



PATIENT

Prizzy Forbes

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

13 Years 4 Months

WEIGHT

2.9 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Haley
Harasimowicz

HOSPITAL NAME

Peak Veterinary
Referral Center

REFERRING VET

Dr. Haley
Harasimowicz

INVOICE

13336

DATE

01/22/26

PRESENTING CLINICAL SIGNS

- 1 month history of weight loss and chronic vomiting (once daily). Was seen on 1/18 due to the development of hematemesis and melena. On 1/18, abdominal radiographs were taken and p was given SQ fluids, Cerenia and famotidine. No vomiting has been noted since that time, but p has had a significantly decreased appetite. P has had normal brown stools since that time as well.

Abnormal PE/Chem/CBC/UA Results: On today's visit, p dehydrated with no significant abdominal pain. No abnormal lung or heart sounds noted on auscultation. Firm nodule in right 3rd mammary gland. 3-view thoracic rads showed single caudodorsal opacity - radiologist believed this to be most likely in the caudal mediastinum (esophageal vs. other) and less likely pulmonary in nature. FNA of abnormal mesenteric lymph nodes and mammary mass today - cytology report pending. BW performed on 1/18: On today's visit, p dehydrated with no significant abdominal pain. No abnormal lung or heart sounds noted on auscultation.

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.

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 3.6 cm in length. The right kidney measured 3.9 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 0.36 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width.

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. The 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.



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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained pyloric fluid with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.35 cm wall width.

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 0.30 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 left pancreas presented normal in size with symmetrical contour and mild nonhomogenous hypoechoic parenchyma compared to adjacent nonreactive or inflamed omentum.

Free Abdomen

Several variably enlarged to swollen hypoechoic nonhomogenous mesenteric lymph nodes were visualized with an example of the larger lymph nodes measuring 1.8 cm x 0.90 cm. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened pylorus wall with mild retained gastric fluid.
- Structurally unremarkable small intestine/colon with current formed fecal matter.
- Possible mild left limb chronic active pancreatitis.
- Intermittent variable mesenteric lymphadenopathy- hyperplasia, inflammation, emerging neoplasia or metastasis are all possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending lymph node cytology is recommended. No overt gastroenterocolic neoplastic criteria. A GI panel to include PLI, TLI, cobalamin and folate is warranted to correlate with pancreas and assess for non-structural intestinal disease. Dietary therapy, gastroprotectants, and if clinically indicated, empirical deworming with supportive care for possible mild pancreatitis would be reasonable.



