



## PATIENT

Rebel Wikel

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

15

## WEIGHT

6.82

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Gary Jimmerson

## HOSPITAL NAME

Willamette Veterinary  
Hospital

## REFERRING VET

Dr. Gary Jimmerson

## INVOICE

12964

## DATE

01/06/2026

## PRESENTING CLINICAL SIGNS

Chronic vomiting, hematemesis today lethargy progressive hyporexia Hx CKD concern for mesenteric lymphadenopathy heart murmur weight loss - (0.6 lb in 3wks) r/o progressive CKD, lymphoma, IBD, gastric ulcer, other Pt has labs ~3wk ago, Crea 1.9 (H), BUN 39 (H), Phosp 4 (N), T4 2.4 (N)

Abnormal PE/Chem/CBC/UA Results: CBC = HCT 37%, WBCs 19.64k (H), Neuts 16.41k (H), Monos 0.82k (H) - stress leukogram, platelet 622k (H) Chem10 = all wnl Phosp = 4.2 (N) EPOC = Crea 1.42 (N), BUN 33 (H, range 32), K 4.9 (N), Na 146 (L) UA (cysto) = USG 1.022, pH 5.0, trace protien, quiet sediment, WBCs 1/hpf

## 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.

The area of the aortic trifurcation was free of pathology.

Normal size and asymmetrical margination was present in the kidneys. Mild to moderate indistinct corticomedullary border demarcation with mild increased medullary echogenicity exhibiting subtle hyperechoic medullary striations. The left kidney measured 3.4 cm in length. The right kidney measured 3.5 cm in length.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized.

### Spleen

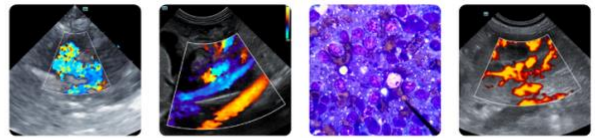
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.80 cm width level of the mid spleen.

### Liver

The liver presented with possible moderate hepatomegaly. 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 nonorganized nondependent biliary sludge. The common bile duct was not definitively visualized.

### Gastrointestinal



## PATIENT

Rebel Wikel

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

15

## WEIGHT

6.82

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Gary Jimmerson

## HOSPITAL NAME

Willamette Veterinary  
Hospital

## REFERRING VET

Dr. Gary Jimmerson

## INVOICE

12964

## DATE

01/06/2026

The stomach presented intact mildly thickened wall and empty lumen with mild lumen gas. The gastric body wall measured 0.34 cm wall width.

The small intestine exhibited generalized thickened wall exhibiting segmental intact mural detail in combination with segmental hypoechoic mural echogenicity and indistinct to loss of mural detail. Generalized empty intestinal lumen with segmental lumen gas. An example of the thickened intact small intestine measured 0.45 cm wall width. An example of the thickened intestine exhibiting indistinct loss of mural detail measured 0.32 cm wall width.

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

### **Pancreas**

The area of the pancreas was sonographically normal.

### **Free Abdomen**

Several to multiple variable to irregularly enlarged nonhomogenous mesenteric lymph nodes were visualized with an example measuring 3.7 cm x 1.8 cm. Mild peri-intestinal to perilymphatic hypoechoic omentum. No visualized significant peritoneal effusion was present.

## **ULTRASONOGRAPHIC FINDINGS**

- Empty stomach with intact mildly thickened wall.
- Thickened small intestine exhibiting segmental intact wall layering and segmental indistinct to loss of wall layering.
- Variable nonhomogenous mesenteric lymphadenopathy.
- Bilateral chronic renal changes.
- Hepatomegaly.
- Mild gallbladder debris.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the segmental loss of intestinal mural detail, intestinal neoplastic and lymphatic neoplastic criteria is strongly suspected with underlying inflammatory, infectious or granulomatous etiology possible yet thought less likely.

Further assessment may include (assuming normal clotting status and using a 25-gauge needle) lymph node and screening hepatic FNA cytology. No overt sonographic evidence of gastric neoplastic criteria at this stage. A GI panel to include PLI, TLI, cobalamin and folate is recommended. Gastrointestinal and renal support pending suggested sampling is recommended. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



