



PATIENT PRESENTING CLINICAL SIGNS

Teddy Berth History:

- SPECIES**
- Polyphagia, weight loss. hairball 1-2 per month.
 - Chronic soft stool, hematochezia w/ diet change
- Feline

BREED Abnormal PE/Chem/CBC/UA Results: WNL, GI PANEL PENDING

DSH **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

SEX *Urinary System*

Male Neutered 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, echogenic to particulate non-dependent 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.

WEIGHT The area of the aortic trifurcation was free of pathology.

11.6 lbs Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mild increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 3.8 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.34 cm. The right adrenal gland measured 0.45 cm.

IMAGING PERFORMED BY

Becca Hamilton

Spleen

HOSPITAL NAME

Cresskill AH

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.

REFERRING VET

Dr. Khodari

Liver

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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. Mid liver non-homogeneous cystic intraparenchymal nodule was present measuring 1.5 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

DATE

1/29/26



PATIENT

Gastrointestinal

Teddy Berth

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.

SPECIES

Feline

The intestinal walls demonstrated intact variably thickened wall with variable altered to segmental inverted wall layer ratio owing to primarily thickened muscularis layer. Thickened small intestinal wall measured up to 0.40 cm. Normal to borderline thickened small intestinal wall by comparison measured 0.26 cm width. No evidence of peritoneal effusion present.

BREED

DSH

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

SEX

Male Neutered

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.

AGE

13y

Free Abdomen

Intermittent, mildly 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).

WEIGHT

11.6 lbs

ULTRASONOGRAPHIC FINDINGS

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- Intact variably thickened small intestinal wall with associated primarily mild mesenteric lymphadenopathy
- Formed fecal matter in colon
- Non-homogeneous cystic liver nodule – probable benign biliary cystadenoma
- Bilateral chronic renal changes
- Mild urine sediment

IMAGING PERFORMED BY

Becca Hamilton

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the small intestine is compatible with infiltrative enteropathy. Primary considerations may include inflammatory infiltrative enteropathy such as IBD or neoplastic infiltrative enteropathy with round cells such as lymphoma or mast cell disease among potential etiologies. Dry form FIP may also present in this manner yet considered unlikely given patient age. Mild mesenteric reactive lymphadenitis or hyperplasia favored, although early mesenteric lymphadenopathy not excluded. Diagnosis would require biopsies for histology, obtained either via endoscopy or, ideally, full thickness biopsies via laparotomy. A GI Panel to include PLI/TLI/Cobalamin/Folate is recommended. If additional diagnostics are not elected, empirical medical therapy for IBD which may include dietary therapy, cobalamin supplementation, probiotics +/- steroids trial with assessment of clinical response and monitoring of body weight could be considered. Sonographic monitoring of the probable biliary cystadenoma for evidence of progression is recommended.

