



PATIENT PRESENTING CLINICAL SIGNS

Gibson Wilford

Presented initially for lethargy, reduced appetite and progressive weight loss Non-responsive to fluid therapy, anti-emetics, appetite stimulants or antibiotics. Appears uncomfortable when attempting to defecate/urinate. Has vomited foamy saliva/bile intermittently. Radiographs do not reveal obvious constipation or urinary obstruction/uroliths. No obvious masses noted. Bloodwork relatively unremarkable except for a severe neutropenia with a left shift. Current Medications Convenia 0.54 mL SQ 01/03/2026, Mirtazapine 3.75mg PO yesterday,

SPECIES

Feline

BREED

DLH

Abnormal PE/Chem/CBC/UA Results: See attached Primary Question to Be Answered in This Exam Wanting to r/o possible inflammatory disease (i.e. IBD) or possible neoplasia (intestinal lymphoma?) that could explain Gibson's clinical signs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

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Urinary System

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 mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

AGE

15yr

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.5 cm in length. The right kidney measured 4.2 cm in length.

WEIGHT

5.08kg

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Adrenal Glands

The left and right adrenal glands were not definitively visualized owing to increase peri adrenal omental artefact. No obvious pathology was present in the area of the bilateral adrenal glands.

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Amanda Stewart

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 0.97 cm in width at the level of the mid spleen.

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Liver/Gallbladder

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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin

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PATIENT

Gibson Wilford

walls and primarily anechoic luminal content. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

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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.

BREED

DLH

The small intestine presented intact wall layering with overall maintained muscularis/mucosa ratio. Segmental borderline thickened intestinal segments present most noted in the jejunum with minor segmental intestinal corrugation. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.23 cm width. The jejunum wall measured up to 0.26 cm width.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

AGE

15yr

The pancreas was prominent in size with capsule asymmetry and non-homogenous remodeled hypoechoic parenchyma with intermittent thinly walled pancreatic cysts containing subjective anechoic fluid.

Free Abdomen

WEIGHT

5.08kg

No evidence of overt lymphadenopathy or peritoneal effusion was present.

Generalized omental hyperechogenicity present.

ULTRASONOGRAPHIC FINDINGS

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(Canine and Feline)

Primary

- Mild urinary bladder sediment
- Bilateral chronic renal changes.
- Prominent non-homogenous hypoechoic cystic pancreas
- Normal empty stomach
- Subjective non-specific enteropathy exhibiting overall intact borderline mild segmental intestine wall width
- Omental hyperechogenicity without definitive or significant concurrent omental lymphadenopathy or peritoneal effusion

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Chronic to chronic active pancreatitis with pancreatic cysts with potential acute or subacute enteropathy with considerations including non-specific enteritis, IBD, infectious disease, or occult intestinal neoplasia without evidence of loss of intestinal wall layering, reactive or inflammatory omental changes likewise without evidence of current significant or swollen mental lymphadenopathy or peritoneal effusion possible.

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No evidence of definitive intra-abdominal, i.e. gastroenterocolic, pancreatic, or omental masses as

