



## PATIENT

Ian Buchanan

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Neutered male

## AGE

7 years

## WEIGHT

lbs

## INTERPRETED BY

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

## IMAGING PERFORMED BY

Dr. Mariusz  
Chmielinski

## HOSPITAL NAME

Apex Veterinary  
Services

## REFERRING VET

Alpine 24/7 ER Doctor

## INVOICE

72283

## DATE

3/6/26

## PRESENTING CLINICAL SIGNS

- Inappetence for 3 days with decreased water intake. One episode of vomiting (hairball) earlier in the week. History of chronic constipation and previous urinary obstruction. Last bowel movement Tuesday (reported normal).
- Relevant History:
- Previously evaluated March 1 for straining to urinate and defecate; spontaneous urination and defecation occurred during hospitalization. Diet consists of mixed urinary prescription and over-the-counter urinary diet.
- HR: 188/bpm Respiratory Rate: 24 Mucous Membranes: pink CRT: <2 BP: General Appearance/Attitude: BAR Hydration: dehydrated about 5-7% CBC: Mild lymphopenia (0.89) and eosinopenia (0.15); WBC indices otherwise low-normal Chemistry: Mild hypokalemia (K 3.4), mild hypophosphatemia (0.87) Urinalysis (previous visit): USG 1.018, otherwise WNL Prior bloodwork and radiographs (recent): Reported unremarkable

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with mildly decreased corticomedullary definition and hyperechoic cortices with normal cortex to medulla ratio and no significant pyelectasia or pelvic dilation. The capsules are uniform without significant irregularities noted. The left kidney measured 3.87 cm and the right kidney measured 4.03 cm.

### Adrenal Glands

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.32 cm and the right adrenal gland measured 0.36 cm.

### Spleen

The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measured 0.6 cm at the hilus.



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## Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls with contains anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

## Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileoceocolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. There are mildly prominent jejunal and ileoceocolic lymph nodes with normal length to width ratio and isoechoic parenchyma. There is a mild degree of hyperechoic mesentery in the region of the ileoceocolic junction. There is no significant free peritoneal effusion noted.

## Pancreas

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

## ULTRASONOGRAPHIC FINDINGS

- The slightly prominent jejunal and ileoceocolic lymph nodes display no loss of parenchymal detail or change in echogenicity. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.
- The kidneys are relatively normal in size and structure, and cortex:medulla ratio (cortex 1/3 of medulla) is essentially maintained. There is age-related loss of the normal smooth capsular contour and C/M junction definition. The cortices are largely uniform in texture with mild hyperechogenicity expected for this patient's age. There is no evidence of pelvic dilation present.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A gastrointestinal panel (TLI, PLI, B12, folate) via Texas A&M gastrointestinal laboratory is indicated to further evaluate for potential chronic enteropathy. Ultimately, gastrointestinal biopsies may be required for a definitive diagnosis.

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection.



