



PATIENT

Turbo Miller

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered Male

AGE

7

WEIGHT

14.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

13341

DATE

01/23/26

PRESENTING CLINICAL SIGNS

- re check prev u/s 1/21

Abnormal PE/Chem/CBC/UA Results: Lipase 2.7

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 renal size with asymmetrical margination was present in both kidneys. Mild cortical hypertrophy with mild increased cortex to corticomedullary echogenicity. Mild indistinct corticomedullary border demarcation was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.2 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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 & Gallbladder

The liver presented with subjective borderline hepatomegaly with homogenous mildly hyperechoic hepatic parenchyma exhibiting mild coarse echotexture. The capsule of the liver was symmetrical in margination. 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

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 mildly thickened wall with mild altered wall layer ratio with propensity for mildly thickened muscularis layer. The small intestine wall measured 0.28 cm to 0.30 cm wall width. Intact thickened ileocolic wall measuring 0.45 cm wall width.

Normal visible colon wall layers were present with semi formed fecal matter in lumen.



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Pancreas

Turbo Miller

The pancreas presented mildly prominent in size with mild capsule asymmetry and mild nonhomogenous hypoechoic parenchyma compared to adjacent omentum.

SPECIES

Free Abdomen

Feline

Within the region of the ileocolic junction, regional nonhomogenous hyperechoic to indistinctly nodular omentum with concurrent multiple primarily mild yet hypoechoic to swollen colic lymphadenopathy was visualized. Scant pockets of associated peritoneal effusion.

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ULTRASONOGRAPHIC FINDINGS

SEX

- normal empty stomach.
- Intact mildly thickened generalized small intestine wall accentuated by intact mildly thickened ileum/ileocolic wall. regional primarily peri-ileocolic nonhomogenous indistinctly nodular omentum and mild swollen colic lymphadenopathy.
- Mildly prominent nonhomogenous pancreas.
- Static borderline/mild enlarged hyperechoic liver.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Upon reassessment, primary enteropathy with considerations including IBD or other inflammatory disease, neoplasia such as lymphoma with potential for granulomatous enteropathy such as FIP is a primary concern with regional colic lymphadenopathy, peri-ileocolic steatitis, while potential for indistinct to emerging peri-ileocolic mass lesion is not excluded. Concurrent chronic to chronic active pancreatitis is suspected yet sonographic evidence of significant or primary pancreatic pathology in the study is thought less likely.

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Assuming normal clotting status, FNA cytology of accessible lymph node and area of peri-ileocolic nonhomogenous indistinctly nodular omentum +/- culture and sensitivity is warranted for further clarification. A GI panel to include PLI, TLI, cobalamin and folate is recommended. A definitive diagnosis would likely require intestinal, omental and lymphatic biopsies for histopathology.