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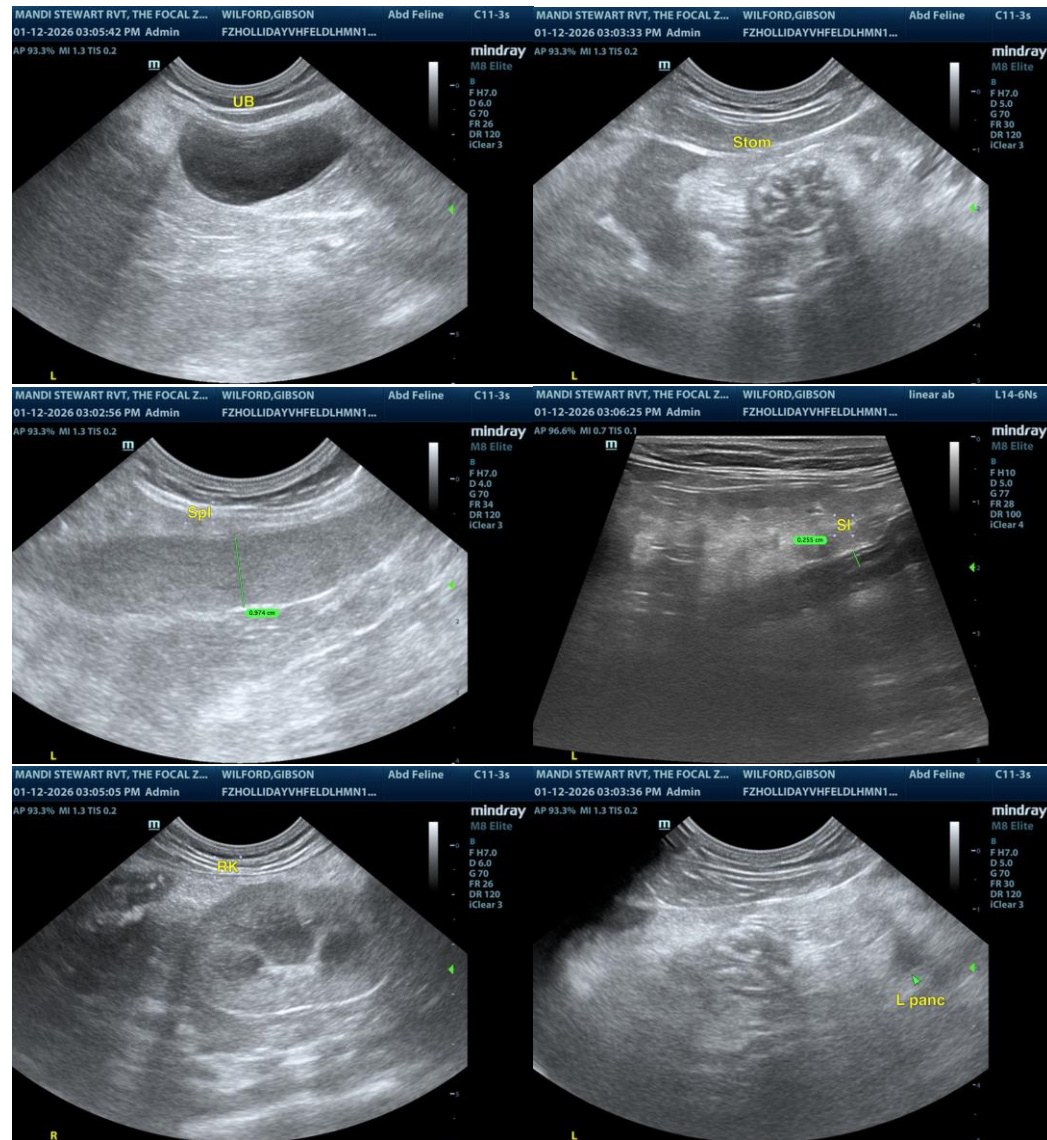
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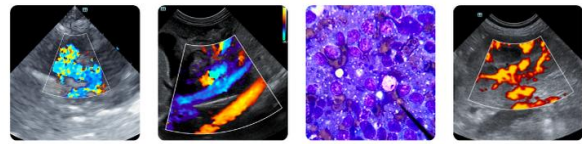
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definitive neoplastic criteria. A spec fPL or a GI panel with continued supportive care with clinical and as needed sonographic monitoring is recommended at this stage. No indication for immediate surgical intervention, although biopsies or sampling is likely required for further clarification and definitive diagnosis.





