



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Mosie Fraser-Hezlin	4/26/23: Owner called and reported Pt. is struggling to breathe and has had an increased appetite. - 4/28/23: Pt. came in for abdominal radiograph, possible abdominal mass.
<b>SPECIES</b>	Current Medications Dexamethasone 2mg, Gabapentin 100mg, Enrofloxacin 22.7mg
Feline	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
DSH	<b>Urinary System</b>
<b>SEX</b>	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 changes was noted.
FS	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
16 y	
<b>WEIGHT</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. Pinpoint medullary mineral was noted in both kidneys.
10 lbs.	Increased left and right retroperitoneal fat / tissue echogenicity was present with scant bilateral perinephric free fluid. No evidence of renal neoplastic criteria or renomegaly. The left kidney measured 3.8 cm in length. The right kidney measured 3.95 cm in length.
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.27 cm width.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Jenna Walsh, CVT	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.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Alpine AH	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 proximal common bile duct exhibited minor dilation and was tortuous without overt post hepatic obstruction.
<b>REFERRING VET</b>	
Dr. Hixson	
<b>INVOICE</b>	
16724	
<b>DATE</b>	
5/2/23	



**PATIENT**

Mosie Fraser-Hezlin

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

16 y

**WEIGHT**

10 lbs.

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

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**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 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 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 were evident.

**Free Abdomen**

No evidence of omental masses, lymphadenopathy, or peritoneal effusion was noted. An increased amount of intrabdominal falciform fat was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Bilateral mild chronic renal changes
- Nonspecific increased left / right retroperitoneal echogenicity with scant perinephric free fluid
- Sonographically unremarkable gastrointestinal tract

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of intrabdominal mass with increased intrabdominal fat noted.

No overt evidence of significant left or right renal pathology as a definitive cause of secondary retroperitoneal inflammation and perinephric free fluid. Potential for low-grade nephritis cannot be definitively excluded. Correlation with an assessment of renal parameters, as well as full urinalysis including screening C/S and baseline UPC if evidence of proteinuria is suggested.

Sonographic reassessment of the kidneys is recommended if sublumbar pain on palpation, increased or possible progressive renal parameters, or if clinical concern for possible nonspecific nephritis.



