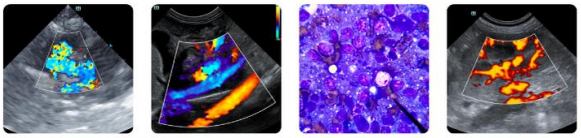




**PATIENT**

Willow Lieberman

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

14Y, 7M

**WEIGHT**

6.9lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe, CVT

**HOSPITAL NAME**

Leck Veterinary Hospital

**REFERRING VET**

Dr. Derr

**INVOICE**

75100

**DATE**

5-21-26

## PRESENTING CLINICAL SIGNS

Recurrent Pieria, follow up presumptive G.I. LSA. Recurrent UTI despite appropriate antibiotics. Culture and sensitivity done. History presumptive, G.I. LSA, hypertrophic obstructive, cardiomyopathy, and hyper thyroid. Methim 5mg , Metoprolol 25 mg, Benazepril 5mg, pred 5 mg, Chlorombucil 1.75mg. Last abd ultrasound 3/23, echo 2/21.
Abnormal PE/Chem/CBC/UA Results: Last CBC and chem 1/2026 normal. T4 at that time 1.2. UA wbc 21-50, rod bacteria

## 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 changes were noted.

The area of the iliac 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 loss of corticomedullary border demarcation. Minor pyelectasia was present in the left kidney. The left kidney measured 3.4 cm in length. The right kidney measured 3.8 cm in length.

### *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm.

The right adrenal gland was overtly normal in size, position, and shape subjectively measuring 0.40 cm.

### *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.

### *Liver/ Gallbladder*

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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 borderline to mildly thickened wall with maintained wall layer ratio with mildly prominent to hyperechoic gastric submucosa layer and mildly prominent pyloric muscularis layer. The gastric lumen of the stomach was empty without evidence of retained ingesta, fluid, foreign material,

**PATIENT**

Willow Lieberman

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

14Y, 7M

**WEIGHT**

6.9lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe, CVT

**HOSPITAL NAME**

Leck Veterinary Hospital

**REFERRING VET**

Dr. Derr

**INVOICE**

75100

**DATE**

5-21-26

or obstruction to the pyloric outflow. The gastric body wall measured 0.33 cm. The pylorus wall measured 0.43 cm.

Previously noted extraluminal mid abdomen intestinal mass consistent with a jejunal location – the mass was homogeneous to mildly hypoechoic and measured approximately 2.6 x 2.2 cm indicating progression compared to previous study. Adjacent intact mildly thickened small intestinal wall measured 0.28 cm. The remainder of the small intestine exhibited intact non-thickened wall. The duodenum wall measured 0.24 cm. Normal jejunum wall measured 0.20 cm.

Normal visible colon wall layers were present with 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*

Mild peri-intestinal hyperechoic omentum around the intestinal mass was present.

No evidence of effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Normal urinary bladder and visible proximal urethra.
- Chronic renal changes with minor left kidney pyelectasia.
- Intact mildly thickened stomach wall.
- Previously noted mild progressive extraluminal intestinal mass.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of lower urinary tract pathology. The chronic renal changes are nonspecific yet most consistent with age related chronic kidney presentation. The minor left kidney pyelectasia is suspected to be secondary to chronic renal changes or pelvic scarring. Correlation with urine C/S is recommended.

Assuming normal clotting status using a 25-gauge needle, FNA cytology of the intestinal mass is recommended for further clarification. No evidence of secondary mechanical intestinal obstruction. Suppression of additional gastrointestinal mural changes given steroid therapy is possible.

