

<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Chekhov Theiss	History: Anorexia
	Abnormal PE/Chem/CBC/UA Results: Pending
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Feline	<b>Urinary System</b>
<b>BREED</b>	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 were noted.
Maine Coon	
<b>SEX</b>	Mildly enlarged size was present in the kidneys-this may be a patient variant given the breed. 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. A potential to indistinct hyperechoic corticomedullary band, which may suggest an indistinct medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding.
MN	
<b>AGE</b>	
11mo	The left kidney measured 5.3 cm in length. The right kidney measured 5.3 cm in length.
<b>WEIGHT</b>	The area of the aortic trifurcation was free of pathology.
11lb	<b>Adrenal Glands</b>
<b>INTERPRETED BY</b>	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic at the cranial pole parenchyma. The left adrenal gland measured 0.45 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.57 cm.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	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. The spleen measured 0.91 cm in width at the level of the hilus.
A. Rodriguez	<b>Liver</b>
<b>HOSPITAL NAME</b>	The liver presented with mild subjective enlargement. The hepatic parenchyma revealed diffuse mildly reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
Foxfield Veterinary Services	<b>Gastrointestinal</b>
<b>REFERRING VET</b>	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 gastric body wall measured 0.25 cm in width.
A. Rodriguez	
<b>INVOICE</b>	
11186ag	
<b>DATE</b>	
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<b>PATIENT</b>	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. The small intestine wall width measured 0.24 cm.
Chekhov Theiss	
<b>SPECIES</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Feline	<b>Pancreas</b>
	The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.
<b>BREED</b>	<b>Free Abdomen</b>
Maine Coon	Enlarged, hypoechoic mesenteric root lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. The mesenteric root lymph nodes measured 4.4 cm length and 2.2 cm width.
<b>SEX</b>	
MN	
<b>AGE</b>	
11mo	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>WEIGHT</b>	<ul style="list-style-type: none"><li>Bilateral prominent kidneys exhibiting potential for indistinct nonspecific medullary rim sign- may be a normal patient variant given the breed</li><li>Possible low grade pancreatitis</li><li>Overtly normal GI tract</li><li>Mid abdominal hypoechoic to swollen mesenteric lymph nodes-hyperplasia, lymphadenitis, granulomatous lymphadenopathy or neoplastic criteria are possible</li><li>Subjective mildly enlarged liver</li></ul>
11lb	
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Assuming normal clotting status, an ultrasound guided FNA of the enlarged mid abdominal mesenteric lymph node is recommended for screening cytology.
<b>IMAGING PERFORMED BY</b>	Correlation with pending lab work is suggested. Assessment for discomfort on cranial abdominal or subxiphoid palpation in the area of the pancreas is recommended +/- spec fPL or a GI panel to include PLI/TLI/Cobalamin/Folate.
A. Rodriguez	If clinically indicated concurrent screening hepatic FNA could be considered. A guarded prognosis is indicated pending cytology.
