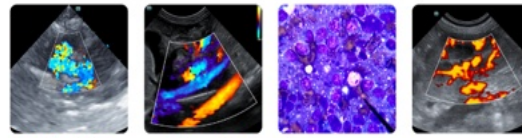


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Luka Henthorn	Chronic, slow weight loss over past year, overgrooming ABNORMAL Labwork Values none Current Medications Vit B12 inj monthly
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Feline	<b>Urinary System</b>
<b>BREED</b>	The <b>urinary bladder</b> , trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. The urine was found to contain a significant number of hyperechoic suspended cells, but no evidence of discrete masses or uroliths. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.
Domestic Shorthair	The <b>kidneys</b> 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. The left kidney was <u>4.0 cm</u> and the right kidney was <u>4.04 cm</u> in length.
<b>SEX</b>	<b>Adrenal Glands</b>
Neutered male	The left <b>adrenal gland</b> was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The left adrenal gland was <u>0.35 cm by 0.56 cm</u> . The right adrenal gland was not identified in the images provided.
<b>AGE</b>	<b>Spleen</b>
12 years	The <b>spleen</b> 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. There was a single, hyperechoic, small nodule in the main body of the spleen measuring 0.32 x 0.23 cm in size.
<b>WEIGHT</b>	<b>Liver</b>
9.12 lbs	The <b>liver</b> 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.
<b>INTERPRETED BY</b>	<b>Gastrointestinal</b>
Kim Radway, DVM, DABVP (Canine/ Feline)	The <b>gastrointestinal tract</b> revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the
<b>IMAGING PERFORMED BY</b>	
Sara Hansen	
<b>HOSPITAL NAME</b>	
VCA Westmoreland AH	
<b>REFERRING VET</b>	
Dr. Bugarovich	
<b>INVOICE</b>	
78073	
<b>DATE</b>	
5/28/26	



**PATIENT**  
 Luka Henthorn

**SPECIES**  
 Feline

**BREED**  
 Domestic Shorthair

**SEX**  
 Neutered male

**AGE**  
 12 years

**WEIGHT**  
 9.12 lbs

**INTERPRETED BY**  
 Kim Radway, DVM,  
 DABVP (Canine/  
 Feline)

**IMAGING PERFORMED BY**  
 Sara Hansen

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 VCA Westmoreland  
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lumen of the stomach. There was no evidence of thickening of the muscularis layer throughout the duodenum, jejunum or ileum. The average wall width of the jejunum was 0.23 cm. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted and the abdomen was free of gastrointestinal masses and pathological fluid.

**Pancreas**

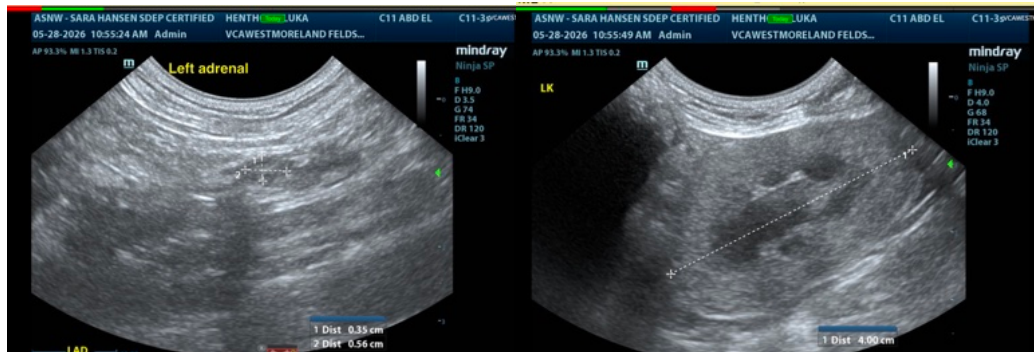
The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour were acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

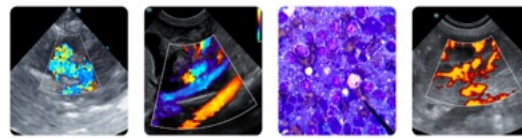
**ULTRASONOGRAPHIC FINDINGS**

Significant number of hyperechoic cells suspended within the urine.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This patient was found have no evidence of discrete masses, enlarged lymph nodes or changes in the gastrointestinal tract appearance. The muscularis layer remained normal in thickness throughout the intestinal tract, which makes underlying differentials such as inflammatory bowel disease or GI lymphoma less likely. There was significant number of cells within the urine and it is therefore recommended to obtain a cystocentesis urine sample to submit for urinalysis and urine culture. Based upon these results any evidence of underlying urinary tract infection should be treated based upon the culture and sensitivity results. For the chronic weight loss, it is recommended to consider changing to a hypoallergenic diet and beginning daily probiotics to determine if there is stabilization of this patients body weight with halting of the current weight loss pattern. If this patient continues to lose weight despite the diet change and treatment of any underlying urinary tract infection then a recheck abdominal ultrasound could be considered to screen for increased thickness of the muscularis layer which may signal for a chronic enteropathy in this patient.





