

PATIENT

Clover Krone

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2015

WEIGHT

6

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

White Haven VH

REFERRING VET

Dr. Vollers

INVOICE

10528

DATE

1/7/26

PRESENTING CLINICAL SIGNS

1 year duration weight loss, defecating out of litter box, otherwise normal activity, appetite, elevated liver values, history of fleas/was dewormed

ALT 272, AST 247

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. Primarily anechoic urine was present in the lumen. Mild, nondependent particulate 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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were 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 3.4 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

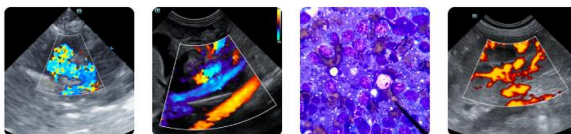
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width. The right adrenal gland was asymmetrically to mildly enlarged in size, measuring up to 0.62 cm width.

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 0.82 cm width at the level of the mid spleen.

Liver/ Gallbladder

The liver presented subjective normal hepatic size to possible borderline enlargement with symmetrical contour. Mild nonhomogeneous hypoechoic parenchyma compared to the spleen and renal cortical parenchyma was noted with a mild coarse echotexture. Mild increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The common bile duct was not definitively visualized.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

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The small intestine exhibited segmental intact non-thickened wall with subjective segmental thickened wall exhibiting indistinct mural detail. Intact non-thickened small intestinal wall width measured 0.23 cm. Segmentally thickened small intestinal wall measured up to 0.33 cm. Empty intestinal segments with concurrent segmental nonshadowing ingesta / chyme were present to the level of the colon.

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The visualized discernible colon exhibited an overtly normal intact visible wall. The colon contained semi-formed to possible soft fecal matter.

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Pancreas

The pancreas was mildly prominent in size with asymmetrical contour and nonhomogeneous, hypochoic parenchyma compared to adjacent omentum.

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Free Abdomen

No overt visualized significant to swollen omental lymphadenopathy was noted, although mild isoechoic mesenteric lymphadenopathy is suspected. No evidence of peritoneal effusion was noted.

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ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

Primary Findings

- Chronic enteropathy pattern exhibiting segmental thickened wall and indistinct mural detail
- Possible concurrent chronic colitis
- Chronic pancreatitis
- Hepatopathy, sonographically normal gallbladder

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Rebekah Jakum, CVT,
ARDMS/RVT

Secondary Findings

- Age-related renal changes
- Nonspecific mild right adrenomegaly – incidental / patient variant, potential emerging adrenal pathology not excluded

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Dr. Vollers

Chronic IBD or other inflammatory enteropathy and Triaditis in conjunction with concurrent evidence of chronic pancreatitis and hepatopathy is possible. Potential for segmental intestinal neoplastic criteria, given segmental indistinct intestinal mural detail and thickened wall, is of concern. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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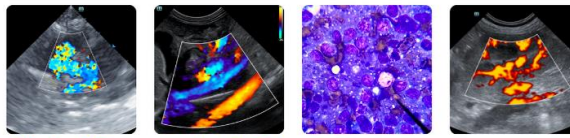
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Assuming normal clotting status and using a 25-gauge needle, hepatic FNA cytology, primarily to assess for inflammatory cell type and rule out less likely for emerging to occult hepatic neoplasia, is warranted. Definitive diagnosis would require biopsies for histopathology. Empirical therapy for chronic IBD / Triaditis with clinical and as-needed sonographic monitoring would be a more conservative approach.

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Monitoring of systemic BP and potassium levels is recommended with recheck right adrenal gland if evidence of hypertension or hypokalemia.



