

## PATIENT

Bella Holman

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

17 Years

## WEIGHT

3.7 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sarah Barthelemy

## HOSPITAL NAME

Britannia Kingsland Vet  
Clinic

## REFERRING VET

Britannia Kingsland Vet  
Clinic

## INVOICE

16372

## DATE

05/19/26

## PRESENTING CLINICAL SIGNS

AUS to investigate cause of Leukocytosis with eosinophilia

Abnormal PE/Chem/CBC/UA Results: Mild elevation in monocytes, eosinophils, lymphocytes  
Azotemia

## 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 mild non-obstructive cystourethral junction lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal renal size with asymmetrical margination was present in left kidney while the right kidney was mildly subnormal in size. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Moderate loss of corticomedullary border demarcation was also present with mild right kidney pyelectasia. The left kidney measured 3.4 cm in length. The right kidney measured 2.7 cm in length. Bilateral pinpoint dystrophic medullary mineral was present.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.3 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 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 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 mild primarily caudal lumen biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained gastric fluid and lumen gas with no obstruction to pyloric outflow.



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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. The duodenum wall measured 0.29 cm wall width. The jejunum wall measured 0.24 cm wall width. Borderline prominent yet intact duodenum wall with no evidence of mechanical/metabolic ileus to level the colon. The ileocolic wall measured 0.33 cm wall width.

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

### ***Pancreas***

The left pancreas was normal in size, asymmetrical contour with heterogeneous remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. The pancreas measured 0.9 cm width.

### ***Free Abdomen***

Mildly prominent intermittent jejunocolic nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of the lymph nodes measured 0.7 cm in diameter. NO evidence of peritoneal effusion.

## ULTRASONOGRAPHIC FINDINGS

- Mild irregular remodeled pancreas.
- Sonographically unremarkable gastrointestinal tract with mild retained gastric fluid and borderline prominent duodenum wall.
- Intermittent mild jejunocolic lymphadenopathy- subjective benign, suggestive of mild reactive hyperplasia or possible mild lymphadenitis.
- Chronic renal changes exhibiting medullary mineral, right kidney pyelectasia, and subnormal right kidney size.
- Focal mild non-obstructive cystourethral junction mineral.
- Mild gallbladder debris.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant visceral pathology as a definitive cause of the patient's CBC abnormalities. Correlation with urinalysis +/- culture/sensitivity or UPC level if non-inflammatory proteinuria is recommended. Chronic pancreatitis or non-structural intestinal disease given eosinophilia and leukocytosis may be considered if cranial abdomen/subxiphoid discomfort on palpation or non-reported gastrointestinal signs.

Screening GI panel to include PLI, TLI, cobalamin and folate may be considered if clinically indicated. The gallbladder debris is nonspecific yet may be associated with cholestasis or mild hepatobiliary inflammation given short half-life of hepatic enzymes in cats. Monitoring of liver enzymes is suggested. CBC pathology review may be considered. CKD therapy, pending urinary workup is recommended.