<b>HOSPITAL NAME</b>	
Foxfield Veterinary Services	
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**PATIENT**

Chekhov Theiss

**SPECIES**

Feline

**BREED**

Maine Coon

**SEX**

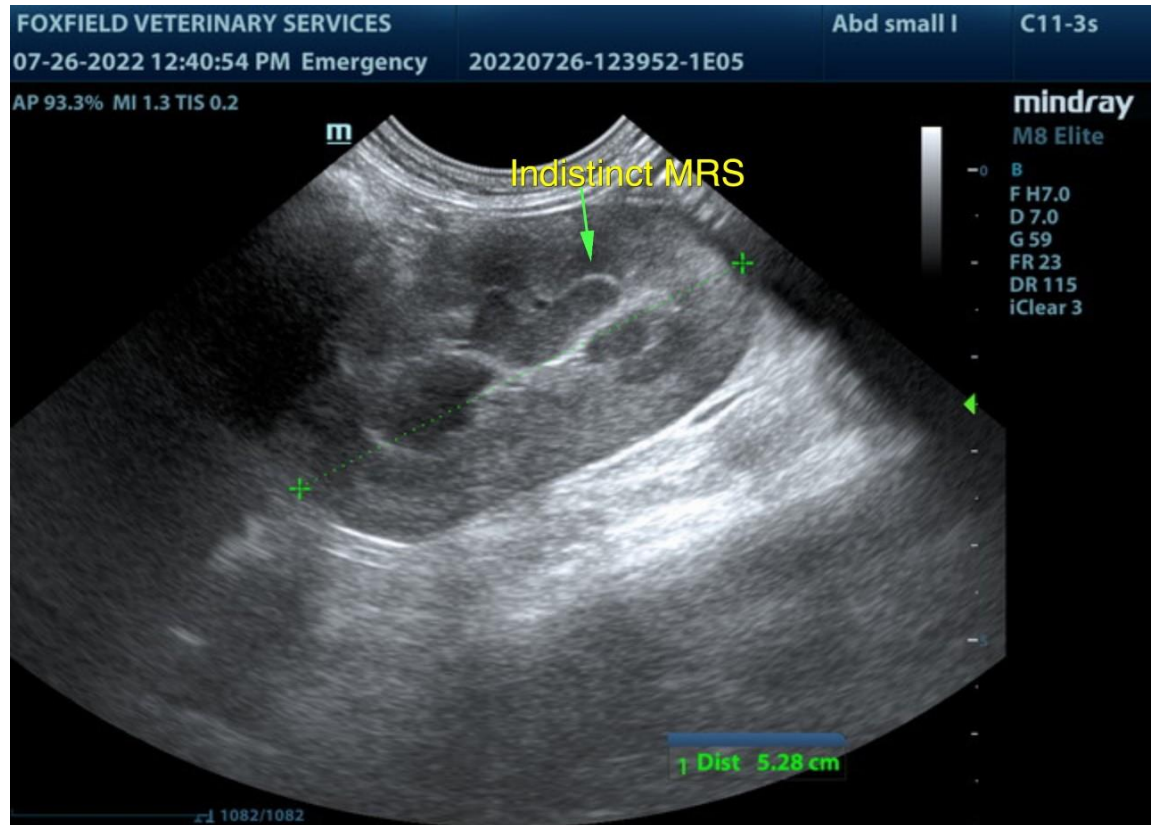