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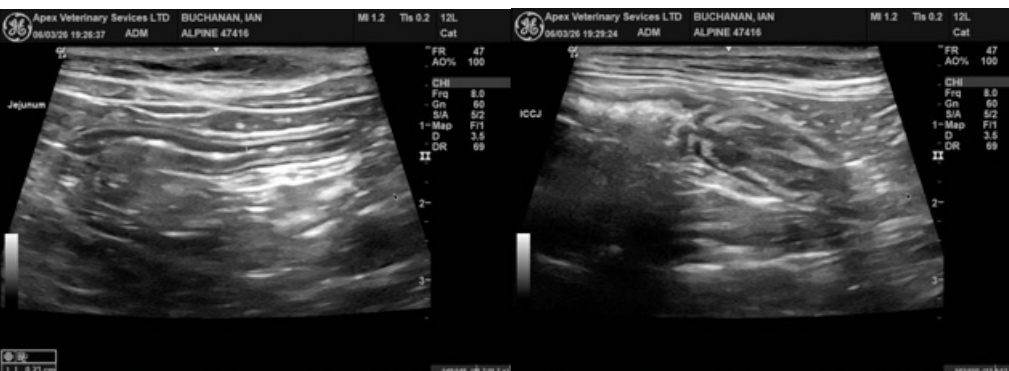
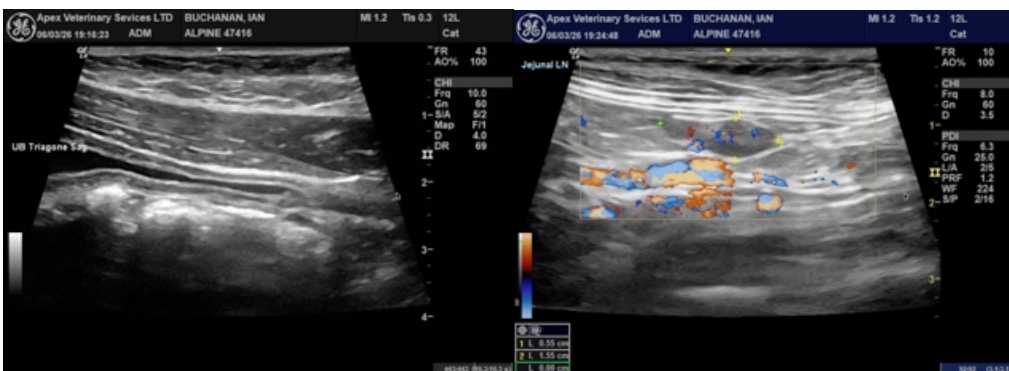
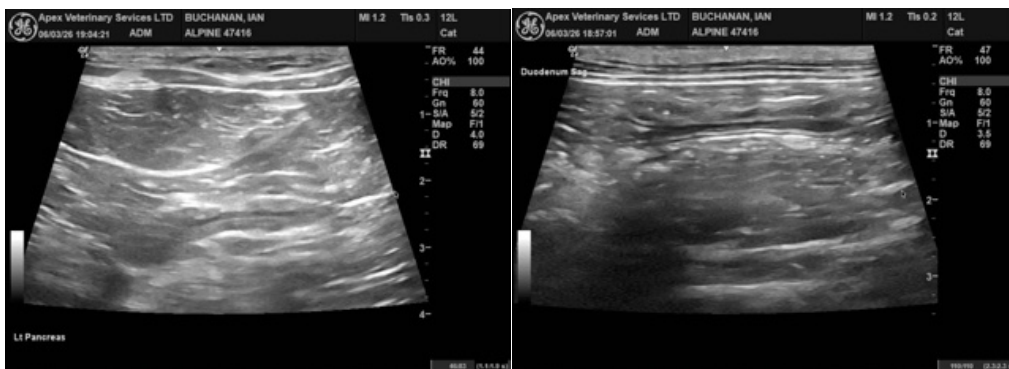
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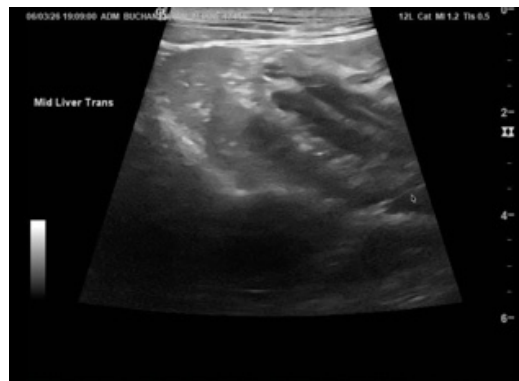
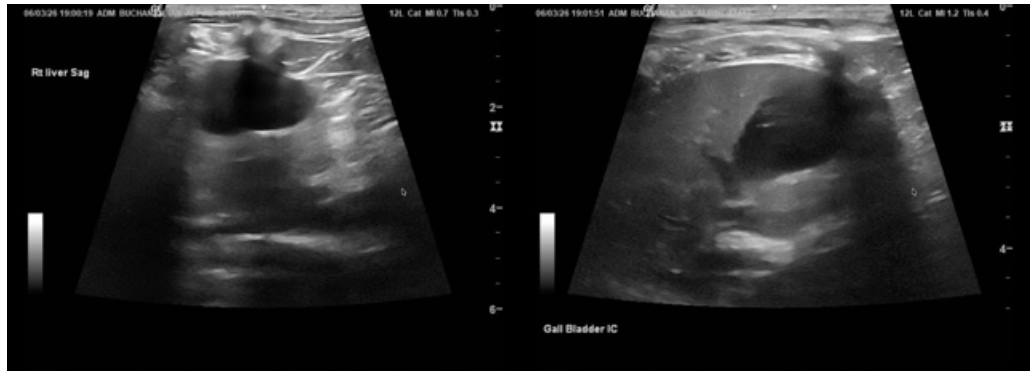
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

[info@SonoPath.com](mailto:info@SonoPath.com)