



## PATIENT

Sawyer Kiefaber

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

11.5 Years

## WEIGHT

4.1 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Caroline Tan

## HOSPITAL NAME

Fen Vet Airdrie

## REFERRING VET

Dr. Cody Creelman

## INVOICE

13256

## DATE

01/19/26

## PRESENTING CLINICAL SIGNS

- Chronic wt loss. Good appt. No reports of VD. Not on meds. Attending noted possible enlarged LN on Afast and recommended us.

Abnormal PE/Chem/CBC/UA Results: Chem, CBC, T4, U/A are all WNL.

## 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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and symmetrical contour was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Mild hyperechoic cortex with mildly enhanced corticomedullary border demarcation. No evidence of pyelectasia was present. The left kidney measured 4.1 cm in length. The right kidney measured 3.8 cm in length.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.27 cm width.

### Spleen

The spleen presented borderline enlarged with medial capsule asymmetrical contour and mild nonhomogenous splenic parenchyma. The spleen measured 1.0 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 mild nondependent mildly congealed yet nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### 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.

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



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measured 0.29 cm width. The jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.35 cm 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 mild heterogeneous remodeled parenchyma compared to adjacent isoechoic omentum. No evidence of peripancreatic omental inflammation or reactivity.

### **Free Abdomen**

Multiple primarily mild to variably enlarged mild asymmetrical nonhomogenous to cystic appearing colic lymph nodes were present with an example measuring 1.6 cm x 0.80 cm in diameter. Mild perilymphatic to peri-ileocolic hyperechoic omentum with very scant pockets of peritoneal effusion were present.

## **ULTRASONOGRAPHIC FINDINGS**

- Overall, sonographically unremarkable gastrointestinal tract.
- Mild heterogeneous remodeled pancreas.
- Borderline splenomegaly.
- Gallbladder debris.
- Mild to variable cystic colic lymphadenopathy.
- Mild chronic renal changes.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Underlying chronic enteropathy in conjunction with potentially chronic to cystic colic lymphadenopathy and chronic pancreatitis may be primary considerations. Chronic triaditis could also be considered given short half-life of hepatic enzymes in cats and presence of gallbladder debris. The spleen may indicate incidental hyperplasia, hematopoiesis, inflammation or sedation if clinically applicable, with potential for emerging to occult neoplasia thought less likely.

Further assessment may include in conjunction with pending lymph node FNA cytology, concurrent screening hepatosplenic FNA cytology using 25-gauge needle, a GI panel to include PLI, TLI, cobalamin and folate, three view chest radiographs and correlation with neurologic/musculoskeletal exam for evidence of non-obvious or occult disease.