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**AGE**

11mo

**WEIGHT**

11lb



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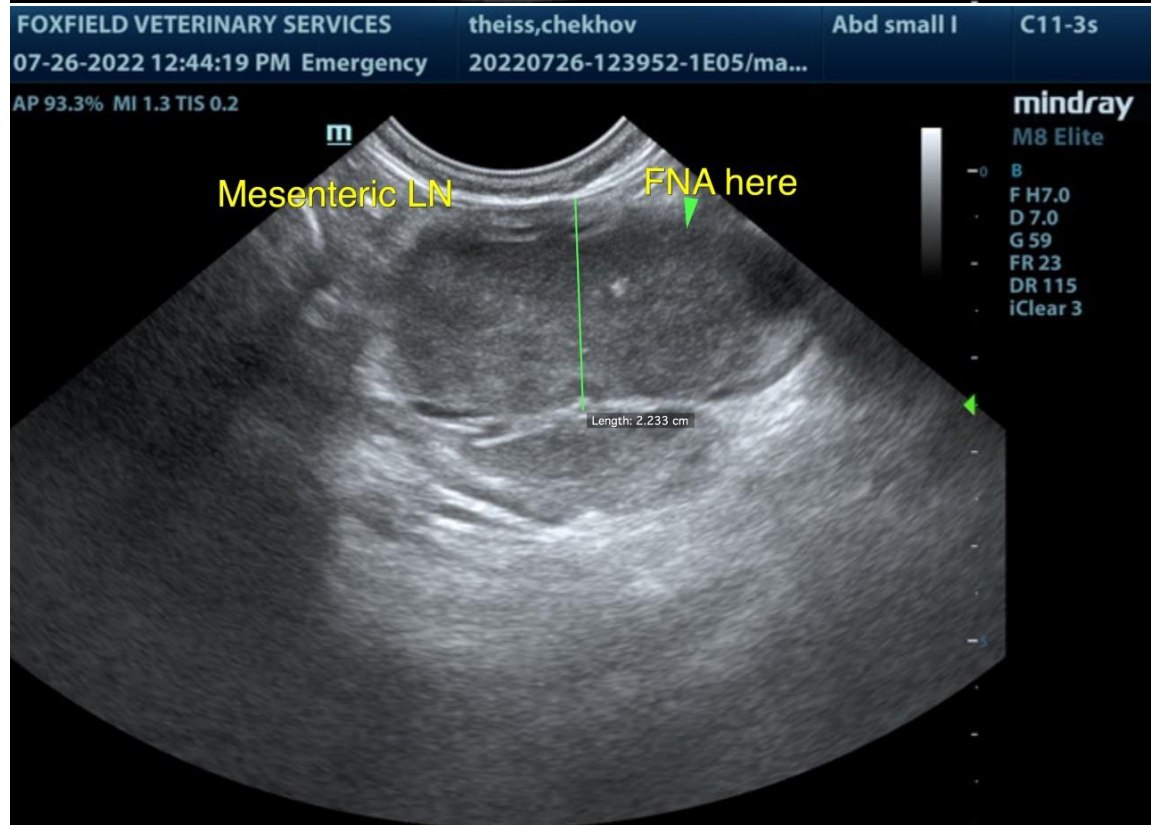
