



PATIENT

Mike Stone

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

13 years

WEIGHT

7.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Chrissy Krell, DVM

HOSPITAL NAME

Isaacson VH

REFERRING VET

Barb Lester, DVM

INVOICE

10911

DATE

5/26/26

PRESENTING CLINICAL SIGNS

Presented on 5/19/26 for a dental, pre-anesthetic blood work revealed elevated WBCs and NT-ProBNP. Patient has been losing weight for about a year, no other strong concerns were detected until last week other than dental disease.

Abnormal PE/Chem/CBC/UA Results: PE: lean BCS, dental disease CBC: RBC 4.69, HCT 25.3, Hgb 7.4, RDW 29, Retic 115.8, WBC 31.99K, Neut 23.41K, Mono 2.88K Chem: K 2.9, proBNP abnormal, TT4 normal. XR Consult CONCLUSIONS: 1. a large and partially mineralized mass in the cranial dorsal abdomen; A right adrenal mass or a mass lesion associated with one of the renal silhouettes 2. The irregular outline of the renal silhouettes 3. pulmonary changes can be consistent with feline chronic lower airway disease, such as feline asthma/allergic bronchitis. vs A secondary infectious component r primary parasitic infection 4. The pulmonary soft tissue/mineral opaque nodular opacities could represent endon plugged bronchi, calcified peribronchial mucous glands, calcified parasitic nodules, or metastatic pulmonary nodules. 5. IVDD?

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.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were present in the kidneys. Mildly thickened hyperechoic cortex was present with areas of medullary mineral. Mild to moderate loss of corticomedullary symmetry and definition was present and expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen was normal in size with mild asymmetrical medial capsule contour and possible mild caudal splenic folding. The spleen measured 0.83 cm width at the level of the mid spleen.

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.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate, nonshadowing ingesta without signs of obstruction or foreign material.

The visualized segments of small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental, similar appearing ingesta was noted without an obstructive pattern to the level of the colon. The small intestine wall measured 0.23 cm width.

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 was evident.

Free Abdomen

A moderately sized, asymmetrical, nonhomogeneous, hypoechoic, partially mineralized mass was noted in the mid-cranial abdomen, measuring ~4.0-5.0 cm in diameter. Mild adjacent to surrounding hyperechoic omentum was noted. No obvious effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Unspecified nonhomogeneous partially mineralized mid-cranial abdomen mass
- Intact chronic renal changes exhibiting mild medullary mineral
- Sonographically normal liver
- Non-enlarged, mild asymmetrical spleen with mild splenic folding
- Overall normal gastrointestinal tract with gastrointestinal ingesta – likely consistent with food echogenicity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Definitive origin of the unspecified mass was not obvious. Assuming normal clotting status and using a 25-gauge needle, FNA cytology of the mass is warranted for further clarification.

If persistent or progressive hypokalemia, serum aldosterone level and monitoring of systemic BP is indicated. Correlation with most recent meal ingestion is recommended. If documented NPO, some degree of metabolic gastrointestinal ileus or inefficient peristalsis may be possible, although no overt evidence of mechanical gastrointestinal obstruction. Concurrent GI panel to include PLI/TLI/Cobalamin/Folate could be considered.

Pending echocardiogram and if additional clarification or surgical options are a potential, abdominal CT would be ideal.

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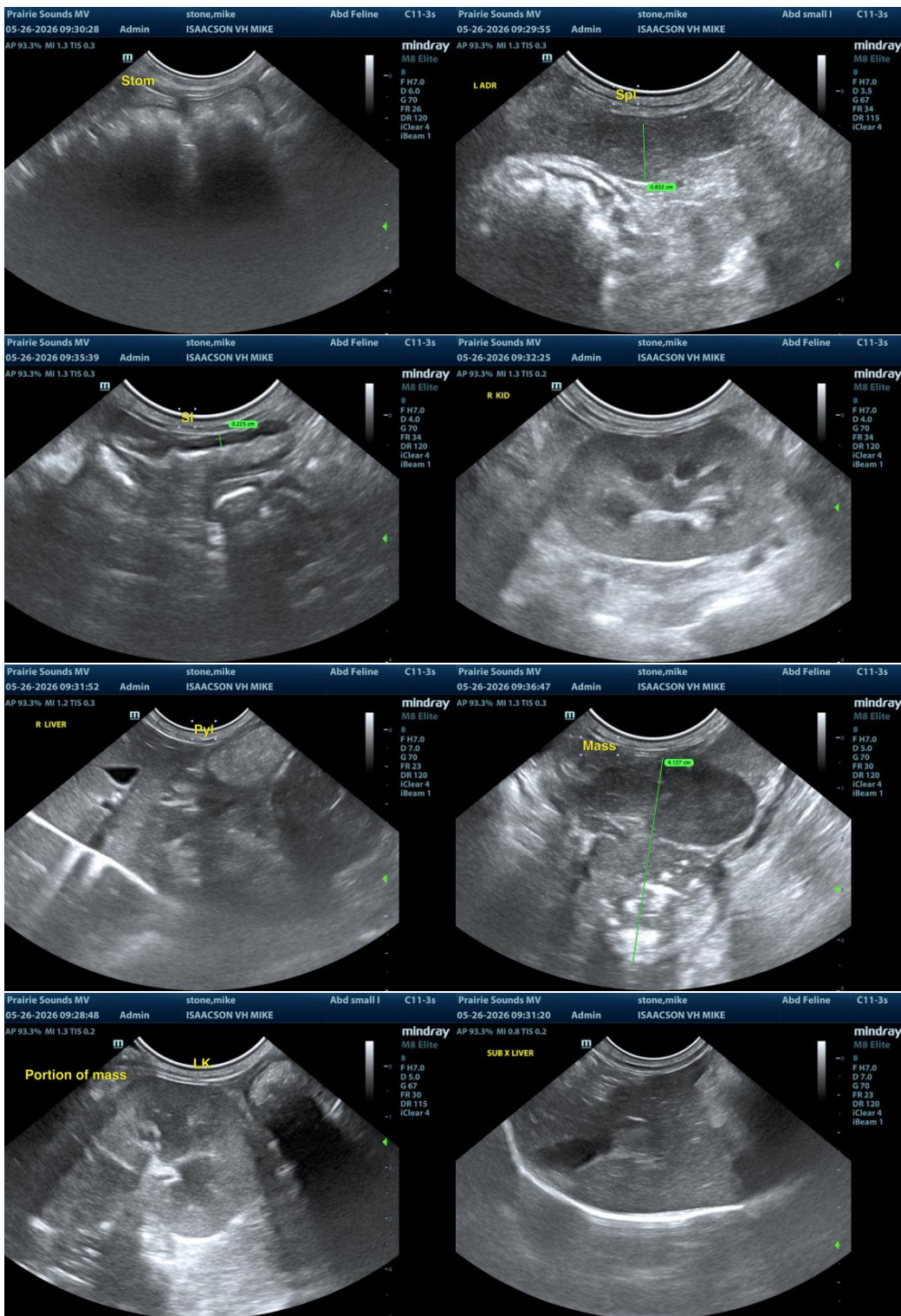
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com