

PATIENT

Jack Journey's End

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

6.01 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Kuzimski

INVOICE

13215

DATE

01/17/26

PRESENTING CLINICAL SIGNS

Patient has been having a history of weight loss, not eating for approximately 1 week. he has been breathing hard. seen twice since at rDVM/s (treated supportively with no response)

Abnormal PE/Chem/CBC/UA Results: Abdomen: Tense on palpation. gritty material appreciated within a loop of intestine CBC. leukocytosis, neutrophilia, lymphopenia, monocytosis, anemia (non-regenerative vs. pre-regenerative) Chemistry. glucose 334, calcium 7, BUN 58.1 EPOC. hCT 24%, glucose 314, BUN 51, iCa 1.12, chloride 109, sodium 140, BE -6.8 Other: T4. 2.5 (WNL) FIV/FelV/HWT. negative x3 FpLi. abnormal ProBNP. abnormal Radiograph report Attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. nondependent particulate mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen presented subjective mildly subnormal in size (possibly suggestive of volume contraction) and 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 0.59 cm width level of the mid spleen.

Liver & Gallbladder

The liver was subjectively mildly enlarged in size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The proximal common bile duct was dilated and mild tortuous without overt post hepatic obstruction.

Gastrointestinal

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.



PATIENT

Jack Journey's End

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

6.01 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Kuzimski

INVOICE

13215

DATE

01/17/26

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.26 cm width. The jejunum wall measured 0.22 cm width. The ileocolic wall measured 0.43 cm width.

Normal visible colon wall layers were present with formed fecal matter in lumen.

Pancreas

The pancreas presented normal in size with mild capsule asymmetry and nonhomogenous remodeled mildly echogenic parenchyma compared to adjacent nonreactive omentum. Mildly prominent left limb pancreatic duct.

Free Abdomen

No visualized significant omental lymphadenopathy or current peritoneal effusion was present with normal omental echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mild hepatomegaly exhibiting homogenous parenchyma.
- Mild nonobstructive proximal common bile duct dilation.
- Sonographically normal empty gastrointestinal tract with formed fecal matter in colon.
- Possible mild chronic pancreatitis.
- Subjective mild volume contracted spleen.
- Age-related renal changes.
- Mild urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. Emerging hepatopathy is not excluded given short half-life of hepatic enzymes in cats.

Further assessment may include (assuming normal clotting status and using 25-gauge needle) hepatic FNA cytology. A GI panel to include PLI, TLI, cobalamin and folate may be considered to correlate with pancreas and assess for non-structural intestinal disease given the weight loss. No evidence of a gastrointestinal obstructive pattern or foreign material. Extra abdominal/thoracic pathology may be of primary concern in this patient.



