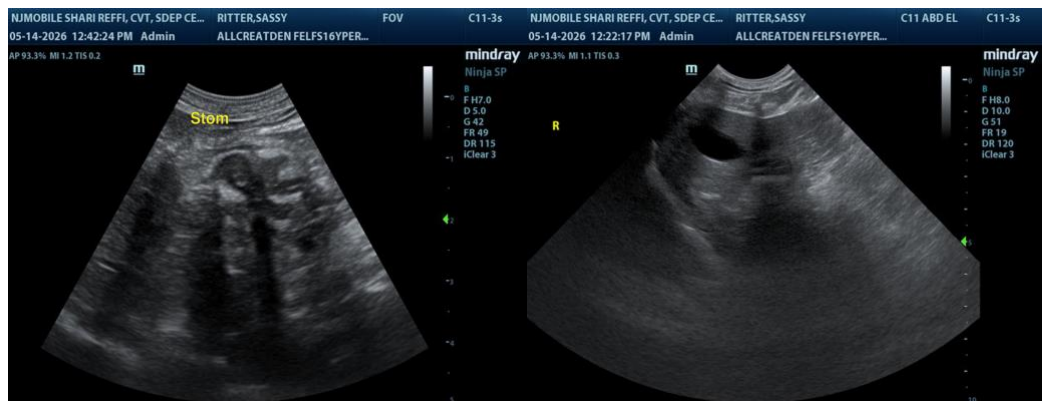
Dr. Silas Ashmore

INVOICE

16203

DATE

05/14/26





PATIENT

Sassy Ritter

SPECIES

Feline

BREED

Persian

SEX

Spayed Female

AGE

16 Years

WEIGHT

8 lbs

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Shari Reffi CVT

HOSPITAL NAME

All Creatures Great &
 Small Denville

REFERRING VET

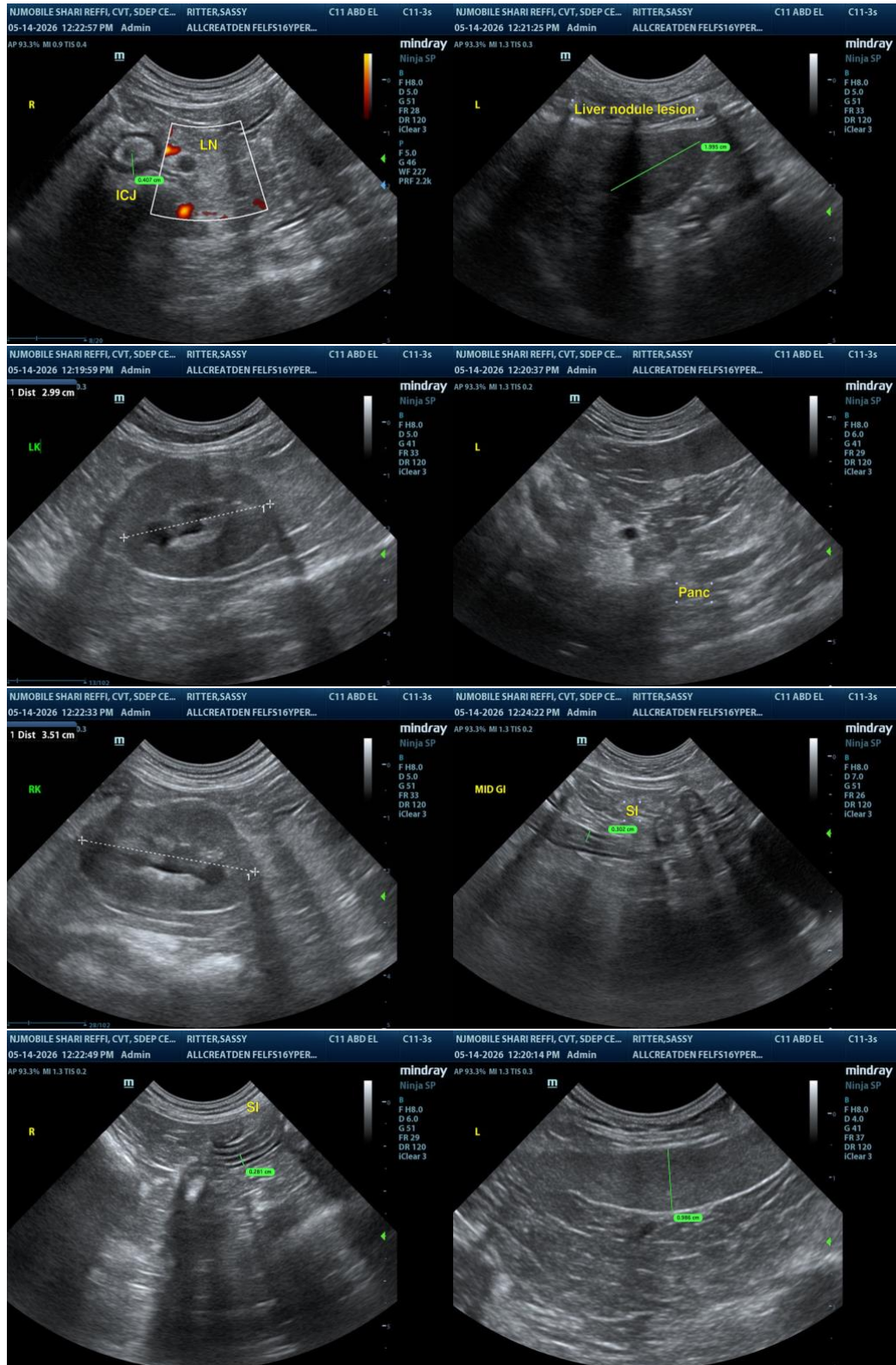
Dr. Silas Ashmore

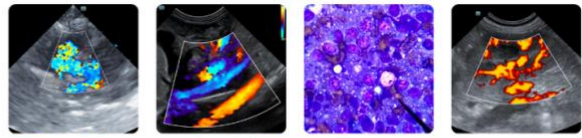
INVOICE

16203

DATE

05/14/26





PATIENT

Sassy Ritter

SPECIES

Feline

BREED

Persian

SEX

Spayed Female

AGE

16 Years

WEIGHT

8 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Shari Reffi CVT

HOSPITAL NAME

All Creatures Great &
Small Denville

REFERRING VET

Dr. Silas Ashmore

INVOICE

16203

DATE

05/14/26

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