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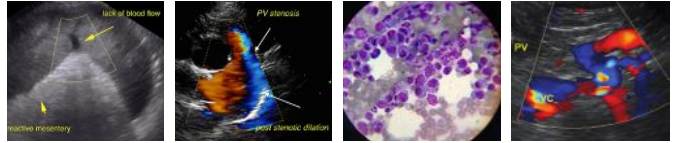
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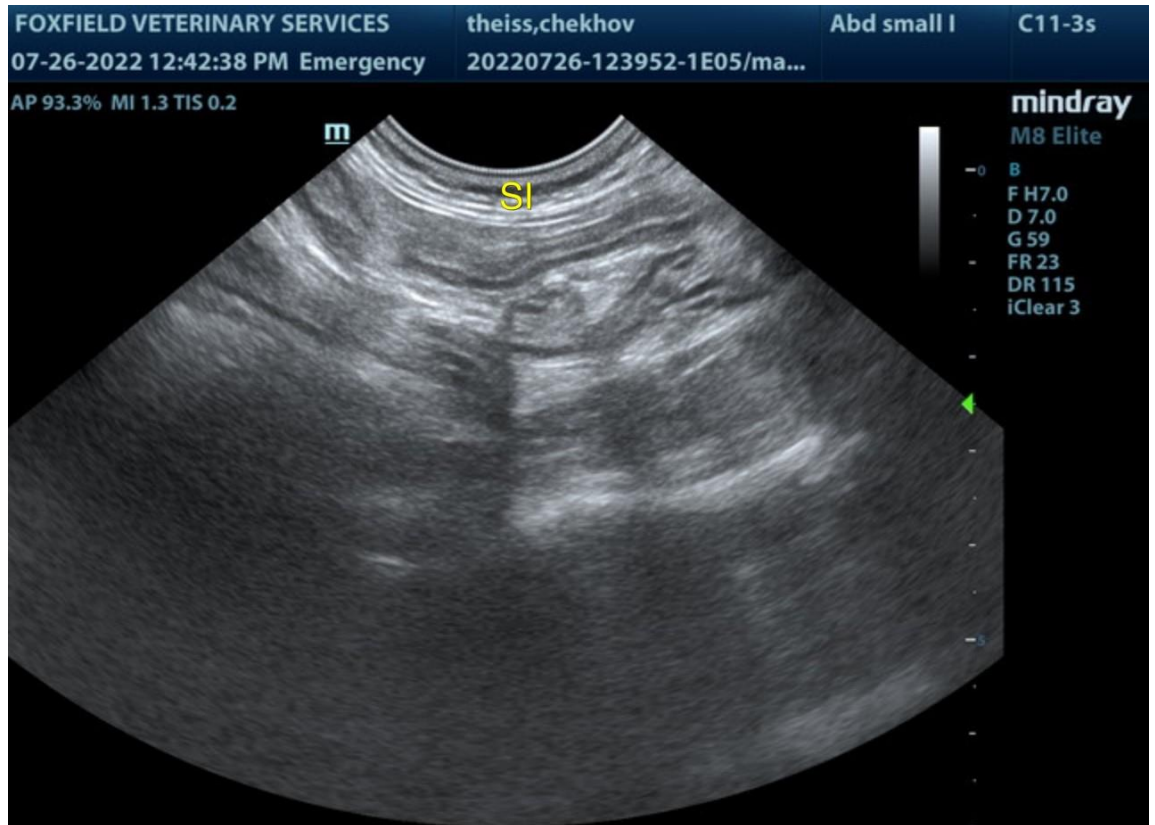
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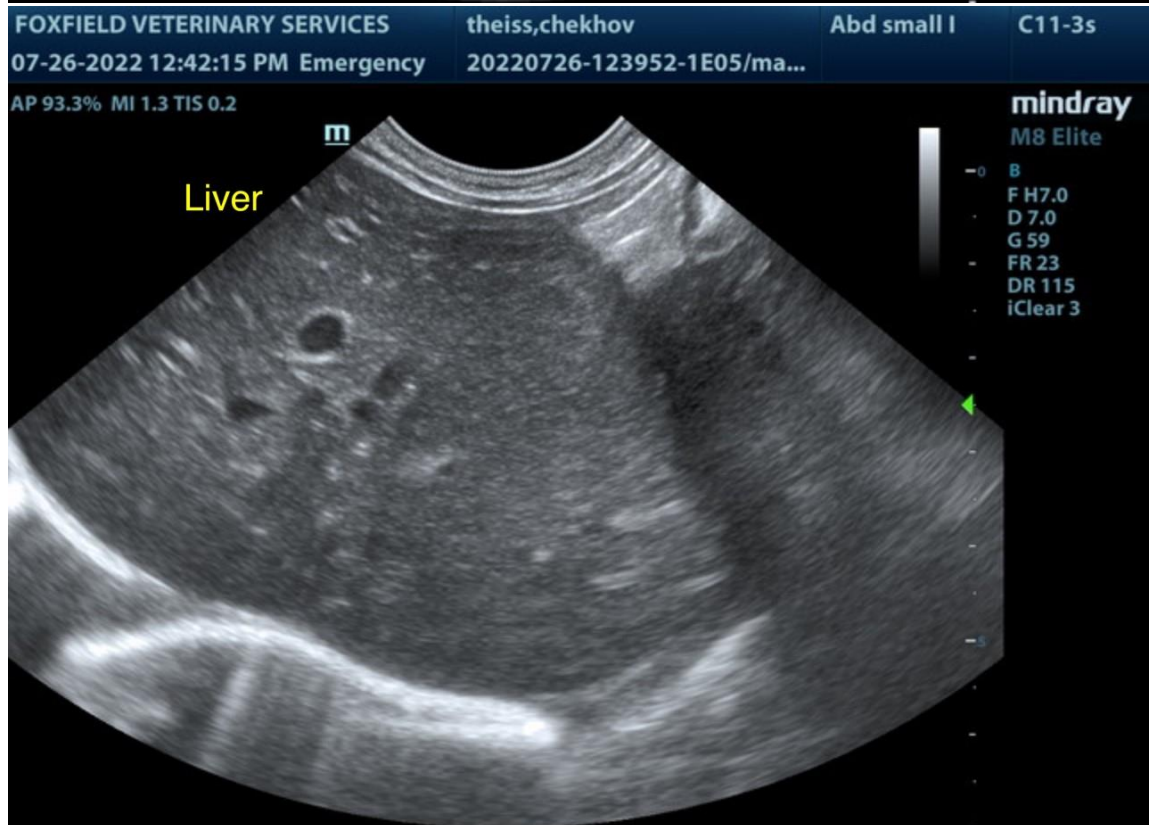