**PATIENT**

Luka Henthorn

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

9.12 lbs

**INTERPRETED BY**

Kim Radway, DVM,  
 DABVP (Canine/  
 Feline)

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

VCA Westmoreland  
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**REFERRING VET**

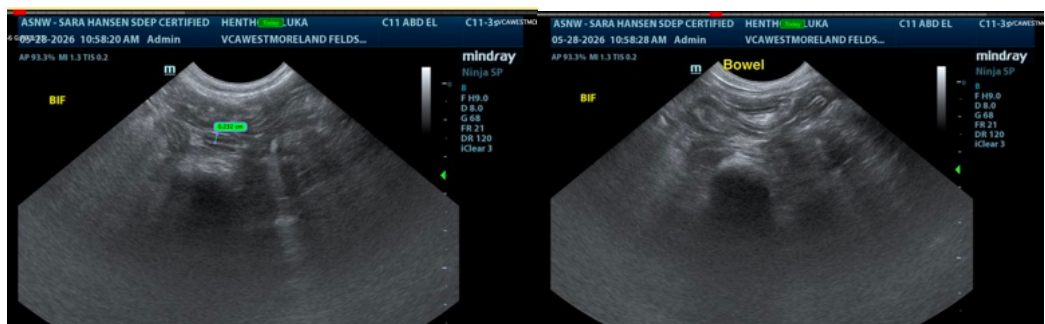
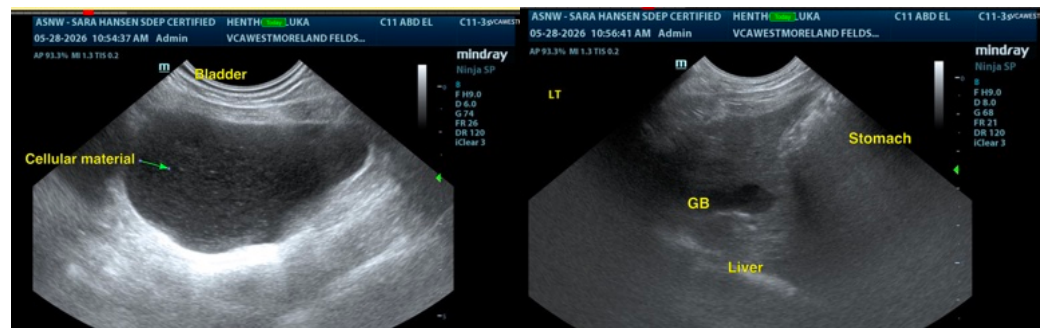
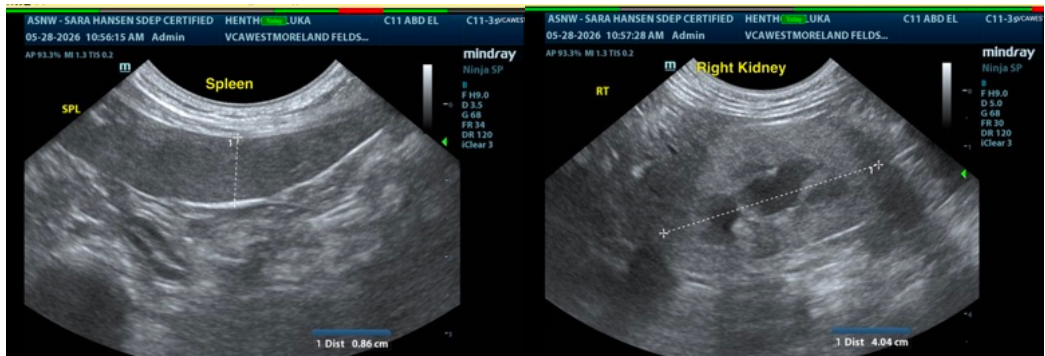
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5/28/26



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](mailto:info@SonoPath.com)