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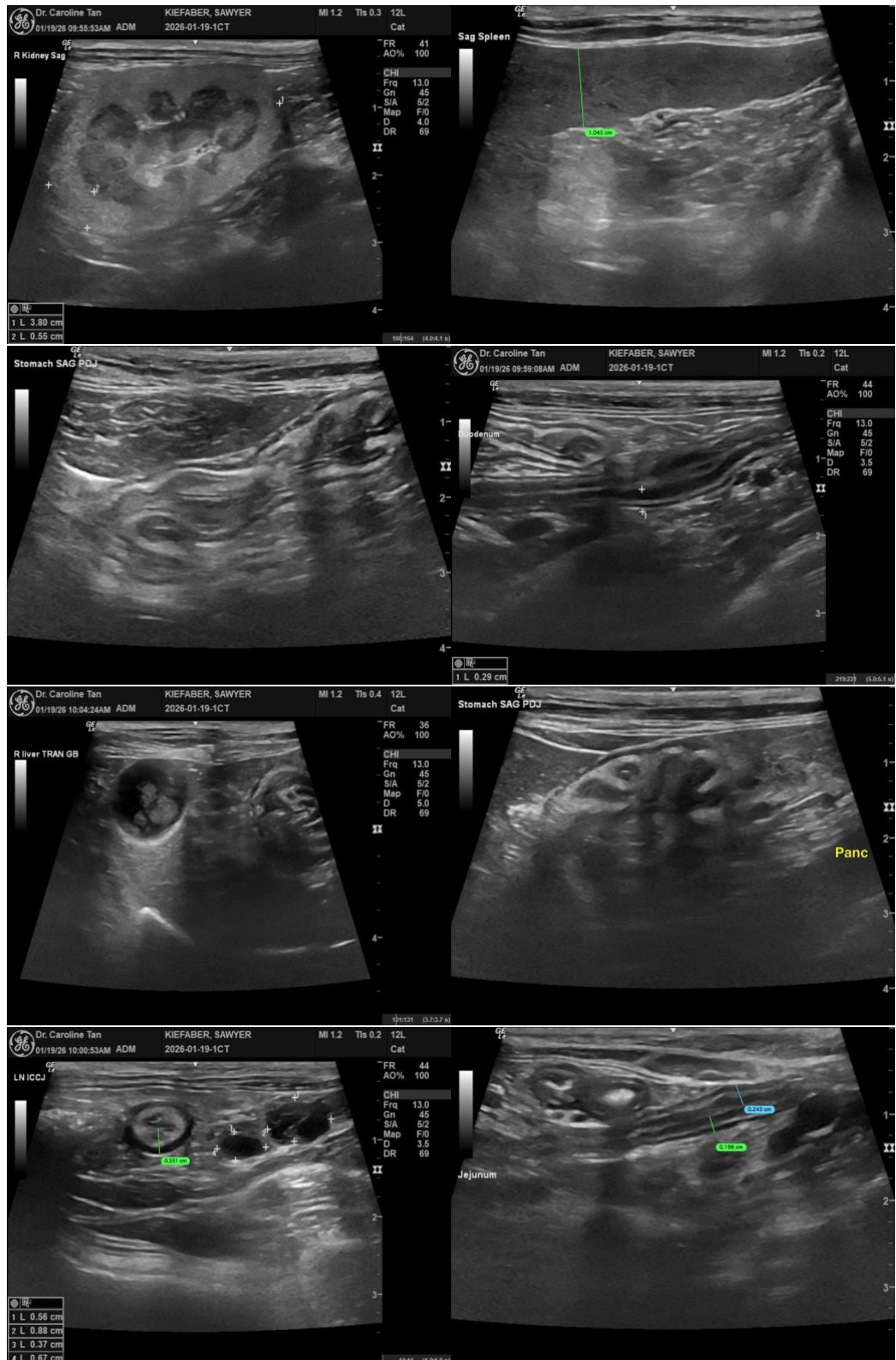
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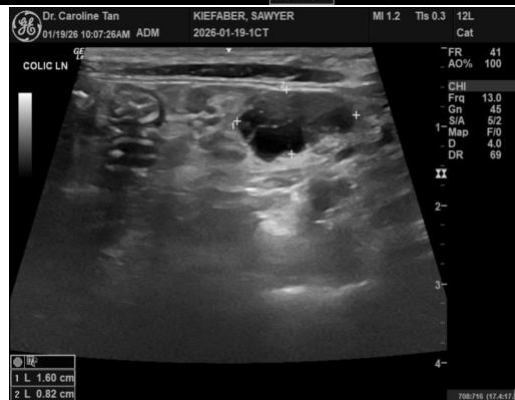
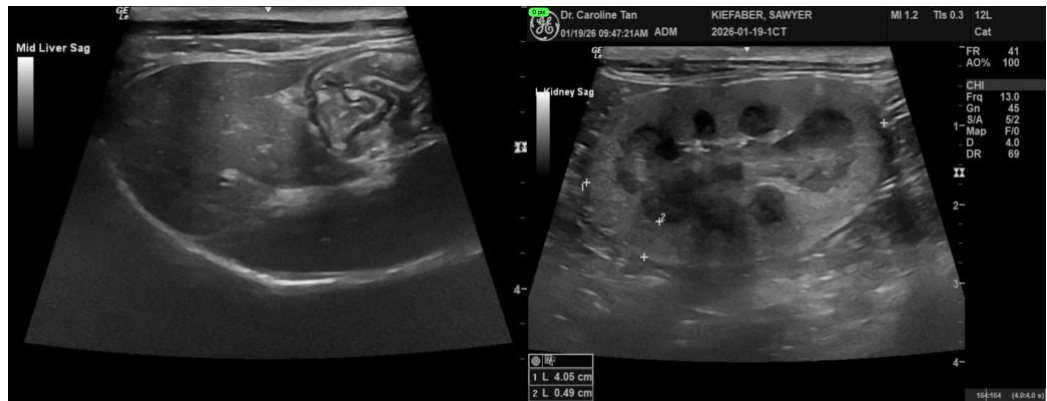
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)