



PATIENT

Timber Harrasser

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

13y

WEIGHT

3.7 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Highland Vet Hospital

REFERRING VET

Rachel Poet, DVM

INVOICE

13101

DATE

1/20/26

PRESENTING CLINICAL SIGNS

History:

- clients report significant weight loss (5 lbs in ~1 year)
- intermittent loose stools
- maintains normal appetite

Abnormal PE/Chem/CBC/UA Results: The patient has a history of significant weight loss (approximately 5 lbs) despite a normal to increased appetite. Physical exam revealed gassiness, mildly inflamed-feeling intestinal loops, and excessive palpable stool. Senior screen blood work: unremarkable - normal T4 - normal renal values and BG - normal UA - combo viral testing normal - very slightly elevated proBNP

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. Mild, non-dependent, echogenic to particulate 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.9 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The left and right adrenal glands are overtly normal in size, position and shape. The left adrenal gland measured 0.33 cm. The right adrenal gland measured 0.43 cm.

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

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 minor, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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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 intestinal walls demonstrated diffuse thickened intact wall layers with altered to segmental borderline inverted wall layer ratio owing to thickened muscularis layer. Small intestine wall measured 0.33 - 0.34 cm.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Focal, mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node measurement was 3.7 cm x 0.75 cm. Mild increased omental echogenicity and no evidence of peritoneal effusion present.

ULTRASONOGRAPHIC FINDINGS

- Intact, diffusely thickened small intestine with associated mesenteric lymphadenopathy
- Current formed fecal matter in colon
- Mild urine sediment
- Minor gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IBD or other inflammatory enteropathy, intestinal round cell neoplasia such as lymphoma or mass cell neoplasia, granulomatous enteropathy/FIP with reactive inflammatory, metastatic or granulomatous lymphadenopathy, all potentials. FIP considered less likely given age of the patient. Assuming normal clotting status, lymph node FNA cytology could be considered for initial clarification. Definitive diagnosis would require intestinal and lymphatic biopsies for histopathology. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Gastrointestinal support and empirical IBD protocol pending GI panel with clinical and as needed sonographic monitoring would be reasonable is sampling is not elected.



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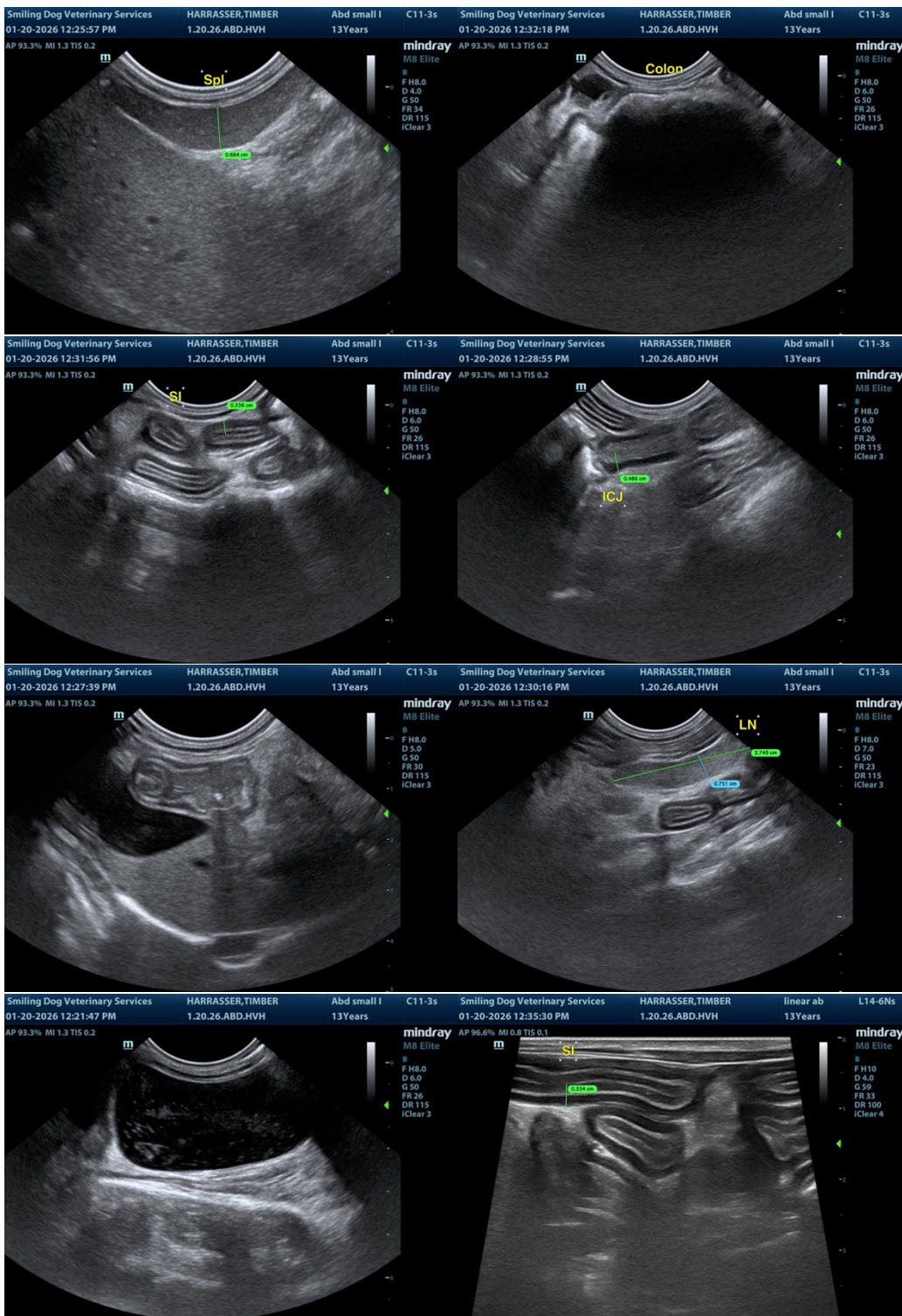
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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