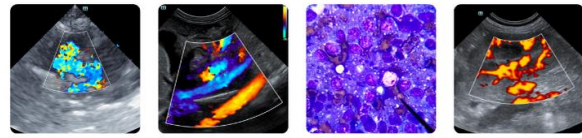




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Cubby Achenbach	Anemia, follow up on POCUS, Weight loss, Hepatopathy, splenomegaly, renal changes, Jejunal lymphadenopathy, enteritis, pancreatitis. Current Meds: Prednisolone; Pradofloxacin; Mirtzapine
<b>SPECIES</b>	
Feline	Lab Abnormals: HCT 23%, PLT 165, PT/APTT normal, hypoalbuminia, Azotemia, hypocalcemia, FIV (+)
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
DMH	<b>Urinary System</b>
<b>SEX</b>	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, nondependent, 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.
MN	
<b>AGE</b>	No evidence of pathology in the area of the aortic trifurcation.
7y, 6m	
<b>WEIGHT</b>	Enlarged renal size with symmetrical contour was present in both kidneys. Thickened cortex with increased cortical to corticomedullary echogenicity were present with indistinct corticomedullary border demarcation. No evidence of pyelectasia was noted in either kidney. Overall maintained renal architecture was noted. There is no evidence of left or right retroperitoneal inflammation or effusion. The left kidney measured 5.5 cm in length. The right kidney measured 5.6 cm in length.
11.9 lbs.	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left and right adrenal glands were not definitively visualized, likely owing to steroid therapy.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Shari Reffi, CVT	The spleen was borderline enlarged with 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 1.0 cm width at the level of the mid spleen.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Leck Veterinary Hospital	The liver was mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>REFERRING VET</b>	
Dr. Leck	
<b>INVOICE</b>	
10574	
<b>DATE</b>	
1/22/26	



**PATIENT**

Cubby Achenbach

**SPECIES**

Feline

**BREED**

DMH

**SEX**

MN

**AGE**

7y, 6m

**WEIGHT**

11.9 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

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Hospital

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***Gastrointestinal***

The stomach presented normal intact visible wall. The stomach was nondistended containing mild, strongly shadowing content. There was no obstruction to pyloric outflow.

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 0.23 cm width. The jejunum wall measured 0.22 cm width.

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 were evident.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

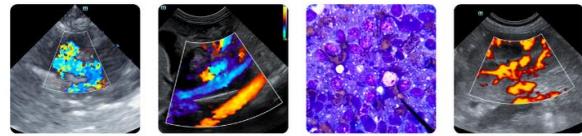
**ULTRASONOGRAPHIC FINDINGS**

- Borderline to mild nonspecific hepatosplenomegaly
- Normal gastrointestinal tract with mild shadowing gastric content
- Bilateral renomegaly with intact renal architecture, cortical hypertrophy with mild hyperechoic corticomedullary echogenicity
- Mild urine sediment

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Correlation with pending hepatosplenic FNA cytology is recommended. Bilateral nonspecific nephritis, such as interstitial nephritis, is possible. Renal neoplastic criteria is thought less likely. Correlation with urinary workup, including urinalysis, +/- C/S or UPC level, if evidence of inflammatory sediment or non-inflammatory proteinuria, is suggested.

Potential suppression of gastrointestinal mural changes or lymphadenopathy owing to the steroid is possible. Pending hepatosplenic FNA cytology, a GI panel to include PLI/TLI/Cobalamin/Folate, and if not done, thoracic chest radiographs to assess for occult disease as a contributing factor to the weight loss may be considered.



**PATIENT**

Cubby Achenbach

**SPECIES**

Feline

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**WEIGHT**

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**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi, CVT

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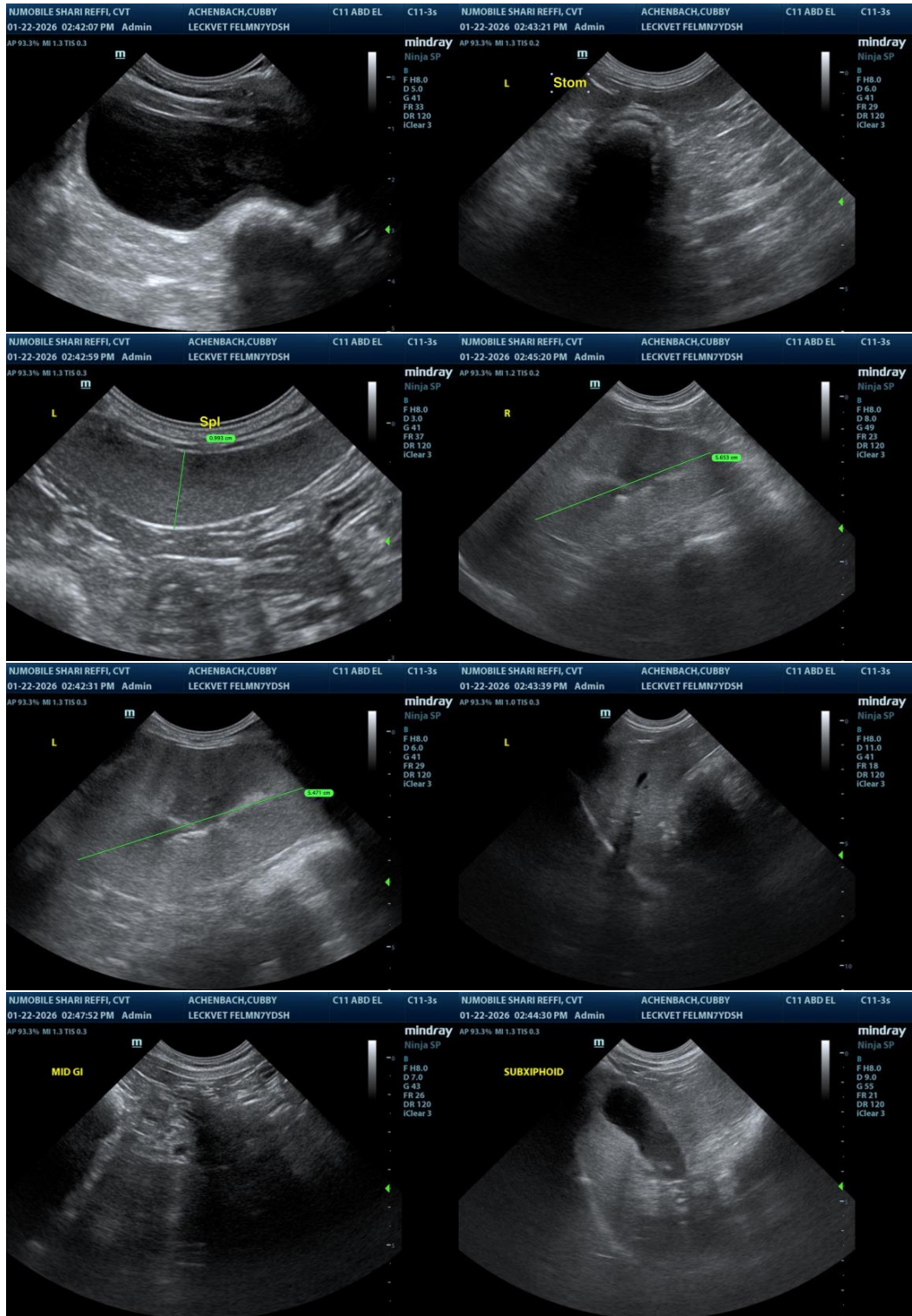
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**PATIENT**

Cubby Achenbach

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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)