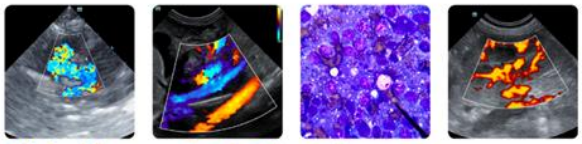


PATIENT
Owl Chao

SPECIES
Feline

BREED
DLH

SEX
MN

AGE
15yr

WEIGHT
9.8lb

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

IMAGING PERFORMED BY
Emma Flott

HOSPITAL NAME
Portland Veterinary Wellness Center

REFERRING VET
Mary Ann Onuta

INVOICE
23551

DATE
01/13/2026

PRESENTING CLINICAL SIGNS

Weight loss over last month. Patient initially presented mid December 2025 with lameness, routine labwork showed elevated GGT at that time. Appetite normal, no vomiting/diarrhea

Abnormal PE/Chem/CBC/UA Results: Chemistry - GGT 14

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The kidneys exhibited adequate size with mild subnormal right kidney size compared to the left. Variably non-homogenous to hyperechoic left and right renal cortex exhibiting asymmetrical renal margination and cortical infarcts. No evidence of pelvic dilation. Bilateral areas of pinpoint medullary mineral were present. The left kidney measured 3.5 cm in length. The right kidney measured 3.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 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.

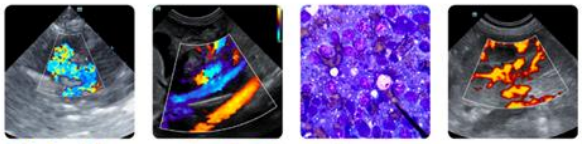
Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly increased in echogenicity compared to those spleen with subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and mild non-organized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained gastric fluid with no signs of obstruction or foreign material.



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The small intestine presented intact wall layering with propensity for mild prominent muscularis layer and borderline to mild thickened intestinal wall width. The small intestine wall measured 0.29 cm in width. The ileocolic wall measured 0.32 cm in width.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal stomach with minor retained gastric fluid
- Subjective chronic enteropathy
- Normal area of pancreas
- Bilateral chronic renal changes exhibiting cortical infarcts
- Mild gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The probable chronic enteropathy is suggestive of chronic inflammatory disease, i.e. IBD or other. Given the lack of mesenteric lymphadenopathy, occult to emerging intestinal round cell neoplasia is thought less likely yet, not definitively excluded. Given the presence of gallbladder debris and with chronic pancreatitis at times presenting sonographically normal, triaditis is also a consideration.

Further assessment may include recheck lab work, UA and a GI panel to include PLI/TLI/Cobalamin/Folate. Consideration for screening hepatic FNA cytology using a 25ga needle and assuming normal clotting status if evidence of hepatic inflammation is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. If clinically indicated, neurological and musculoskeletal examination to assess for additional occult disease as a contributing factor is recommended.

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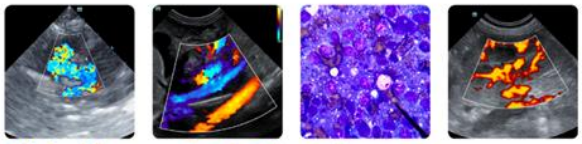