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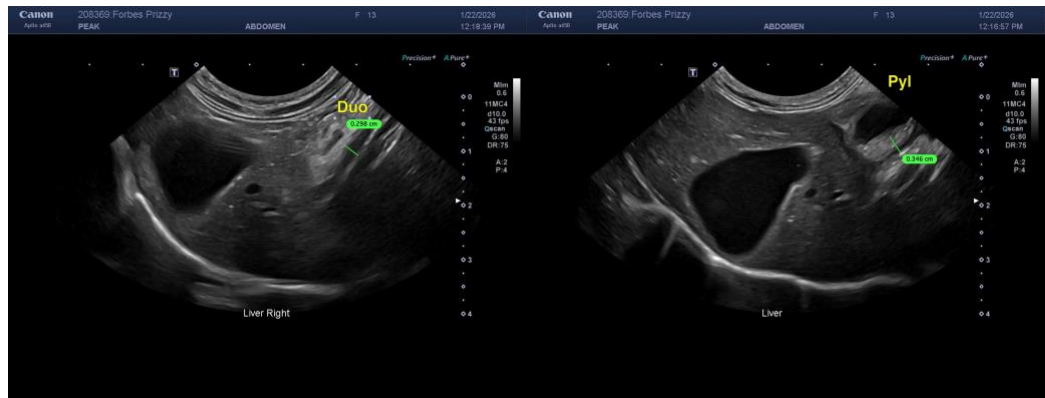
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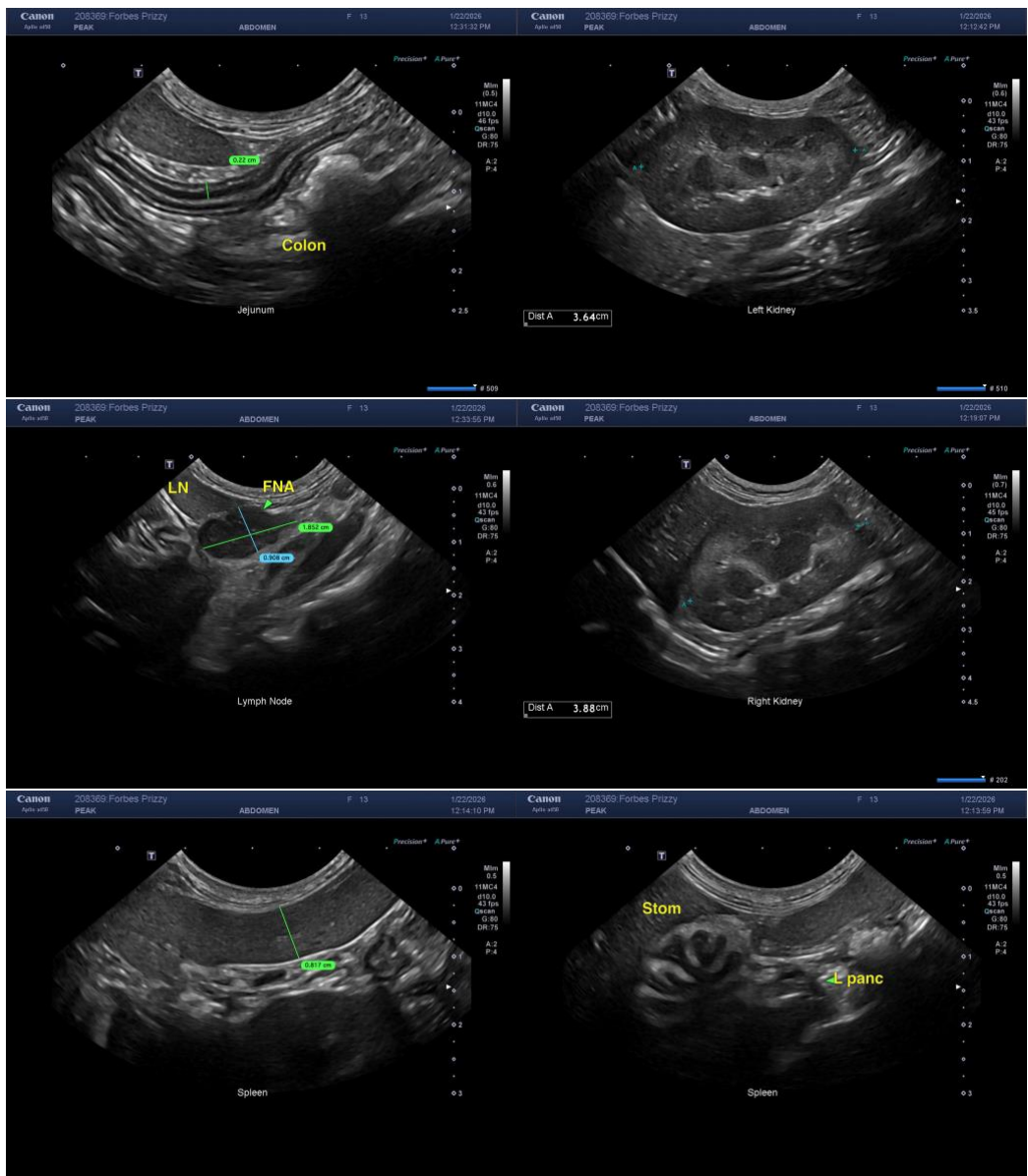
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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