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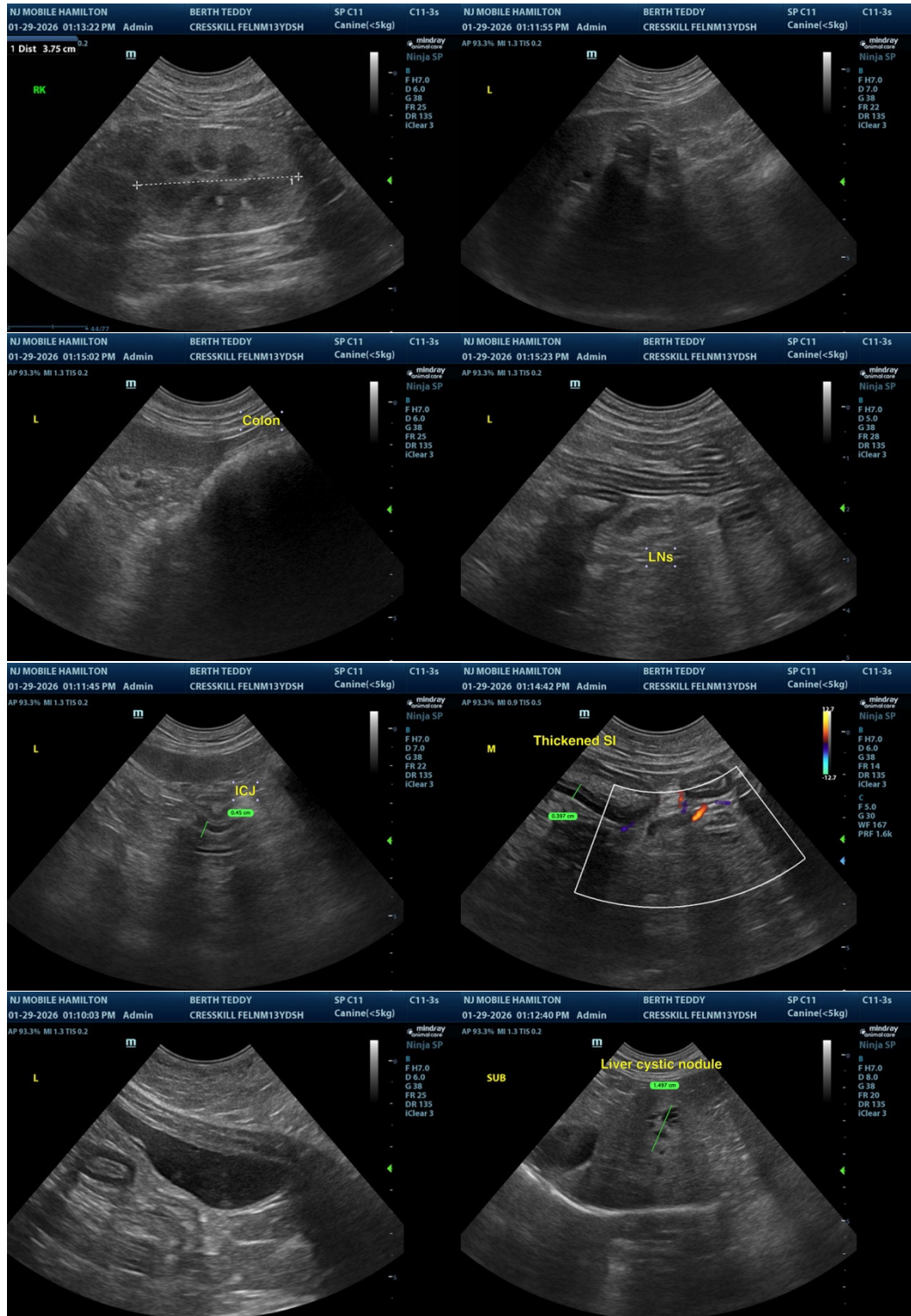
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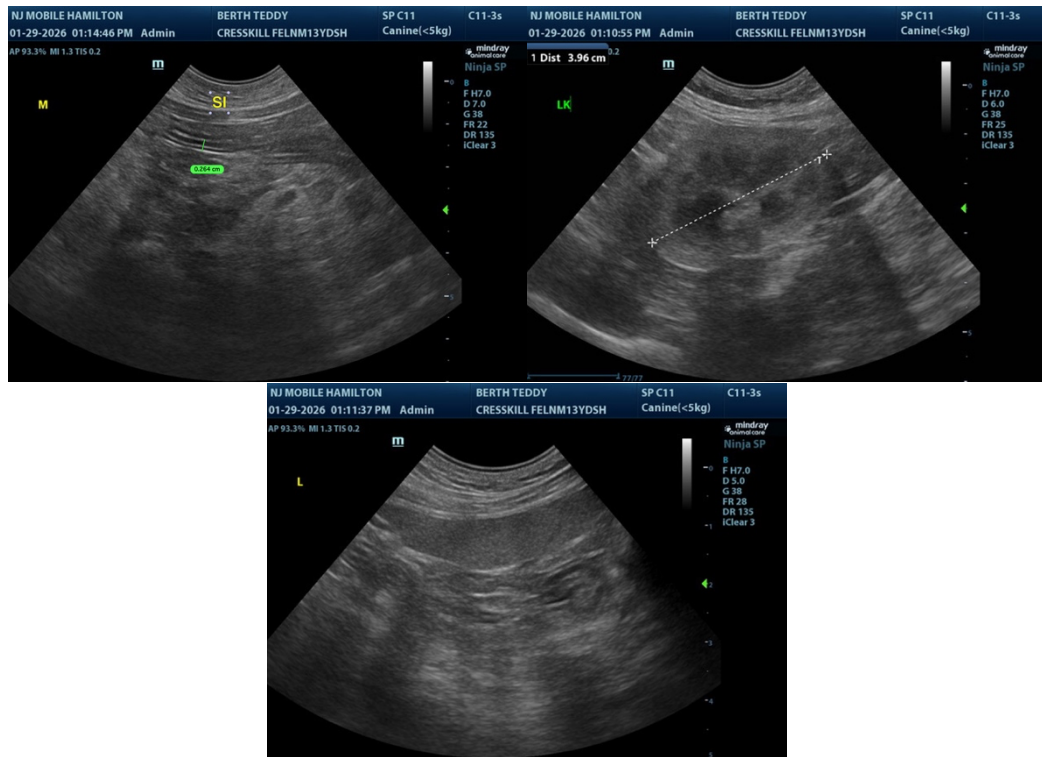
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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