**PATIENT**

Willow Lieberman

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

14Y, 7M

**WEIGHT**

6.9lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe, CVT

**HOSPITAL NAME**

Leck Veterinary Hospital

**REFERRING VET**

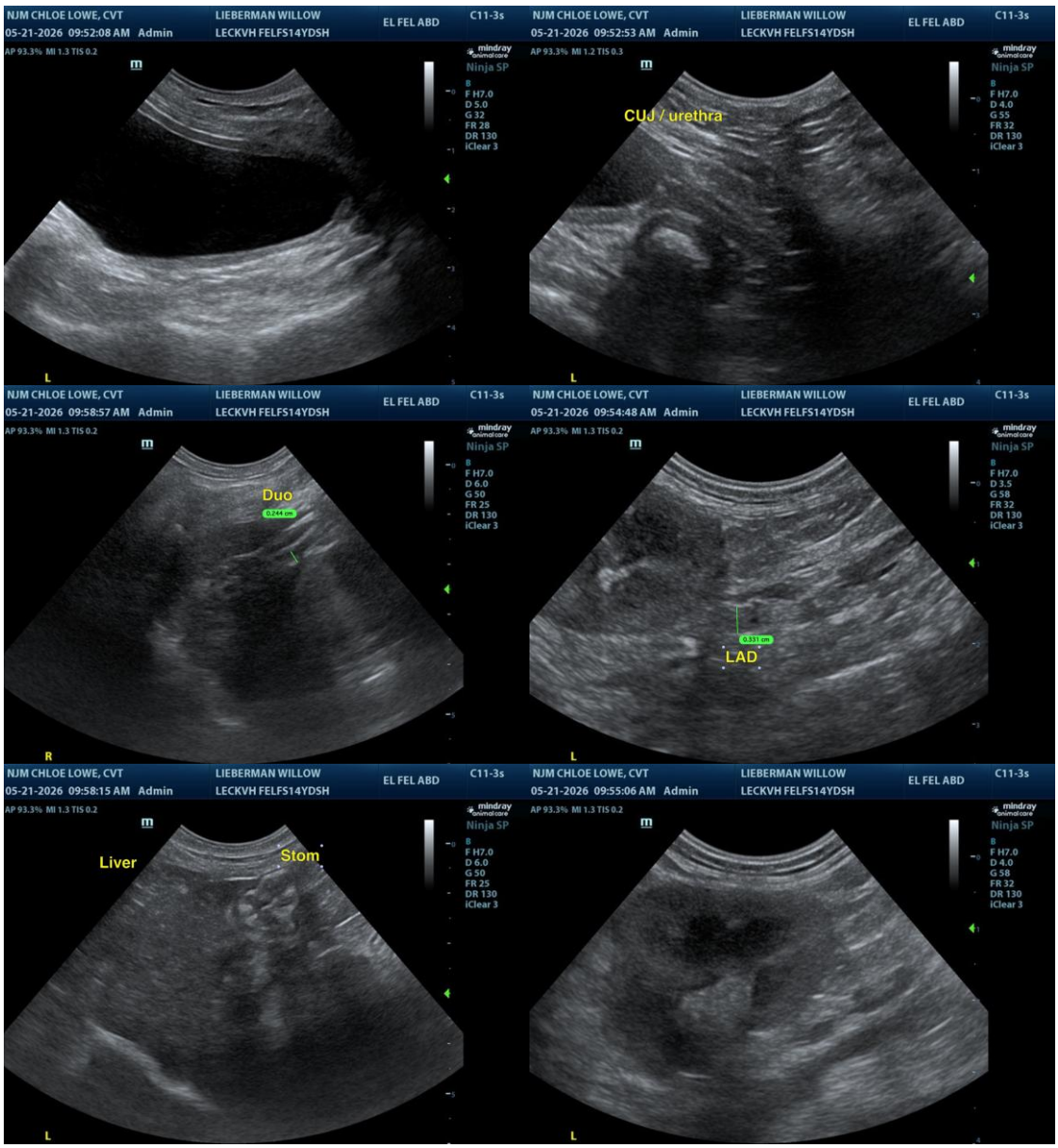
Dr. Derr

**INVOICE**

75100

**DATE**

5-21-26



**PATIENT**

Willow Lieberman