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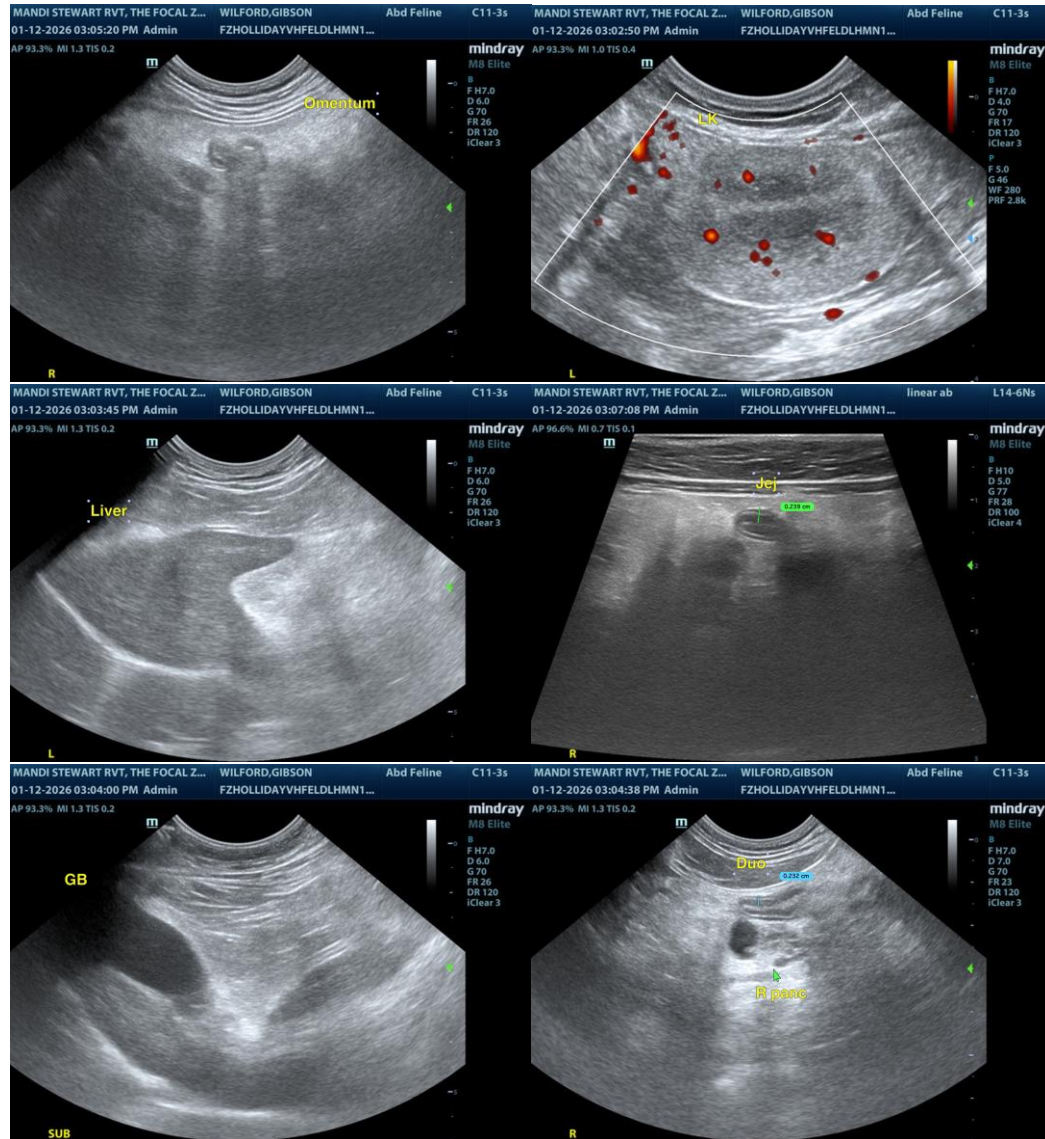
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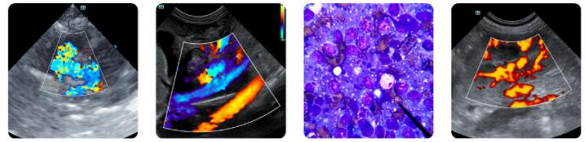
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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