



**PATIENT PRESENTING CLINICAL SIGNS**

**Sabri Littell**  
**SPECIES** Referral from regular vet for an abdominal mass seen on x-ray. Cat had reacted as if painful during abdominal palpation, so they took x-rays and did bloodwork. Cat has gradually lost a couple of pounds since a year ago, no weight loss since his exam at other vet in June. Good appetite. No V/D.

**Feline**  
**BREED** Abnormal PE/Chem/CBC/UA Results: Periodontitis level 4/6. Poor grooming. No pain elicited on abdominal palpation here. Bloodwork done by referring vet was a normal chem/cbc; previously tested negative for FeLV/FIV in 2018.

**DSH ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX** *Urinary System*

**Neutered Male**  
**AGE** The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

**10 yr**  
The area of the aortic trifurcation was free of pathology.

**WEIGHT** 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.3 cm in length.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is indistinctly visualized without overt pathology. Subjectively measuring 0.48 cm width. The right adrenal gland was not definitively visualized without overt pathology in the area of the right adrenal gland.

**IMAGING PERFORMED BY**

Dr. Michelle Bartus

**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.

**HOSPITAL NAME**

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**REFERRING VET**

Dr. Michelle Bartus

**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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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**DATE**

7/17/2023

**Gastrointestinal**

The stomach presented intact sonographically unremarkable wall layering with a normal wall layer ratio. The stomach contained a mild amount of retained anechoic fluid primarily in the area of the gastric antrum and pylorus. Gastric body wall 0.22 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The small intestine was primarily empty with segmental retained non shadowing ingesta/chyme, present in the mid to



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Sabri Littell

cranial abdominal intestinal segment, suggestive of jejunal location. No evidence of obstructive mural pathology or mechanical intestinal obstruction. The intestinal wall measures 0.26 cm. No overt pathology in the area of the ileocolic junction, measuring 0.28 cm.

**SPECIES**

Feline

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

**Pancreas**

**BREED**

DSH

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.

**SEX**

Neutered Male

**Free Abdomen**

Solitary suspected mildly swollen uniformed hypoechoic mesenteric lymph node, left lateral abdomen adjacent and caudal to the left kidney measuring 1.5 cm in diameter. No other overt evidence of additional mesenteric lymphadenopathy.

**AGE**

10 yr

No evidence of peritoneal effusion or omental masses was present.

**WEIGHT**

12.8#

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Mild age-related renal changes.
- Suspect focal nonspecific mesenteric mild lymphadenopathy left lateral abdomen.
- Minor retained gastric fluid.
- Structurally unremarkable small bowel with segmental retained non shadowing intestinal ingesta/chyme.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The suspected focal mesenteric lymph node is nonspecific with considerations including lymphoid hyperplasia, lymphadenitis, or the possibility of emerging lymphatic neoplastic criteria cannot be excluded. Correlation with pending cytology is recommended. The focal mesenteric lymphadenopathy did not appear to overtly be in the area of the left adrenal gland. Screening blood pressure to assess for evidence of hypertension could be considered. Some degree of possible metabolic/functional gastric and segmental intestinal stasis could be possible. Although, the retained gastric fluid and segmental retained intestinal ingesta/chyme is of unclear clinical significance given no reported gastrointestinal signs.

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A GI panel to include PLI/TLI/Cobalamin/Folate warranted to assess for occult or nonstructural intestinal or pancreatic disease as potential contributing factor to the patient's minor weight loss and possible discomfort on abdominal palpation. Sonographic monitoring of the suspected focal mesenteric lymphadenopathy for evidence of progression likely ideal pending cytology.