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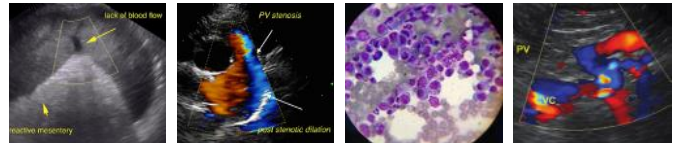
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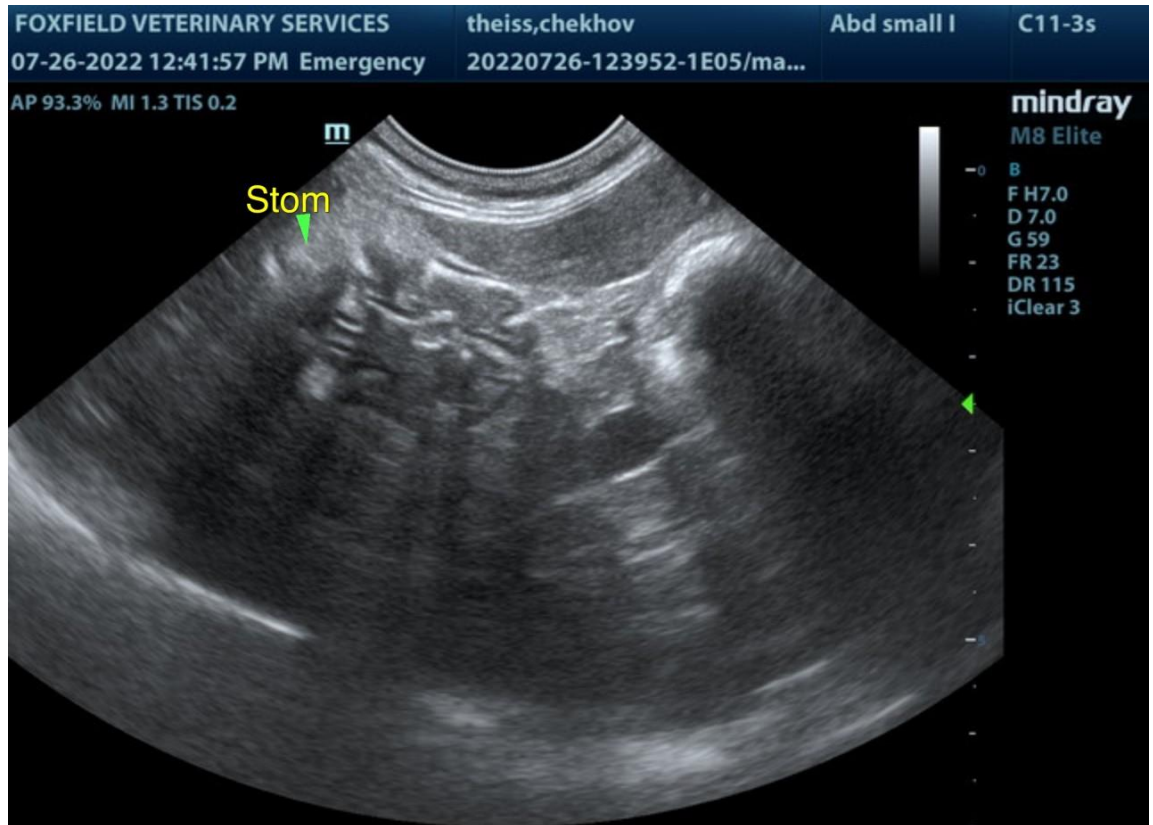
