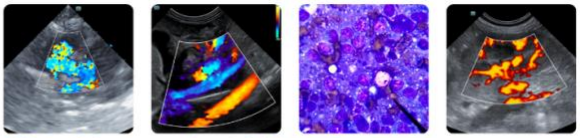

SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Lulu Amarys

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

4.09 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Banfield Pet Hospital- North Eugene

REFERRING VET

Dr. Mirate

INVOICE

13254

DATE

01/19/26

PRESENTING CLINICAL SIGNS

- Geriatric Pet Stable/Persistent/Chronic
- Inflammatory Bowel Disease Undergoing Therapy
- Dental Calculus Undergoing Therapy
- Gingivitis Undergoing Therapy
- Muscle atrophy, Generalized Stable/Persistent/Chronic
- Periodontal Disease Stage 4 Undergoing Therapy
- Current Medications- Cobalamin, Prednisolone, B12 injections
- Notes to Specialist (if any)- Abdominal US for weight loss and inappetence (lost 1.3 lbs. since 10/2025, hx of IBD. Started refusing meals over the past weekend)

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 3.4 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The adrenal glands presented with subjective mild subnormal size (likely given steroid therapy) with no evidence of pathology. The left adrenal gland measured 0.33 cm width. The right adrenal gland measured 0.30 cm width.

Spleen

The spleen presented normal in size with mild medial capsule asymmetrical contour and mild nonhomogenous splenic parenchymal exhibiting intermittent discrete noncapsule deforming small hyperechoic nodules with an example measuring 0.20 cm in diameter. The overall spleen measured 0.80 cm width level of the mid spleen.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. 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 cystic and common bile ducts were normal.

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.

The small intestine presented intact wall layering with nonthickened wall and overall maintained wall layer ratio with propensity for subjective mildly prominent to hyperechoic intestinal submucosa layer. The small intestine wall measured 0.20 cm wall width.

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

Pancreas

The pancreas was normal in size with indistinct capsule and isoechoic mildly heterogeneous remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

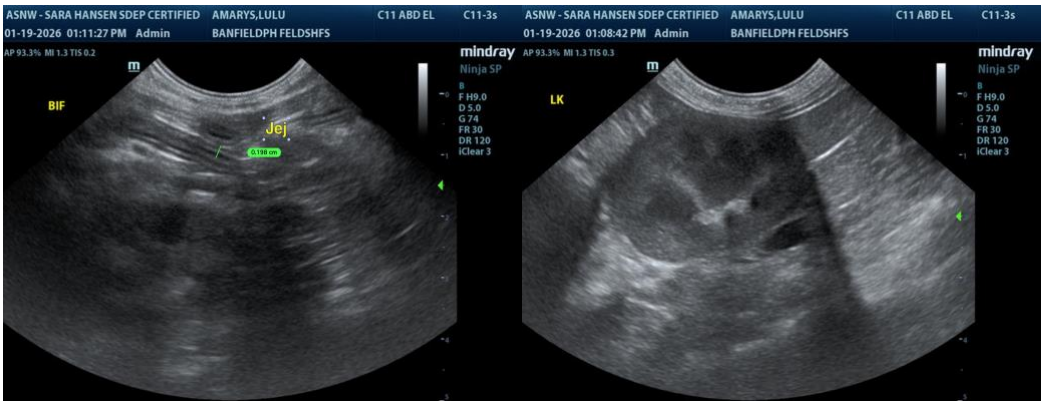
No visualized significant or swollen mesenteric lymphadenopathy, masses or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Empty gastrointestinal tract with subjective chronic enteropathy pattern.
- Mild nonhomogenous remodeled pancreas.
- Mild chronic renal changes.
- Small hyperechoic splenic nodules- most suggestive of probable benign criteria i.e. small to emerging myelolipomas.
- Mild urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant visceral pathology such as intra-abdominal masses or suppressed gastrointestinal mural changes owing to steroid therapy. A spec fPL or recheck full GI panel to include PLI, TLI, cobalamin and folate to assess level of serum cobalamin and as well as for evidence of chronic pancreatitis as a contributing factor may be considered. If not done, three view chest radiographs and correlation with neurological/musculoskeletal exam to assess for additional occult pathology as a contributing factor. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.



