



**PATIENT**

Boudica Fiocco

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

8 years

**WEIGHT**

9.3 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Reid Veterinary  
Hospital

**REFERRING VET**

Dr. Gonzales

**INVOICE**

14780

**DATE**

8/2/23

**PRESENTING CLINICAL SIGNS**

P recently had a growth removed and was submitted to OSU for biopsy Primary Question/Differential to Be Answered in This Exam R/O Internal Metastasis

Abnormal PE/Chem/CBC/UA Results: platelets slightly low: 128 Biopsy showed mast cell

**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. Primarily anechoic urine was present in the lumen. Mild non-dependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Lateral cortical infarcts were noted in both kidneys. The left kidney measured 4.1 cm in length. The right kidney measured 4.6 cm in length.

**Adrenal Glands**

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width and the right adrenal gland measured 0.42 cm width.

**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. The spleen measured 0.65 cm width at the level of the mid-spleen.

**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 normal in size. The gallbladder was divided into two compartments both containing anechoic content and normal wall appearance. 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 was empty with no signs of ileus, obstruction, or foreign material.

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.

Normal visible colon wall layers were present with apparent 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**

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

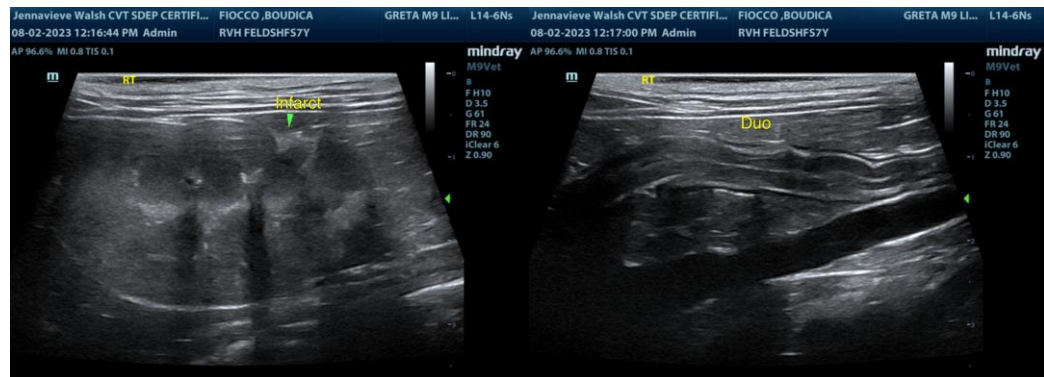
**ULTRASONOGRAPHIC FINDINGS**

- Minor urinary bladder sediment
- Normal spleen
- Mild chronic renal changes with cortical infarcts
- Bilobed gallbladder - normal variant in a cat

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no evidence of intrabdominal primary or metastatic neoplastic criteria.

Full urinalysis +/- screening C/S if evidence of inflammatory cells or baseline UPC level if evidence of proteinuria is suggested.





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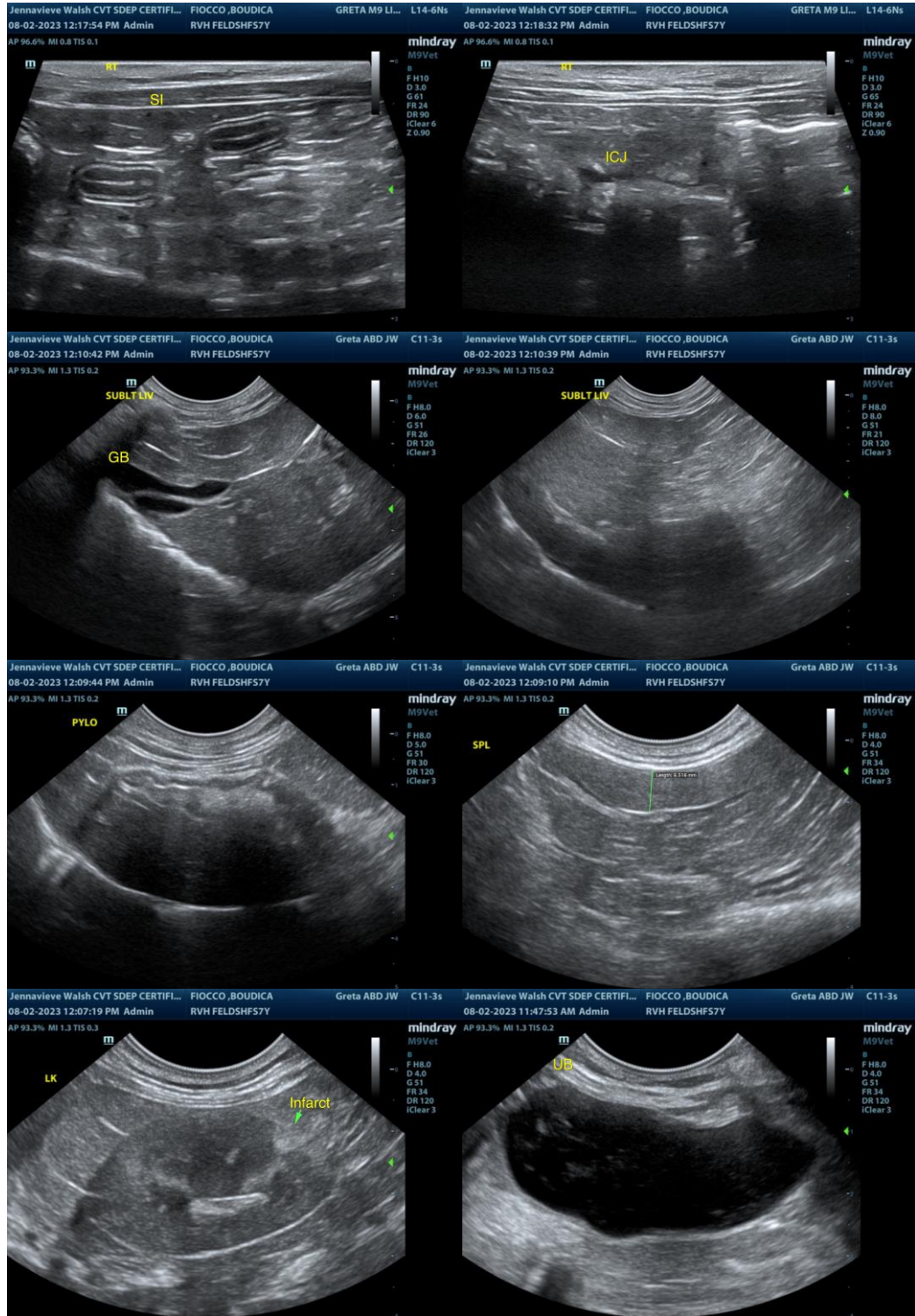
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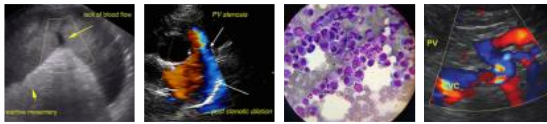
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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