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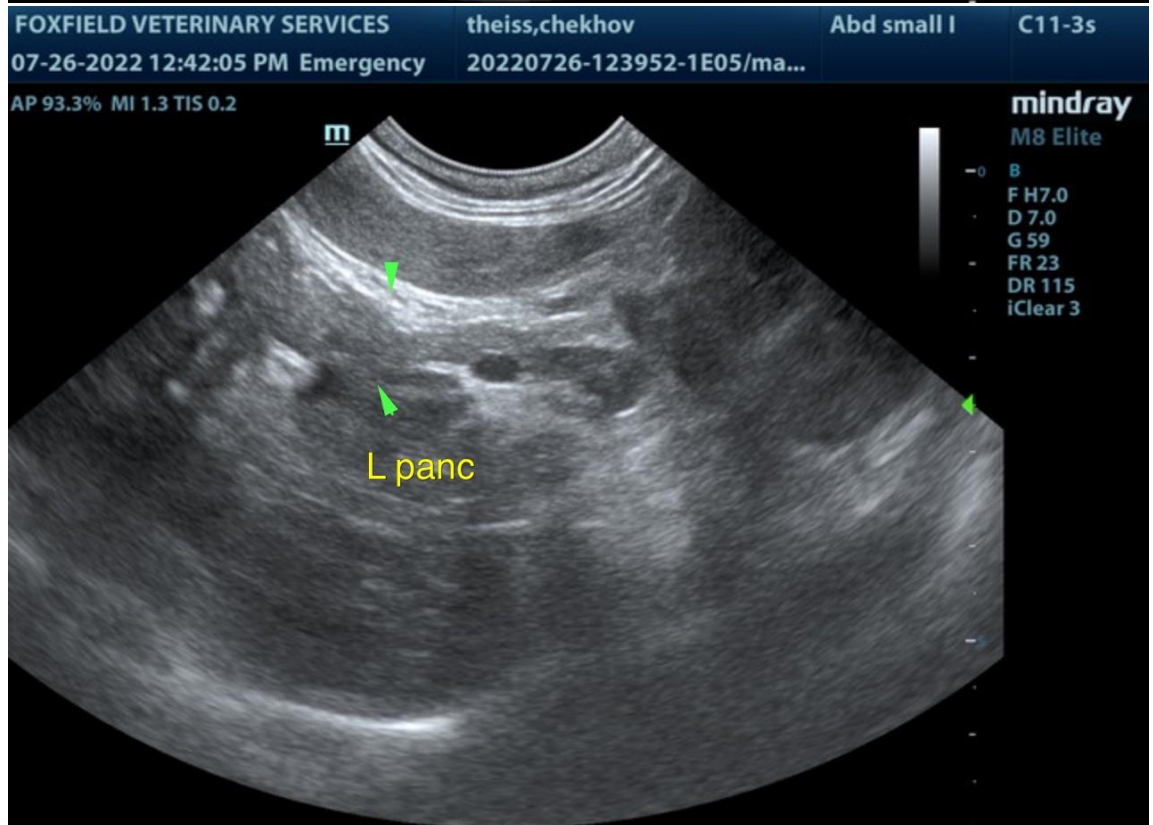
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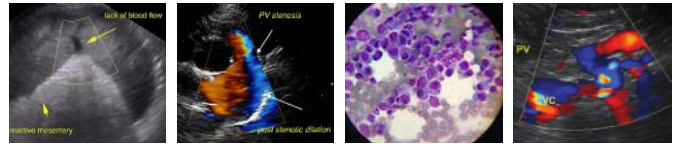
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