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

14Y, 7M

**WEIGHT**

6.9lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe, CVT

**HOSPITAL NAME**

Leck Veterinary Hospital

**REFERRING VET**

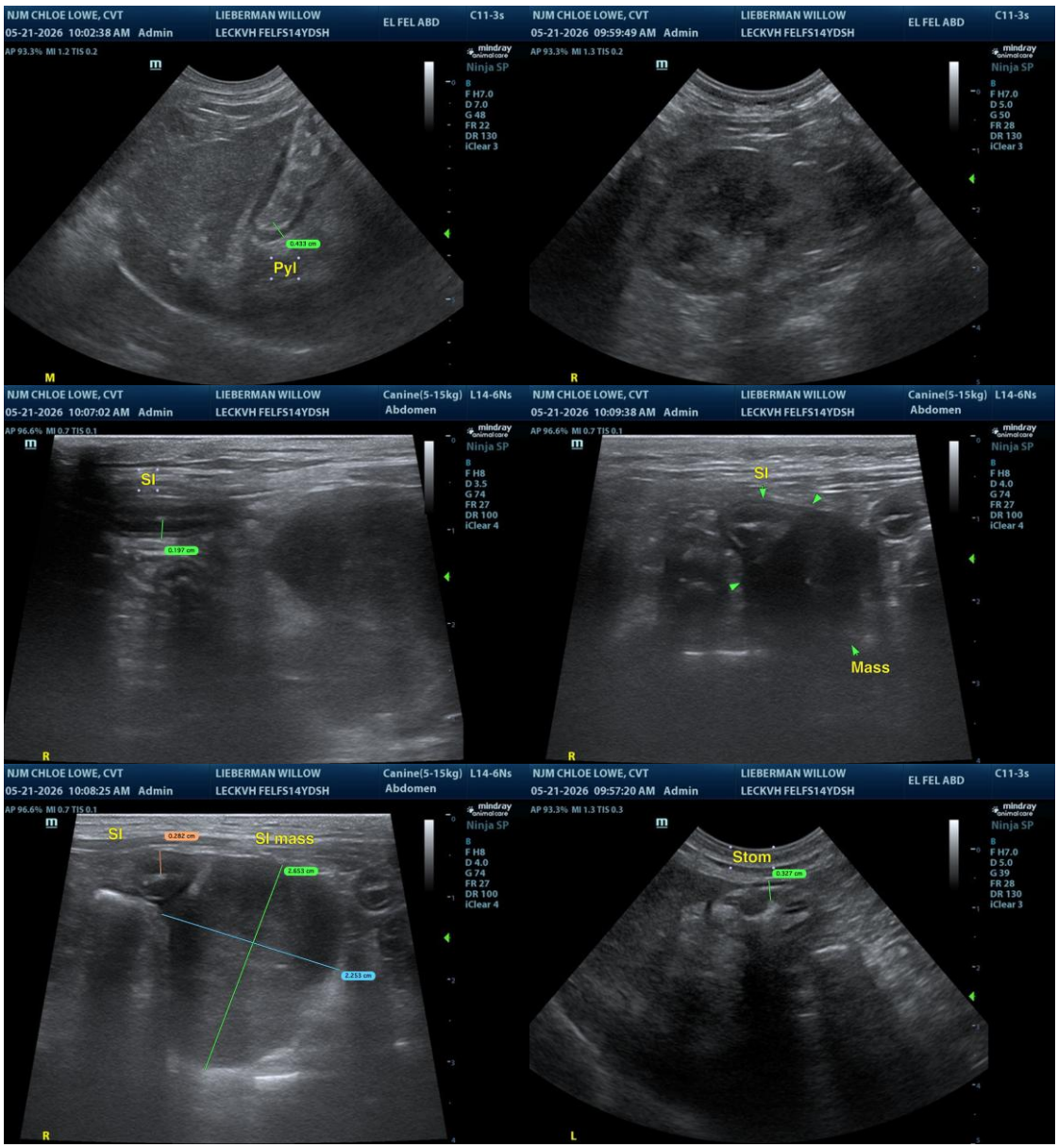
Dr. Derr

**INVOICE**

75100

**DATE**

5-21-26




**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