

PATIENT

Lewis Haines

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

14.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jenny Wenrich
DVM

HOSPITAL NAME

Straley Veterinary
Associates

REFERRING VET

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DVM

INVOICE

13425

DATE

01/28/26

PRESENTING CLINICAL SIGNS

Submitted study contained 24 videos and one still image for review.

- Poor appetite 3-4 days duration, previous hx of constipation, has not had a bowel movement for 3-4 days, is urinating, no vomiting, slightly more lethargic, 1 lb weight loss in the past month

PE: unremarkable, abdominal radiographs: normal volume of stool in colon, otherwise unremarkable, CBC/Chemistry/E-lytes/TT4: mild hyperlipasemia, otherwise unremarkable

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 left kidney. 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 4.2 cm in length.

The right kidney was not definitively visualized.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

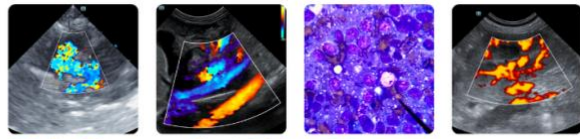
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder

The liver 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 biliary sludge. The common bile duct was not visualized.

Gastrointestinal



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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 gastric body wall measured 0.25 cm wall width.

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

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The visualized colon exhibited subjective normal size and contained formed to semi formed fecal matter.

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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.

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No visualized significant or swollen mesenteric lymphadenopathy or peritoneal effusion was present. Normal omental echogenicity was present.

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ULTRASONOGRAPHIC FINDINGS

- Sonographically normal empty gastrointestinal tract/
- Normal visualized colon.
- Normal area of the pancreas.
- Minor gallbladder debris.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No evidence of visceral pathology as the definitive cause of the patient's gastrointestinal signs and mild weight loss. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs, neurological / musculoskeletal examination and rule out competitive eating environment are recommended to assess for or rule out occult disease or contributing factors which may cause weight loss.

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Monitoring of hepatic enzymes is suggested given short half-life of hepatic enzymes in cats as minor gallbladder debris may be associated with hepatobiliary inflammation or cholestasis.

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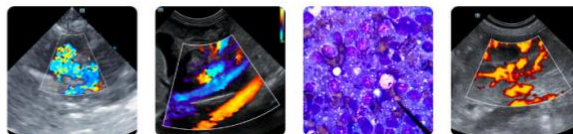
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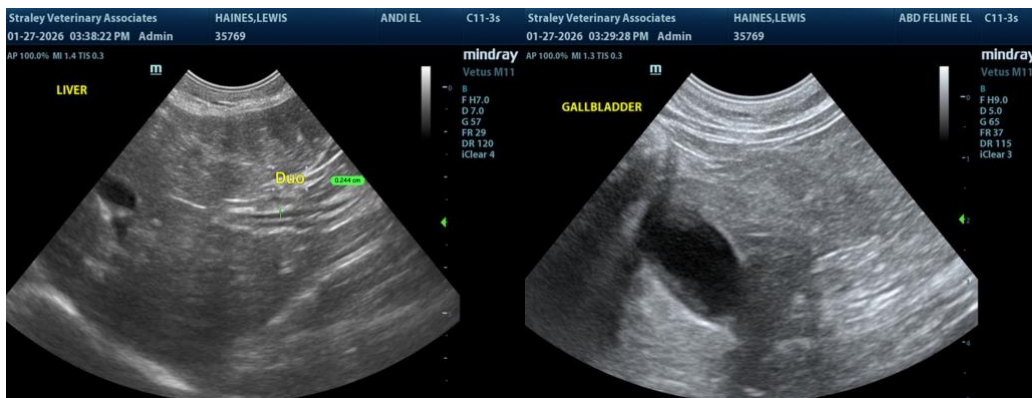
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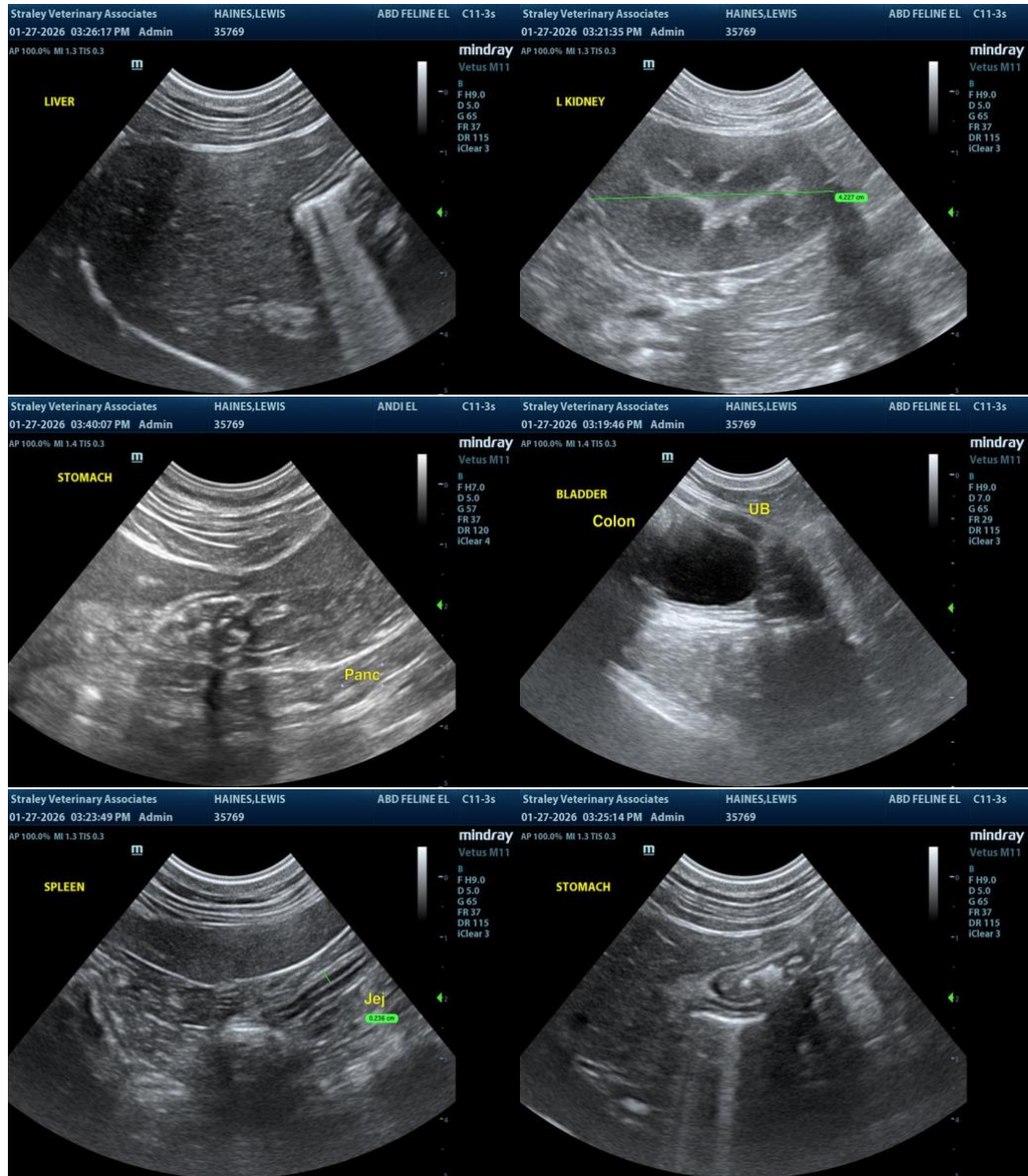
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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