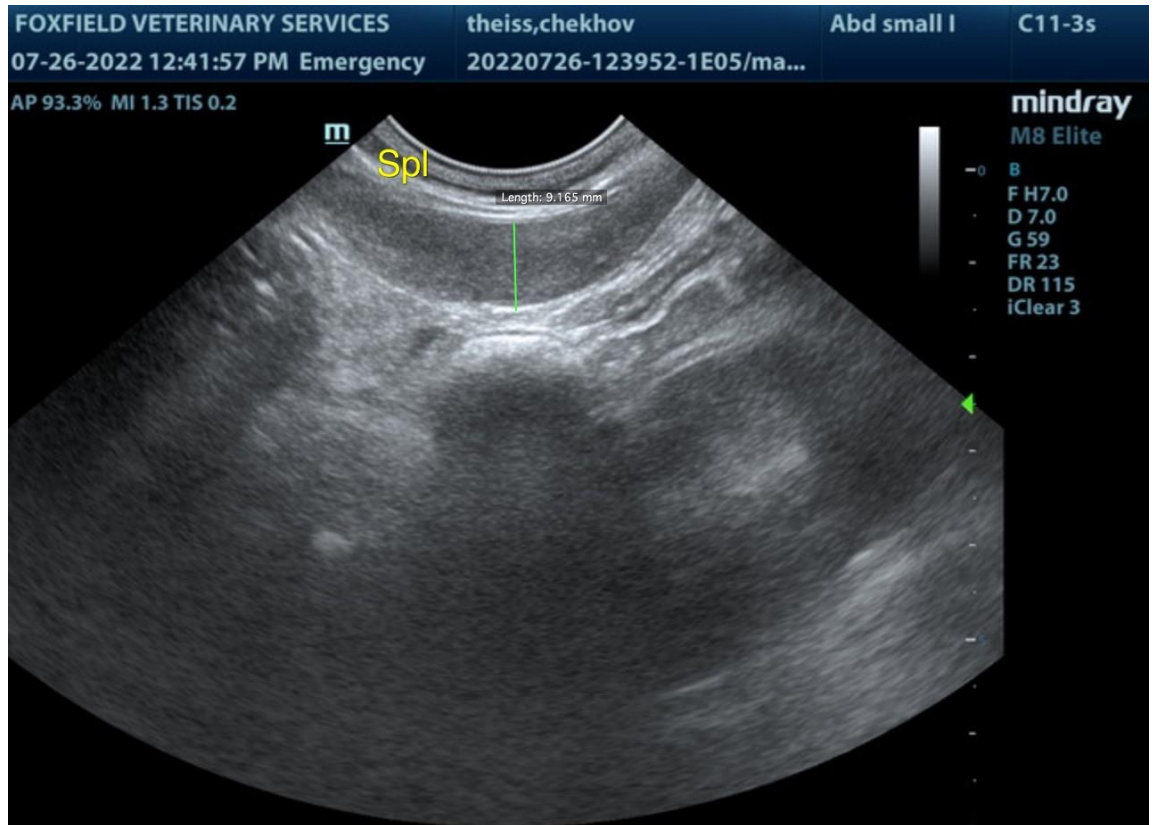
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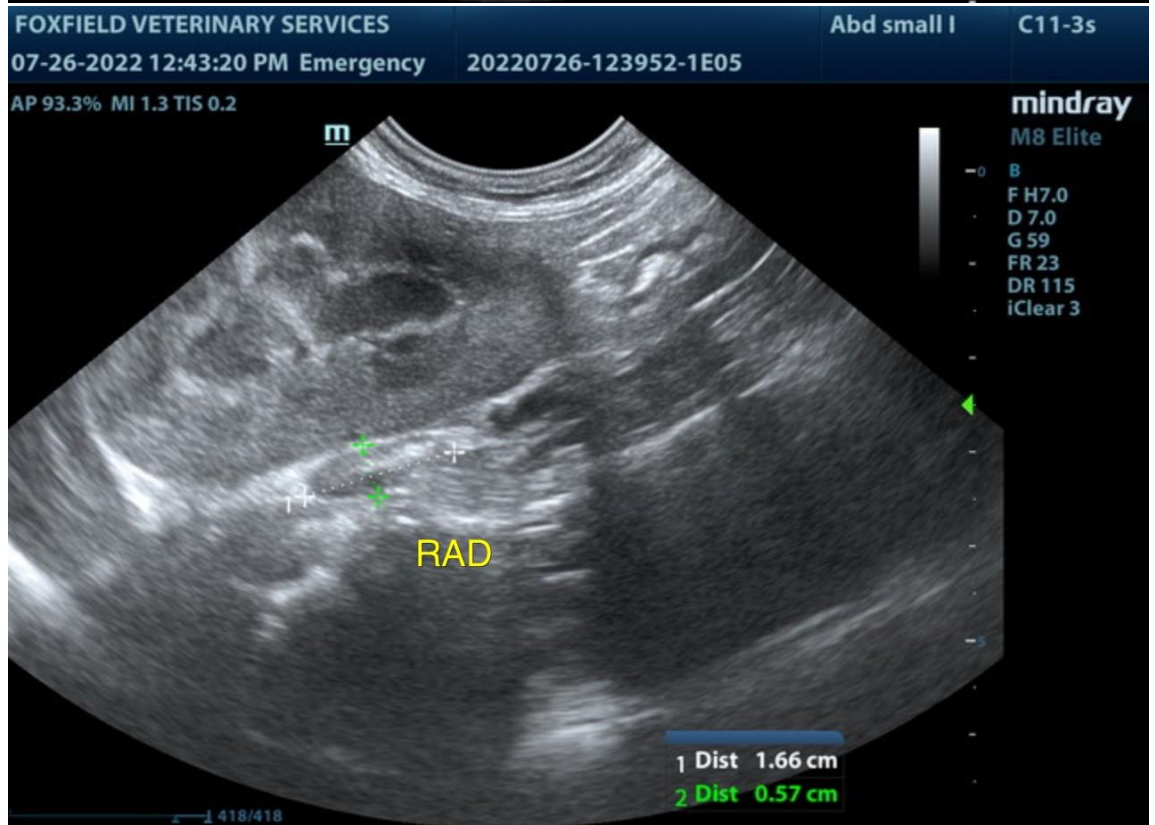
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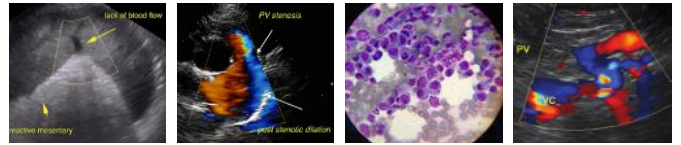