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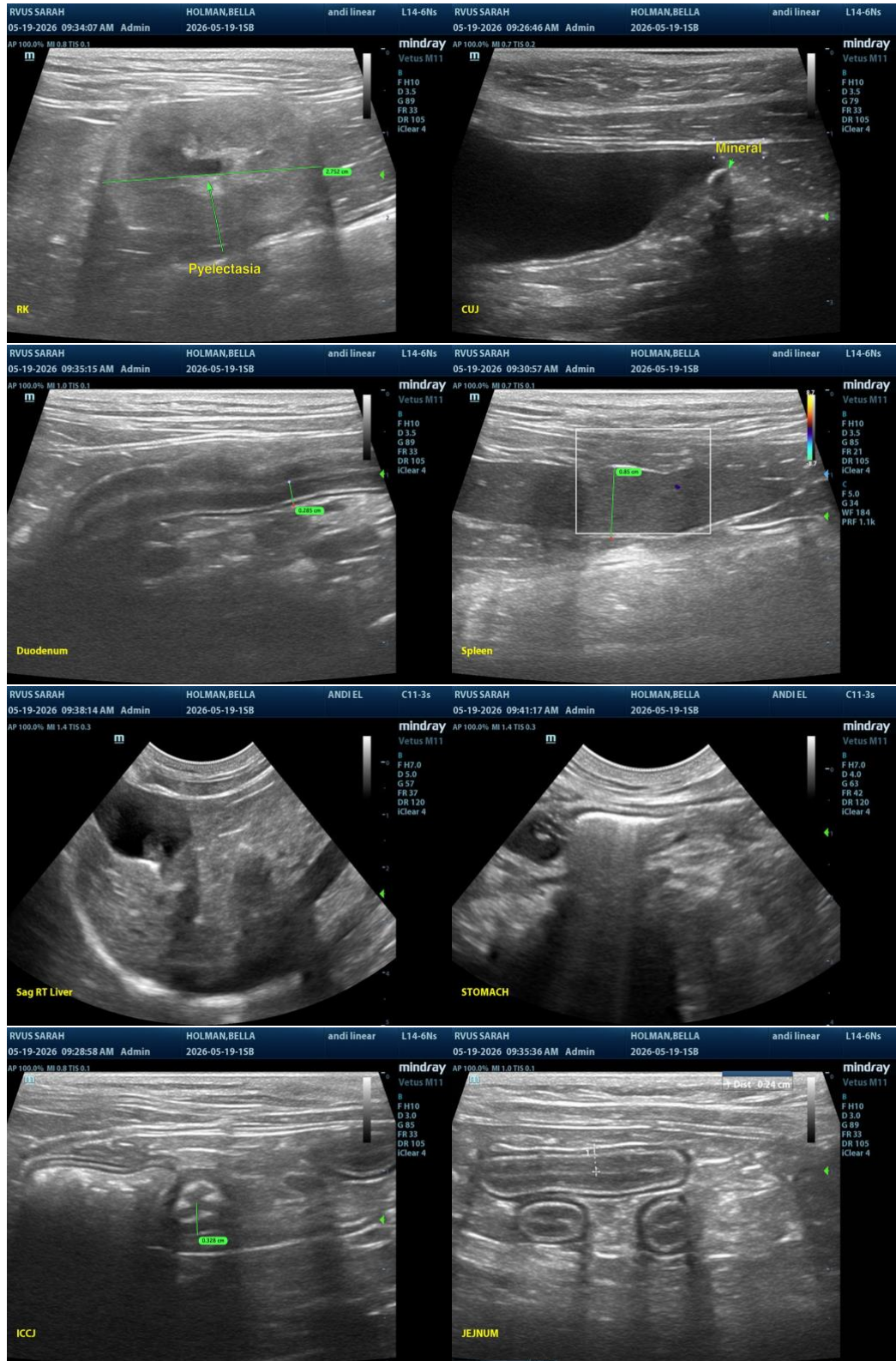
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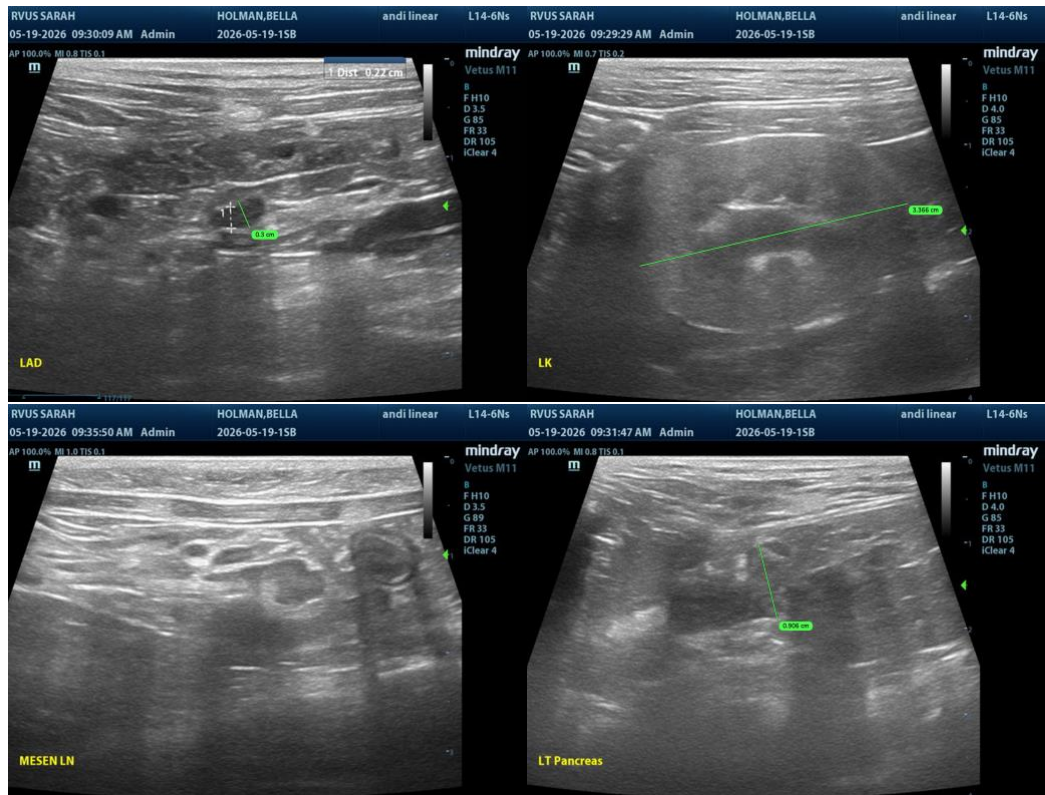
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)