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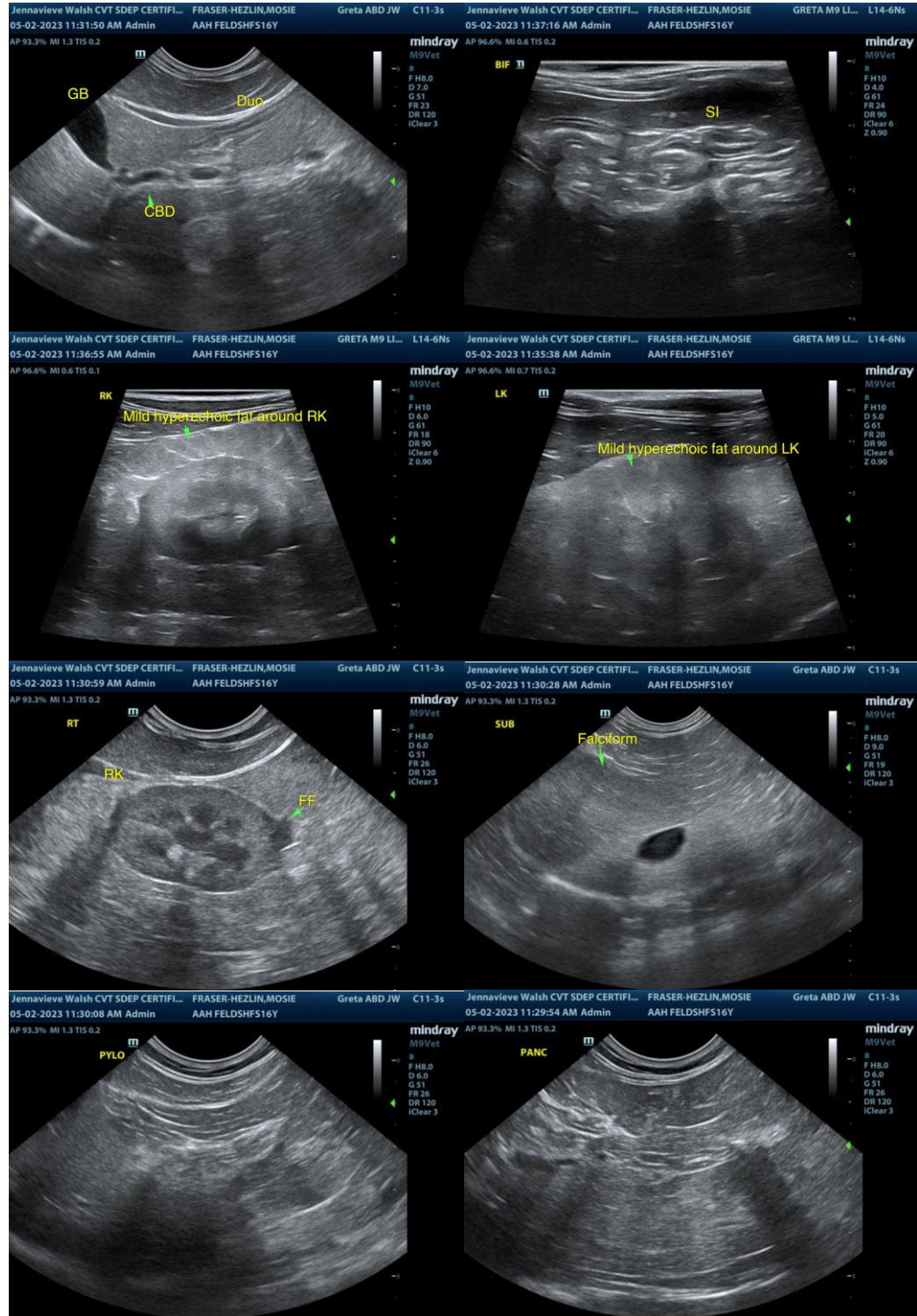
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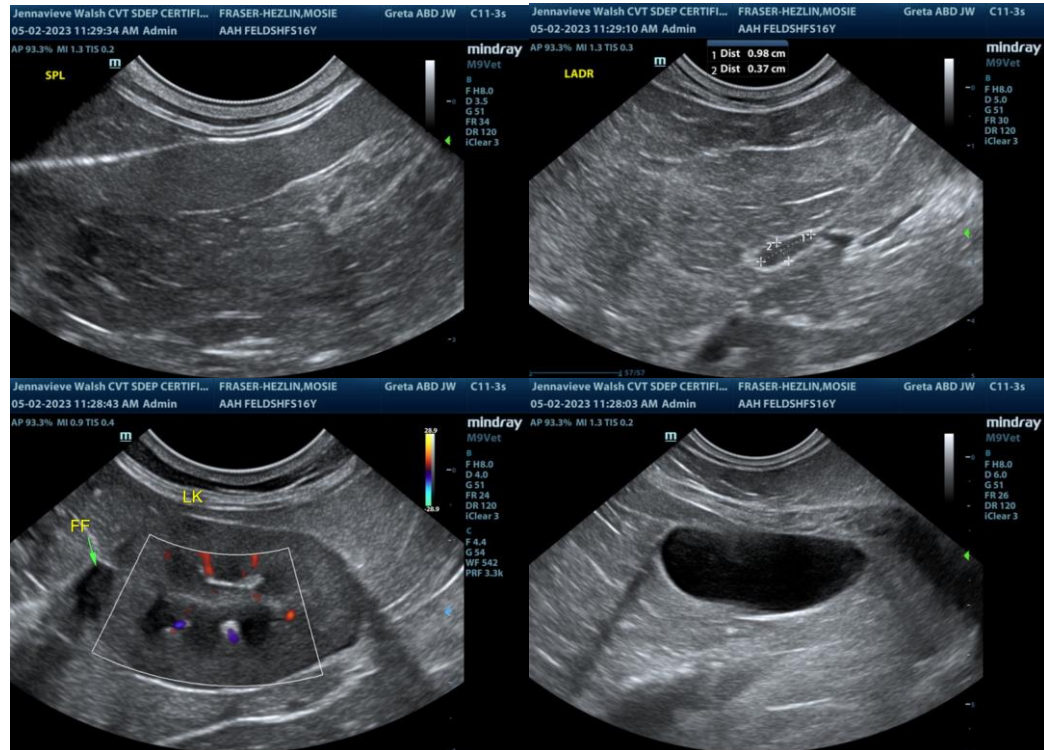
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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