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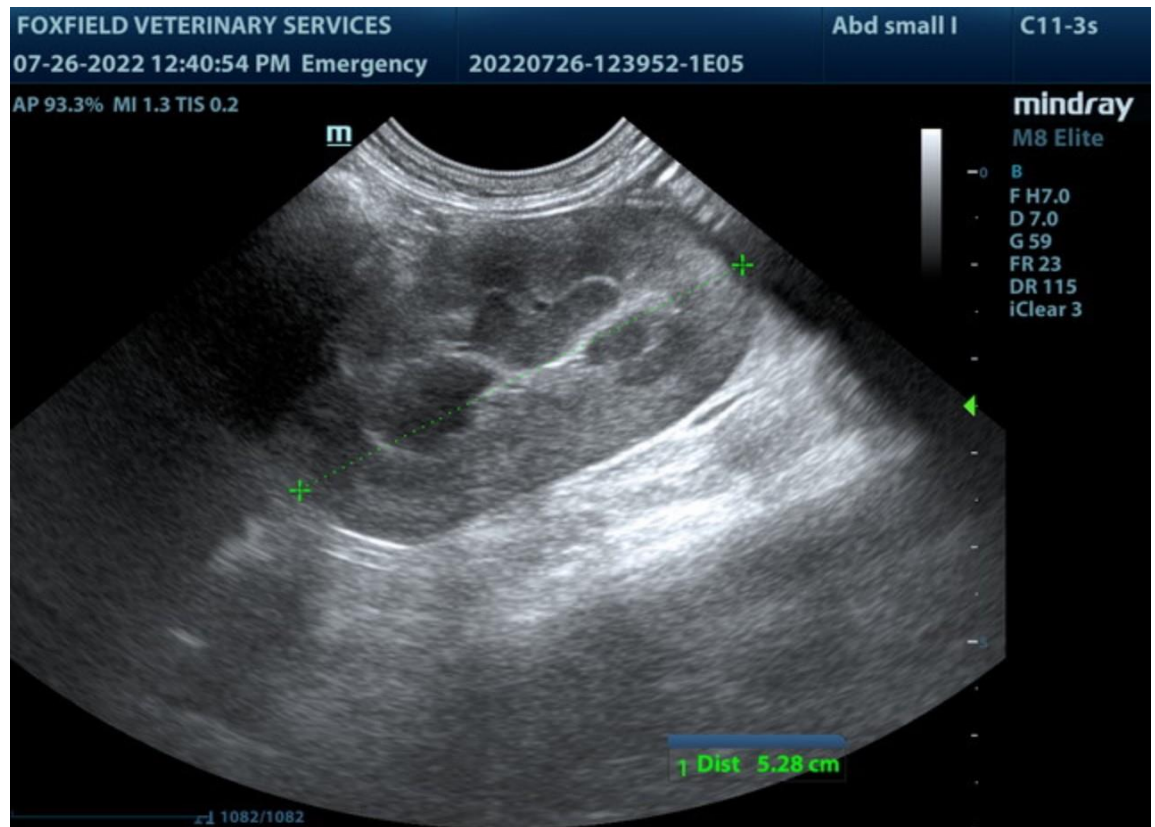
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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