## PATIENT

Rebel Wikel

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

15

## WEIGHT

6.82

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Gary Jimmerson

## HOSPITAL NAME

Willamette Veterinary  
Hospital

## REFERRING VET

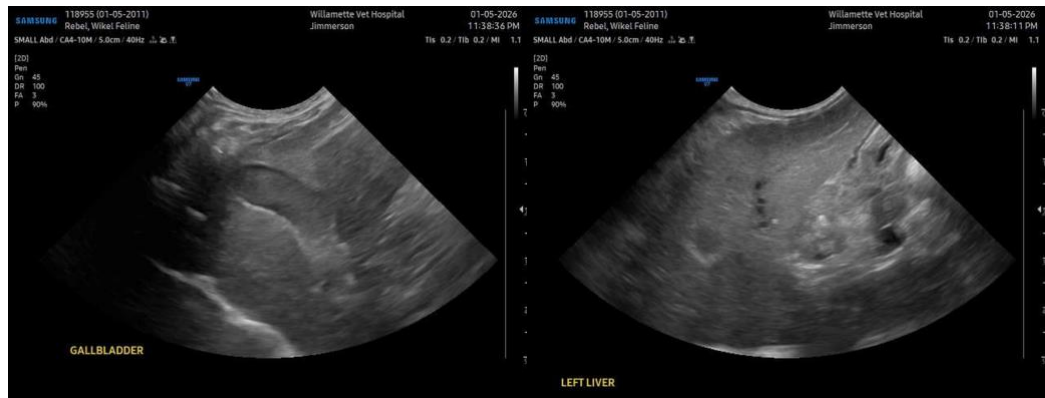
Dr. Gary Jimmerson

## INVOICE

12964

## DATE

01/06/2026





**PATIENT**

Rebel Wikel

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

15

**WEIGHT**

6.82

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Dr. Gary Jimmerson

**HOSPITAL NAME**

Willamette Veterinary  
Hospital

**REFERRING VET**

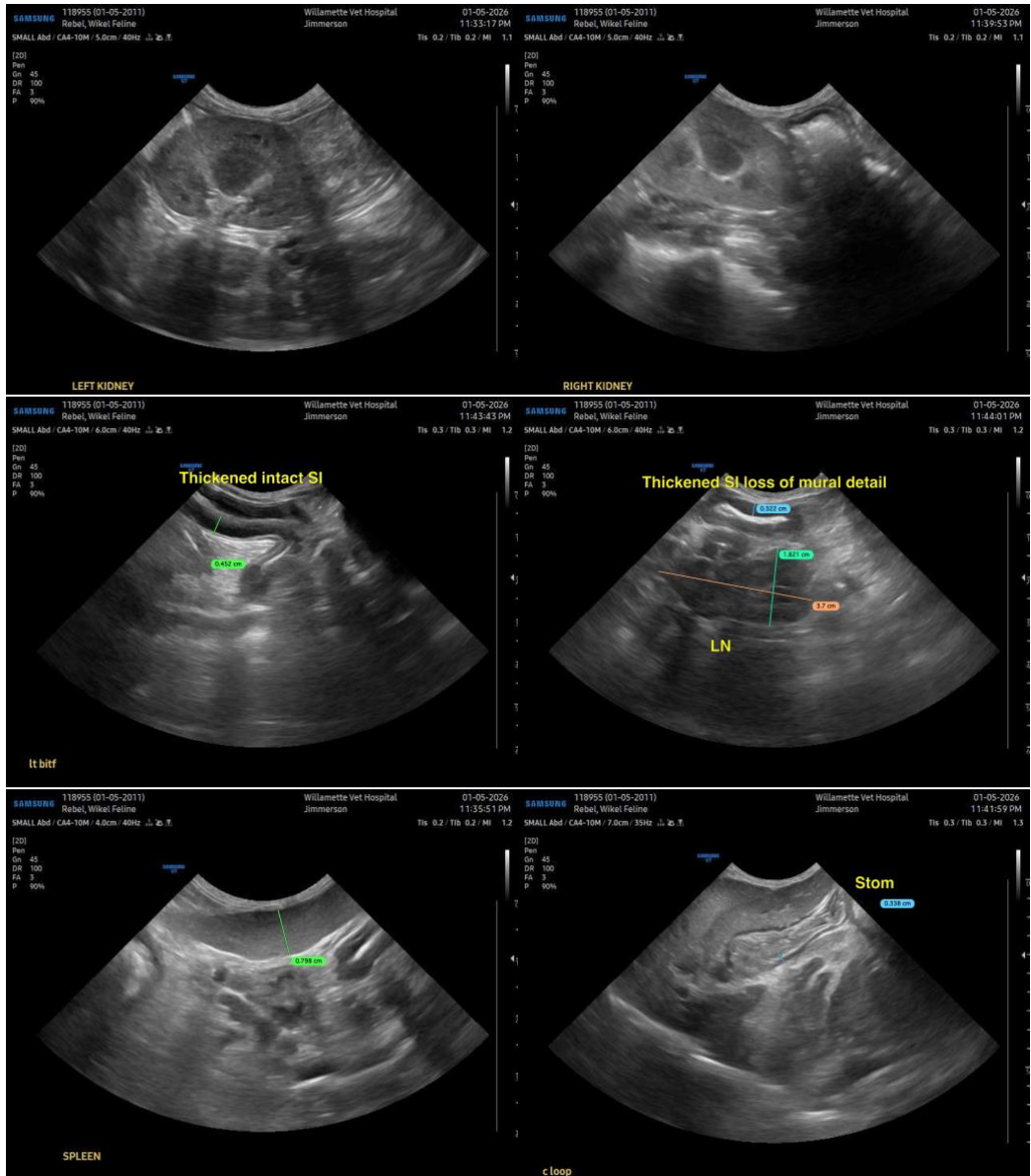
Dr. Gary Jimmerson

**INVOICE**

12964

**DATE**

01/06/2026



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)