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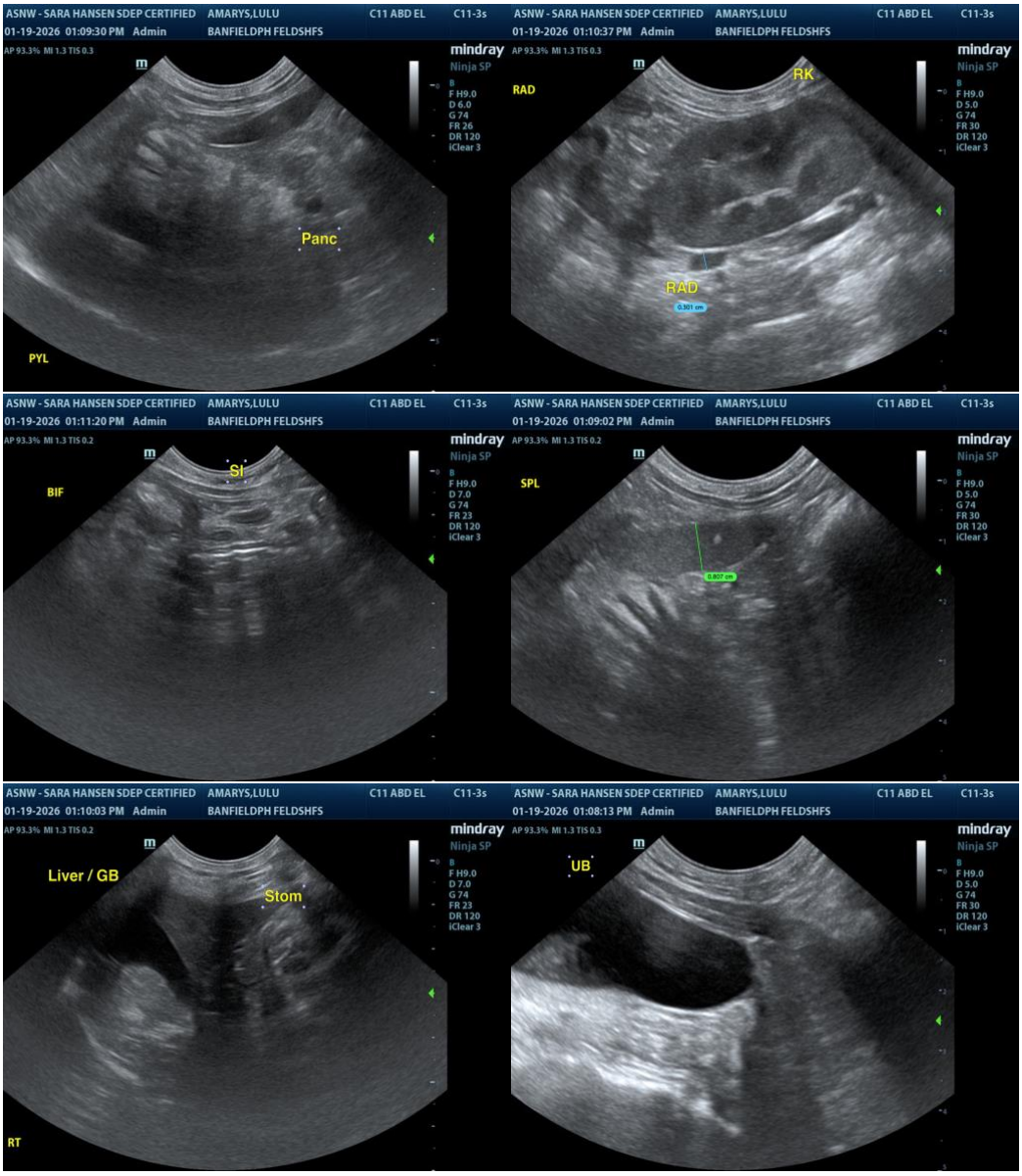

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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