PATIENT

Jack Journey's End

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

6.01 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

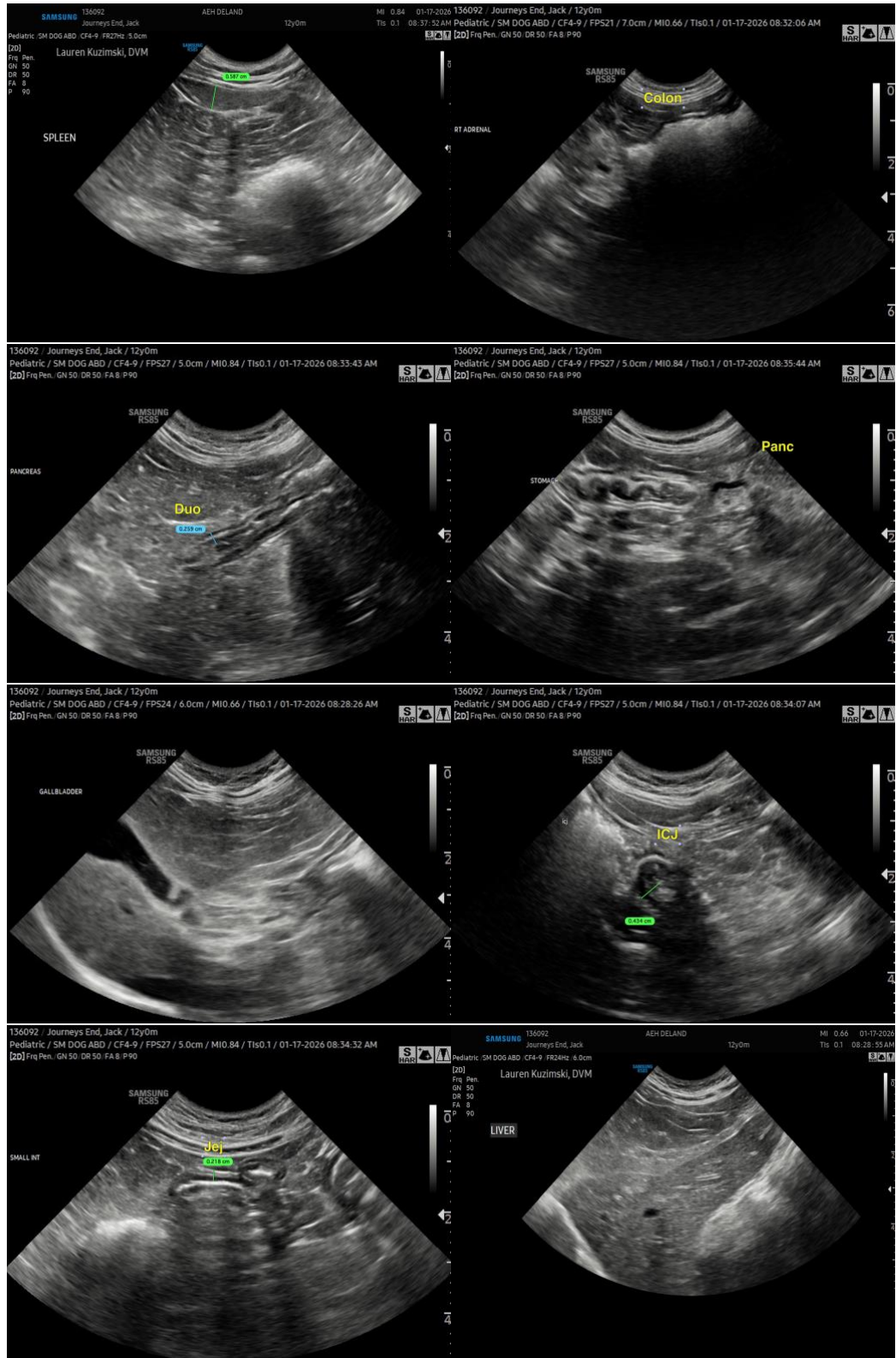
Dr. Kuzimski

INVOICE

13215

DATE

01/17/26





PATIENT

Jack Journey's End

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

6.01 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

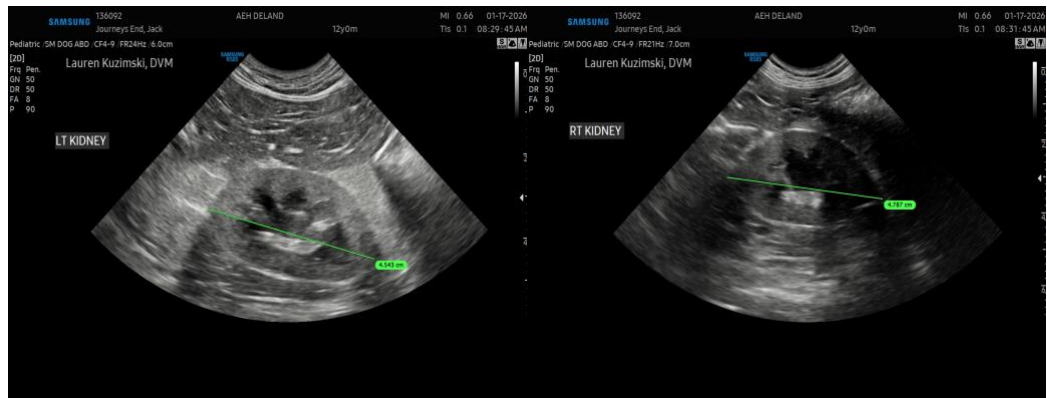
Dr. Kuzimski

INVOICE

13215

DATE

01/17/26



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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com