



PATIENT

Amos Weller

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

14 Years

WEIGHT

7.4 lbs

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

Justin Eckenrode, DVM

HOSPITAL NAME

Carlisle Small Animal
Veterinary Clinic

REFERRING VET

Justin Eckenrode, DVM

INVOICE

72160

DATE

1/13/26

PRESENTING CLINICAL SIGNS

Major Medical Conditions : Decrease appetite, weight loss Patient History : Owner reports a progressive decrease in appetite that began approximately 2-3 weeks. Initially, he started leaving food on his plate, which is unusual for him. He is now refusing both canned and dry food. He approaches the food as if interested, sniffs it, and then walks away. Addition of Mirtaz only mildly improved appetite. Lost approximately 3 lbs since August. Primary concern or rule out: Underlying neoplasia (lymphoma). New hypercalcemia, slightly toxic neutrophils and reactive lymphocytosis.

Abnormal PE/Chem/CBC/UA Results: RBC 7.25; HCT 27.8% WBC 23.5 Neut 12.69 - slightly toxic Lym 7.7 - reactive Mono 2.1 Plt adequate - clumping Glu 118 SDMA 10; Creat 1.2; BUN 22 Ca 12.0 K 3.5 Alb 2.9; Glob 5.1 ALT 20; ALKP 15; Tbil 0.1 proBNP 146 T4 1.6; fT4 0.7 FeLV/FIV/HW - neg x3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. Left measures 4.08 cm. Right measures 4.2 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. Left measures 0.65 cm x 0.37 cm. Right measures 1.07 cm x 0.68 cm.

Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

Gastrointestinal

The **stomach** itself was unremarkable. Evaluation of the intestinal tract revealed increased muscularis thickening throughout the jejunum and ileum. The average width of jejunal wall was 0.31 cm. The ileal wall also had an increased width, with an average width of 0.39 cm. There were no discrete masses or regions with loss of normal wall layering. There was no free abdominal effusion present, and no dramatically enlarged mesenteric lymph nodes in the images provided.



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Pancreas

The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour was acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

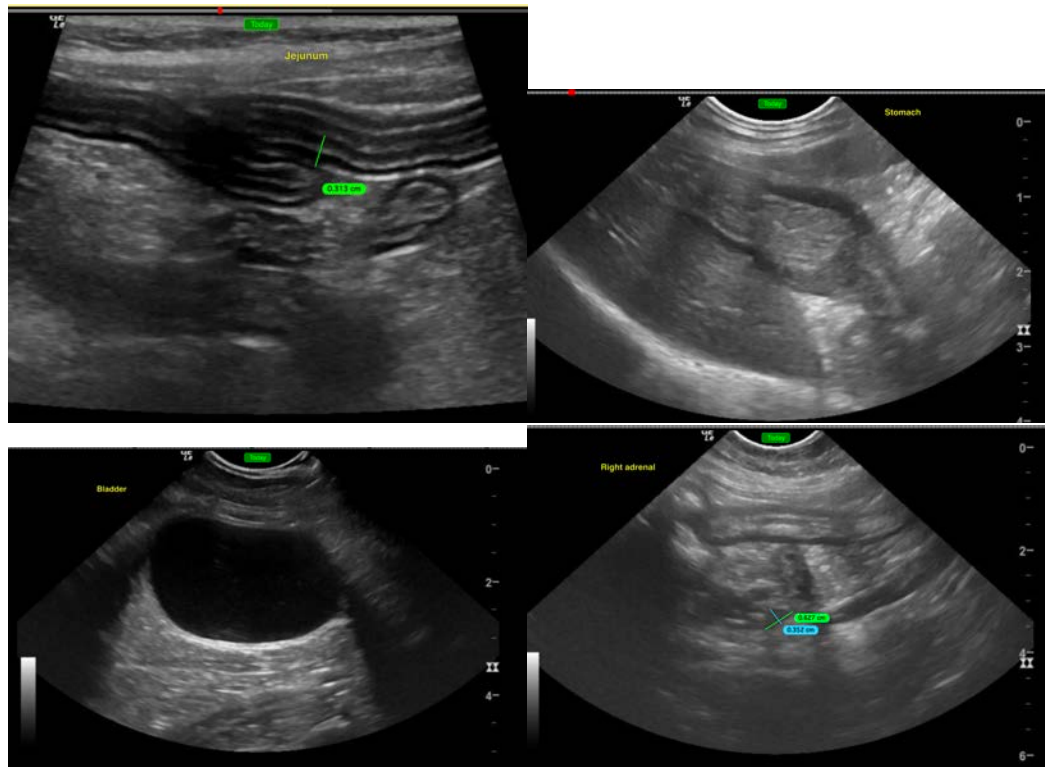
- This patient was found to have increased width of the muscularis layer, with no evidence of discrete masses or loss of normal wall layering – Primary differentials would include underlying inflammatory bowel disease or GI lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thickness intestinal biopsies would be required to obtain a definitive diagnosis.

