

PATIENT

Willow Dolan

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

7 years

WEIGHT

7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

All Creatures Great
and Small Denville

REFERRING VET

Dr. Silas

INVOICE

10934

DATE

5/28/26

PRESENTING CLINICAL SIGNS

Losing weight, emesis eight times since yesterday, lethargic, anorexia, possible cranial abdominal mass.

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 medial Iliac or sublumbar lymphadenopathy/masses.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.8 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.30 cm width, and the right adrenal gland measured 0.38 cm width.

Spleen

The spleen presented generalized splenomegaly exhibiting a rounded, swollen contour with maintained homogeneous parenchyma. Splenic folding was present. There were no visualized splenic masses or nodules. The spleen measured 1.3 cm width at the level of the mid spleen.

Liver/ Gallbladder

The liver was mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal hepatic vascular volume was present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Transdiaphragmatic view revealed a mild comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.



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The small intestine presented intact wall layering exhibiting borderline thickened wall and subtle altered wall layer ratio owing to propensity for subtle to mildly prominent muscularis layer. The small Intestinal wall width measured 0.25 cm. Empty intestinal lumen was noted to the level of the colon.

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

Pancreas

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The left pancreas was normal in size with capsule asymmetry and mild nonhomogeneous parenchyma.

Free Abdomen

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Minor primarily perihepatic to perisplenic effusion was noted. Generalized mild increased omental echogenicity was present. No obvious significant or swollen lymphadenopathy was visualized.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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- Splenomegaly with splenic folding
- Non-congested hepatomegaly
- Enteropathy
- Mildly prominent nonhomogeneous left pancreas
- Minor peri splenic / peri hepatic effusion with mild increased omental echogenicity
- Mild transdiaphragmatic comet tail artifact

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Although sampling is required for further clarification, concern for multicentric round cell neoplasia is indicated and considered probable until proven otherwise. Assuming normal clotting status and using a 25-gauge needle, hepatosplenic FNA cytology and, if possible, correlation with effusion analysis is indicated. Three-view chest radiographs and correlation with pending lab work are recommended.

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and Small Denville

Gastrointestinal support pending additional diagnostics and hepatosplenic sampling, considered essential for further clarification, is recommended.

REFERRING VET

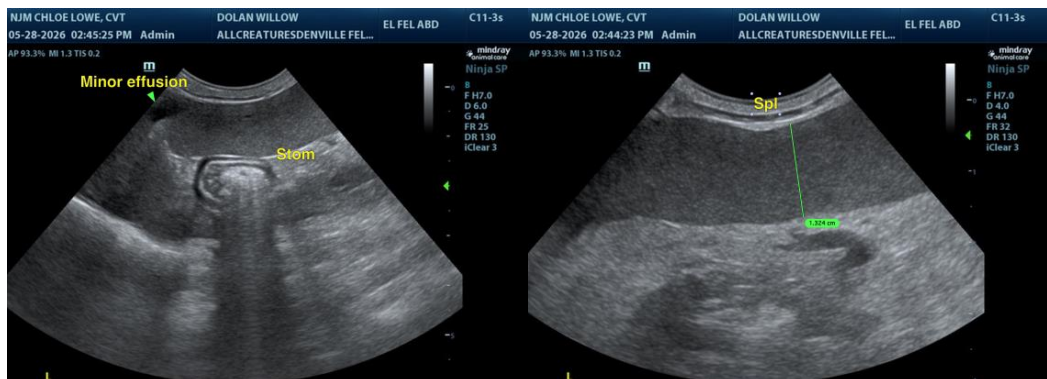
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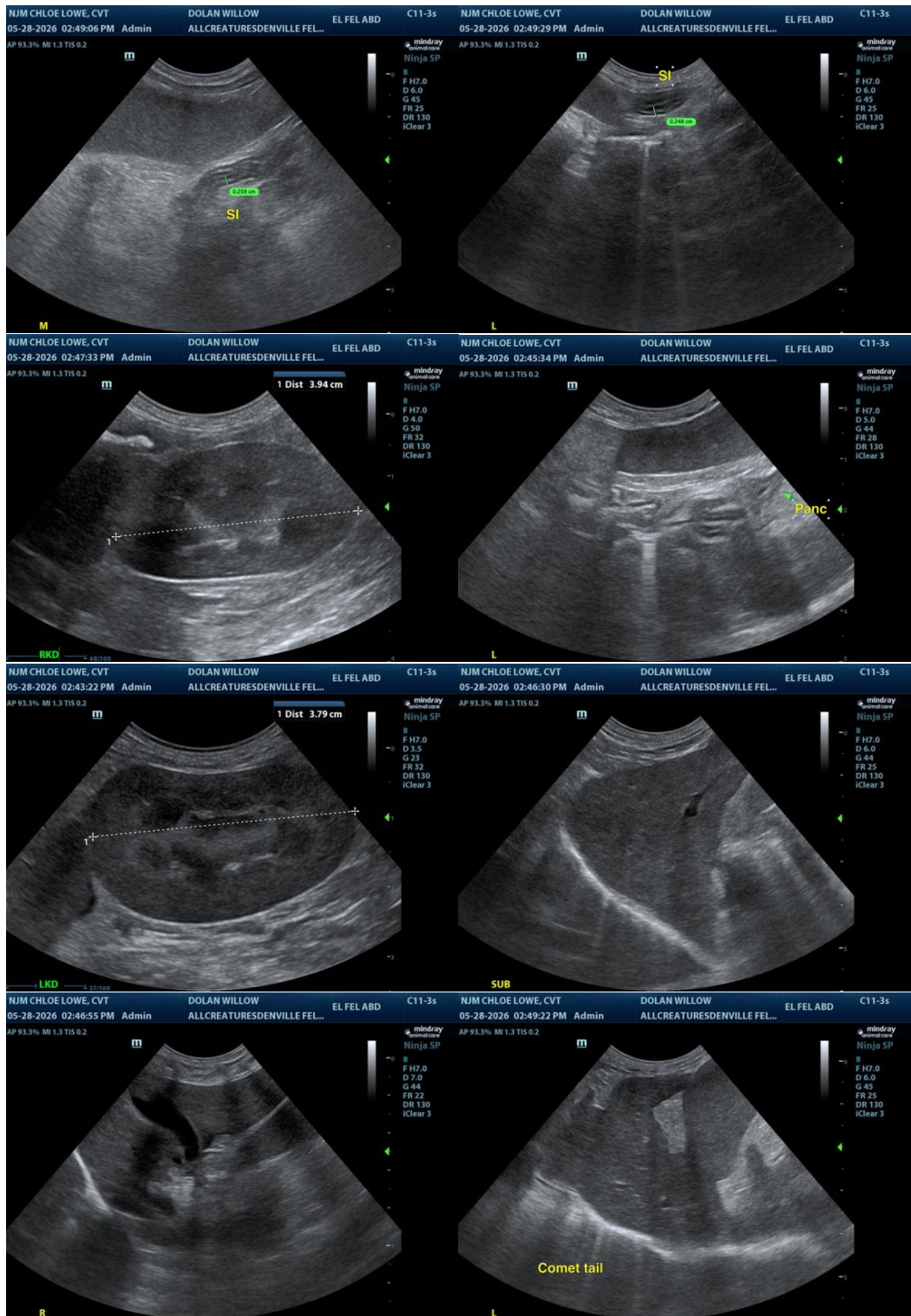
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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