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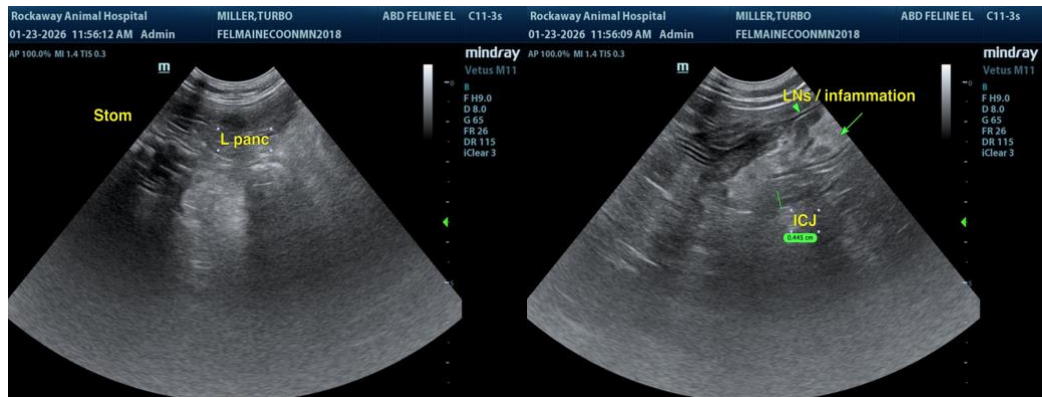
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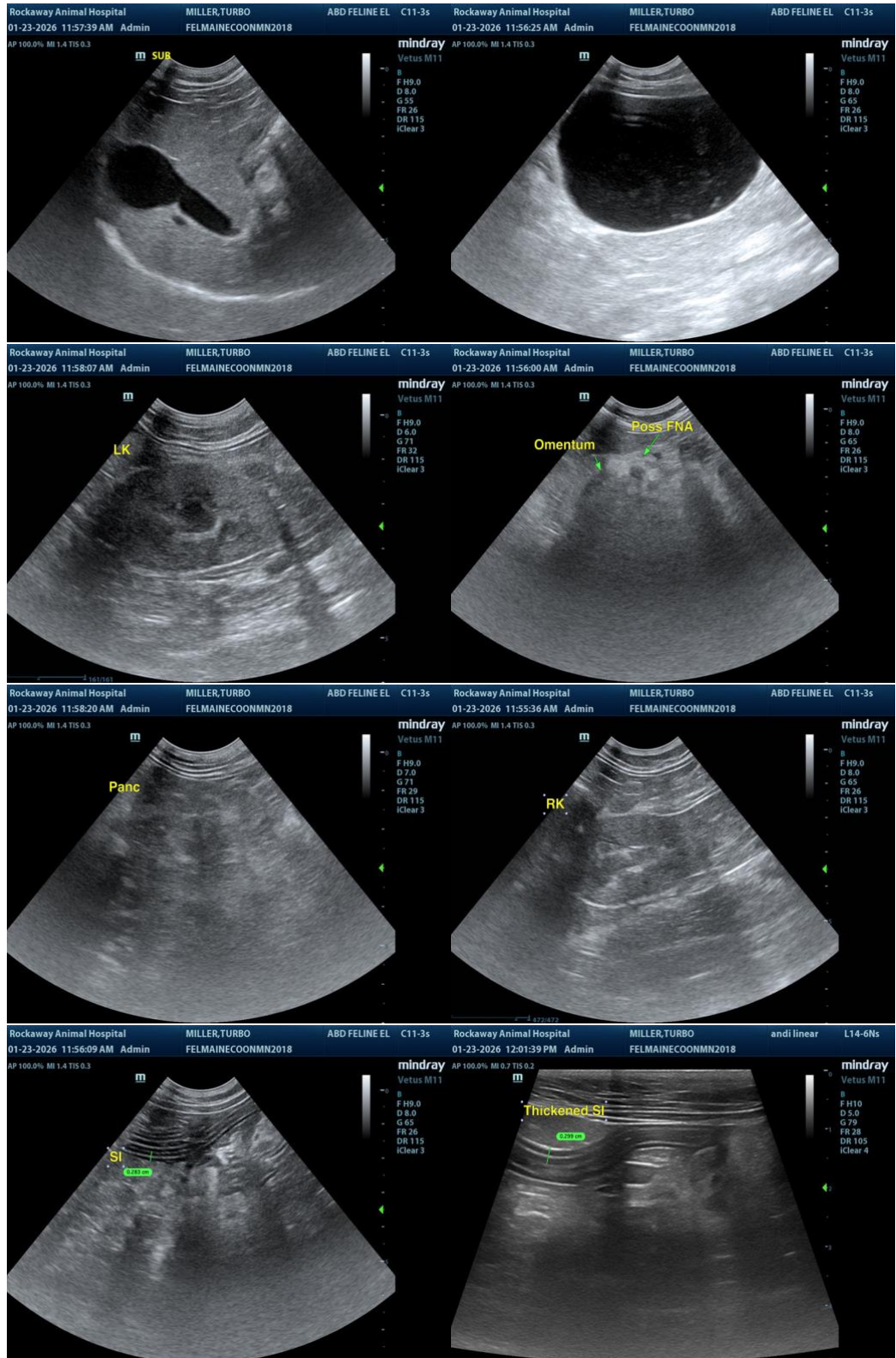
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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