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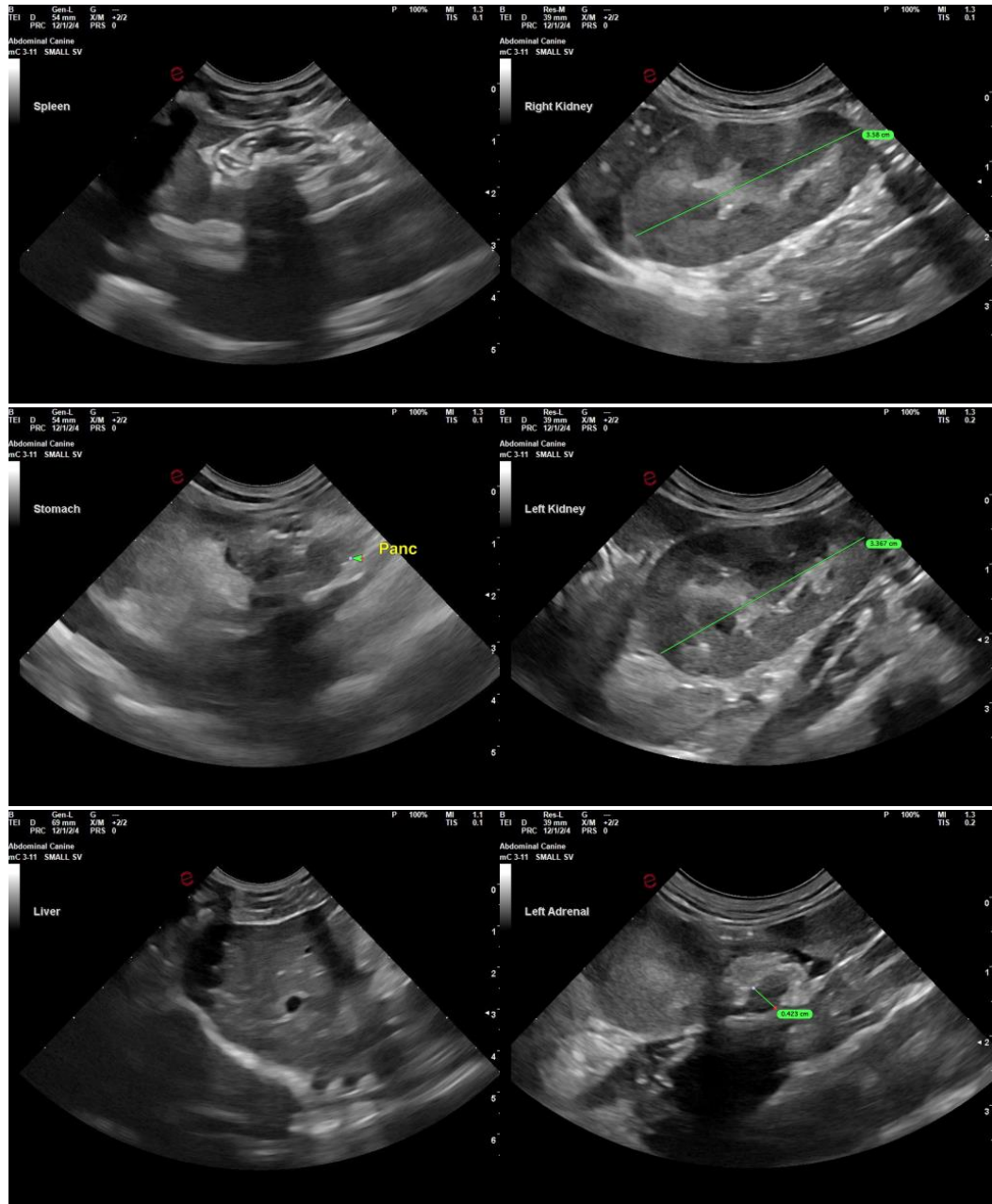
Dr. Vollers