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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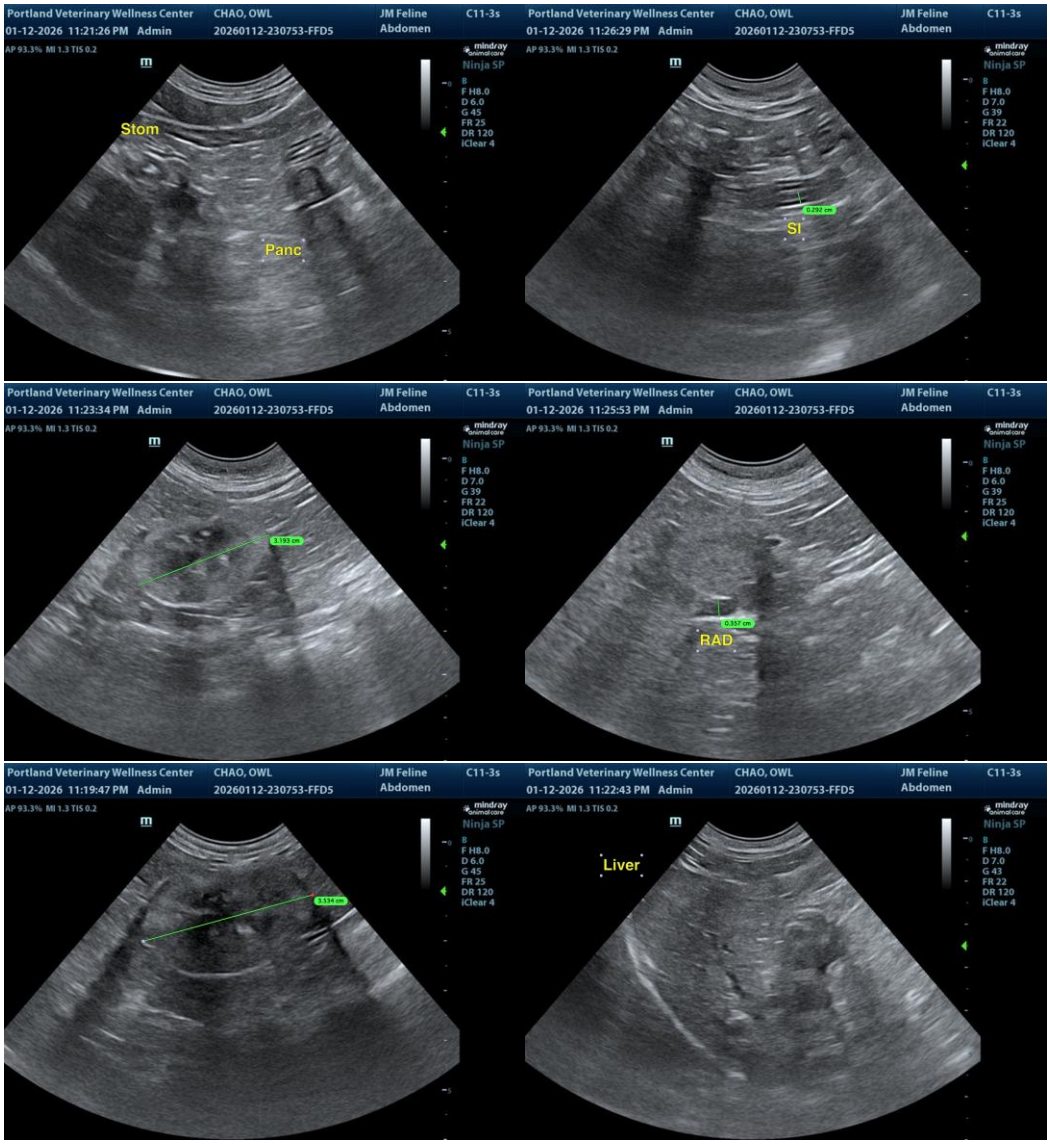

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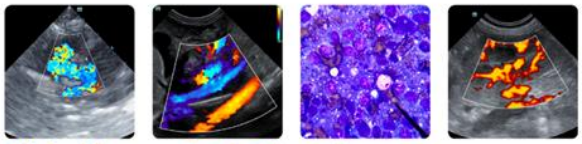

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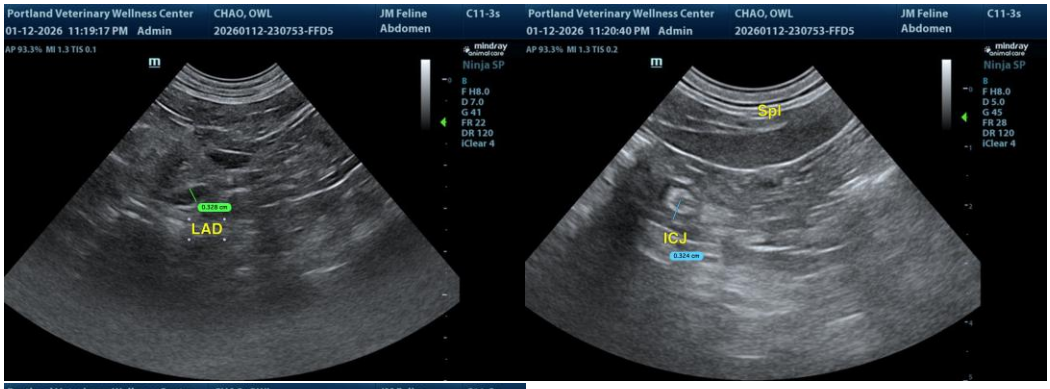

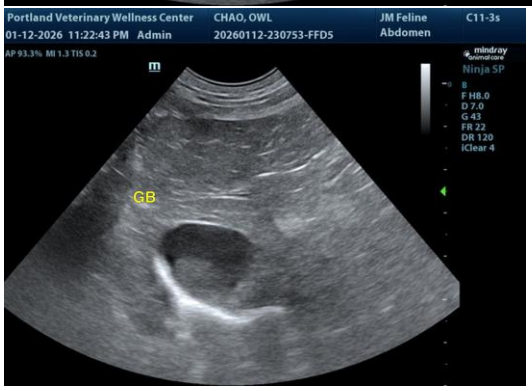

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com