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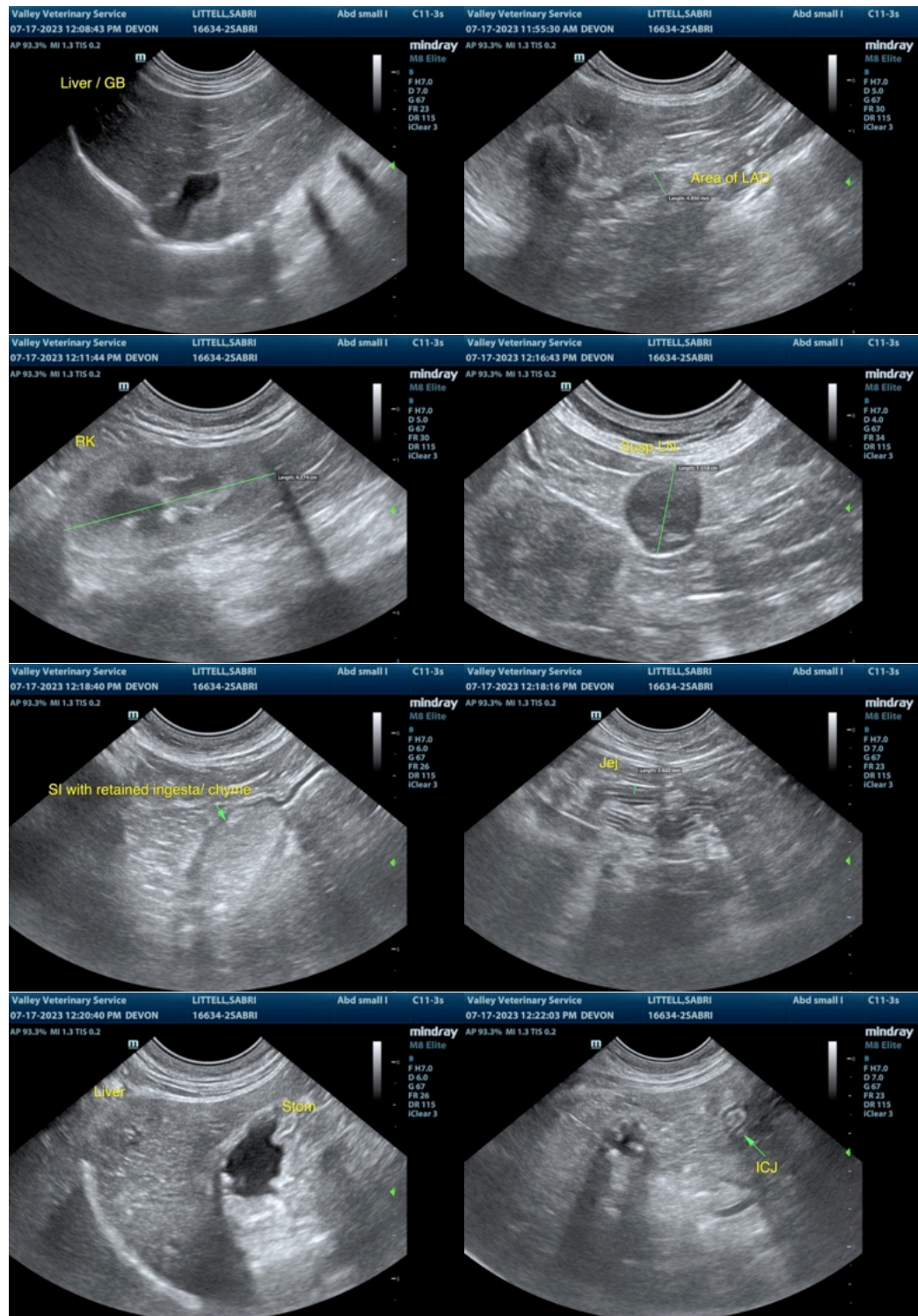
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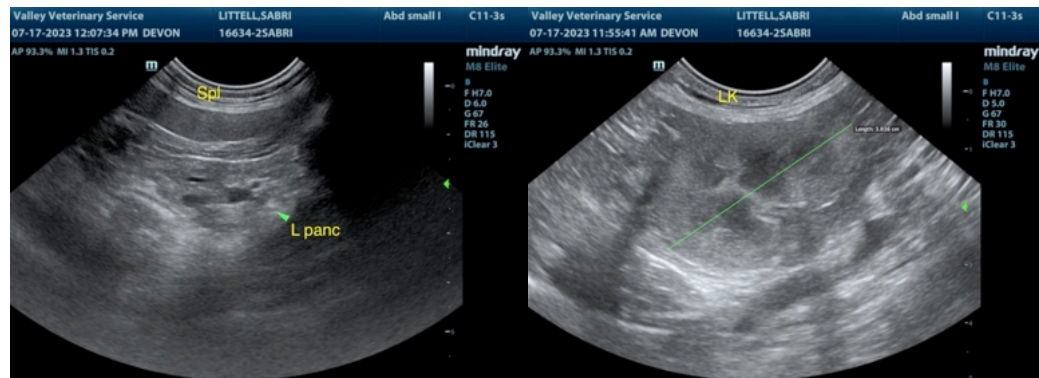
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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