If enlarged mesenteric lymph nodes can be identified, then a fine needle aspirate for cytology and possible PARR testing would be an additional option.

If sampling for a biopsy is declined in this patient, then empirical therapy can be initiated by feeding a hypoallergenic diet, giving daily probiotics, and considering Vitamin B12 supplementation. The addition of Prednisolone would also be recommended, with careful monitoring of this patient's appetite and weight to determine if there is a positive response to therapy.





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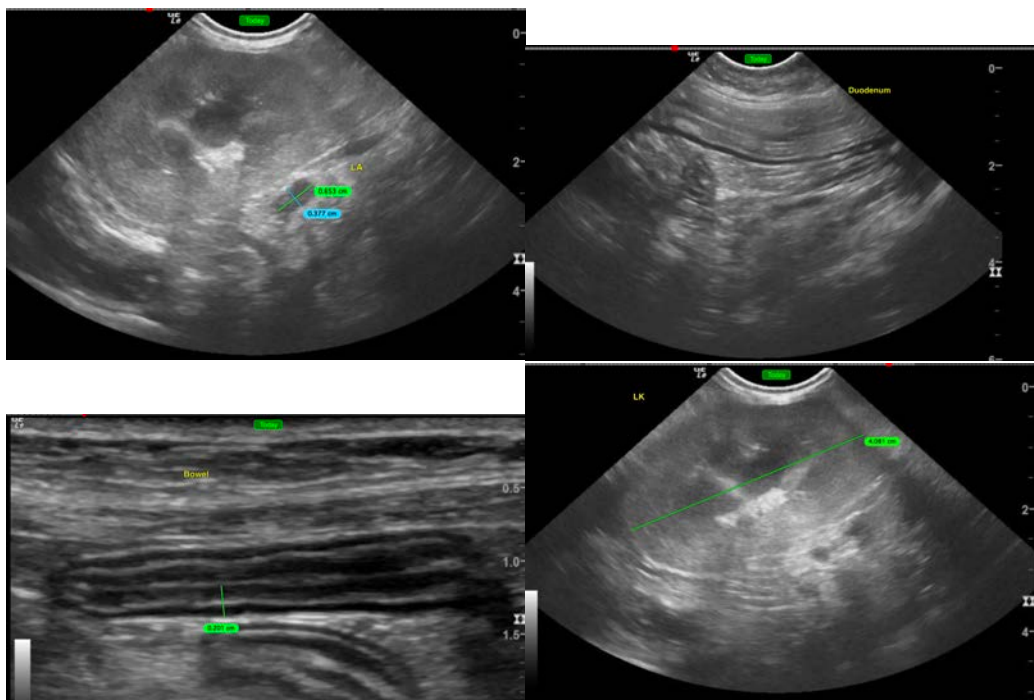
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com