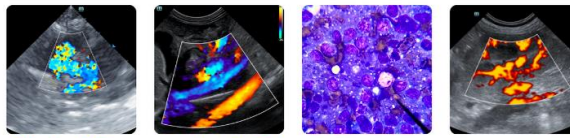
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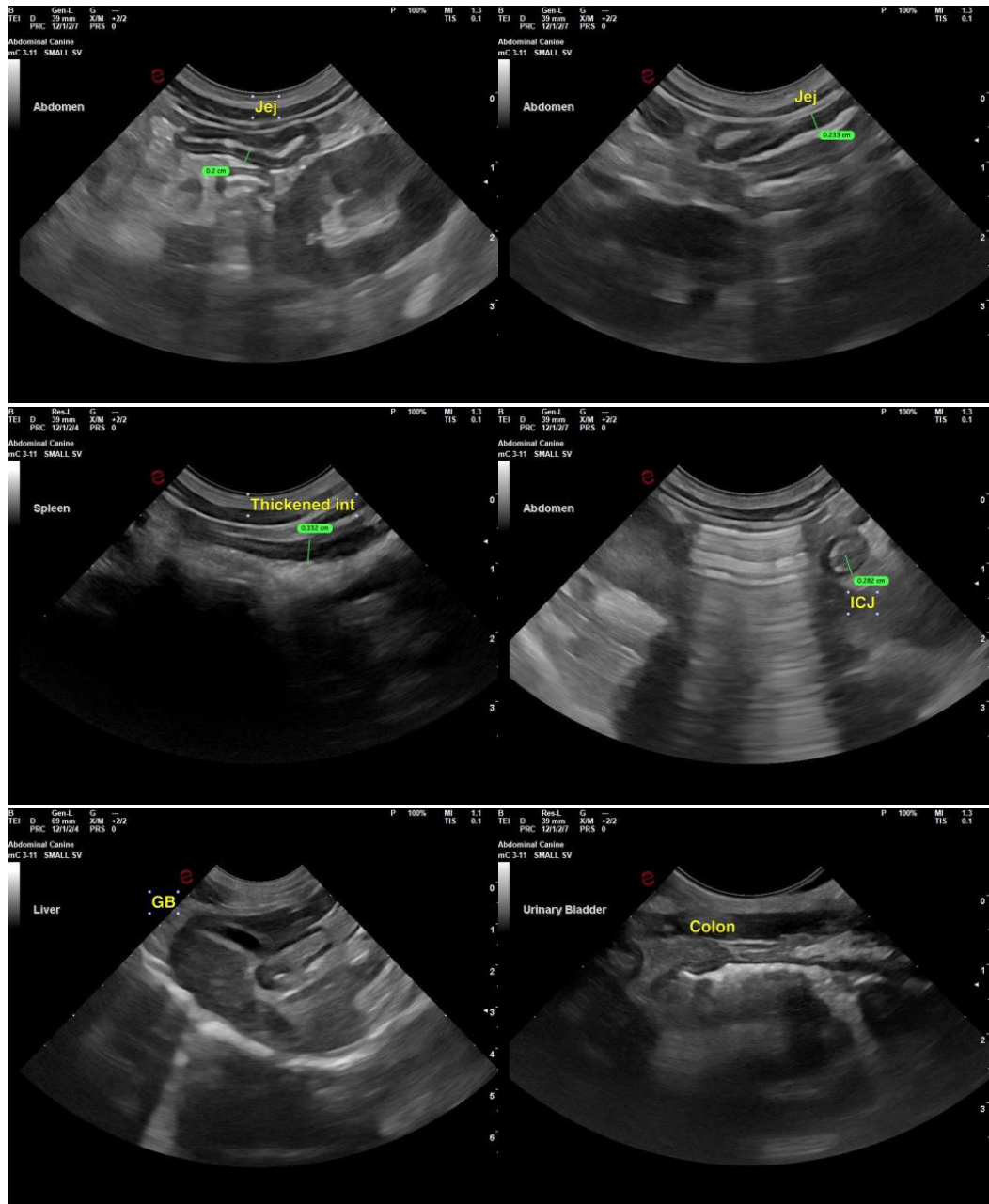
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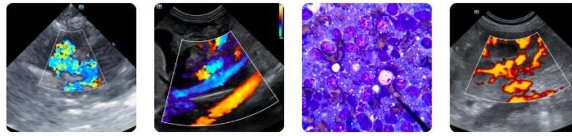
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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