



PATIENT

Pouncey Welch

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

15y

WEIGHT

8.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Smith, CVT

HOSPITAL NAME

Annville – Cleona
Veterinary Associates

REFERRING VET

Alexandra Pinamonti

INVOICE

13011

DATE

1/7/26

PRESENTING CLINICAL SIGNS

History: Beginning 12/28, patient was nauseous not eating well, lethargic and dull. One episode of vomiting while on cerenia. 12/29- patient had weight loss of 0.50 lbs, fever, doughy abdomen, and pronounced skin turgor. Patient was mildly anemic, mild increase in neutrophils, normal SNAP pancreatitis test, chemistries normal. T4 and urine within normal range. Abdominal radiographs showed a suspicious area in the mid ventral abdomen- noting a thickened wall of 5.5mm. Patient was started on dexamethasone injections as well. Cytology from sample was inconclusive, with low cellularity within the sample. Patient's appetite is markedly decreased, continuing to refuse to eat at times. No additional vomiting has occurred, though there is concern for decreased bowel movements / constipation. Patient will breathe with more abdominal effort, though it is unclear if that is just related to overall discomfort. Repeat cbc and chemistries, as well as a feline maldigestion profile are being performed today.

Meds: Patient was given SQ fluids, Convenia, cerenia, and topical zorbium. Patient has been continued on supportive medications, including cerenia, transdermal Mirtazapine, daily dexamethasone injections, and SQ fluids as needed. Patient was recently started on weekly supplemental B12 injections.

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 changes were noted.

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 increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The area of the left adrenal gland was free of overt pathology. The area of the right adrenal gland was

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 0.77 cm width level of the mid spleen.

Liver

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



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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 visualized segments of the small intestine exhibited overall intact segmentally thickened wall with altered wall layer ratio primarily visualized in the jejunum. No evidence of mechanical/metabolic ileus. Duodenum wall measured 0.26 cm and jejunum wall measured 0.36 cm. Normal appearing jejunum wall measured 0.23 cm.

The visualized colon exhibited overtly normal intact wall, was non-distended in size and contained formed fecal matter.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt visualized significant omental lymphadenopathy, subjective mild increased peri intestinal and omental echogenicity. No visualized peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal empty stomach
- Intact empty segmentally thickened small intestine
- Mild peri intestinal hyperechoic omentum
- Normal visualized colon/area of pancreas
- Normal spleen
- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Evidence of an enterocolic lymphatic or other unspecified mass was not visualized in the study. The segmentally thickened small intestine may indicate inflammatory or emerging neoplastic criteria. No evidence of gastrointestinal obstructive pattern or foreign material. Mild pancreatitis at times may present sonographically normal. Correlation with pending diagnostics with consideration for concurrent CBC pathology review or infectious disease serology if clinical indicated is recommended.



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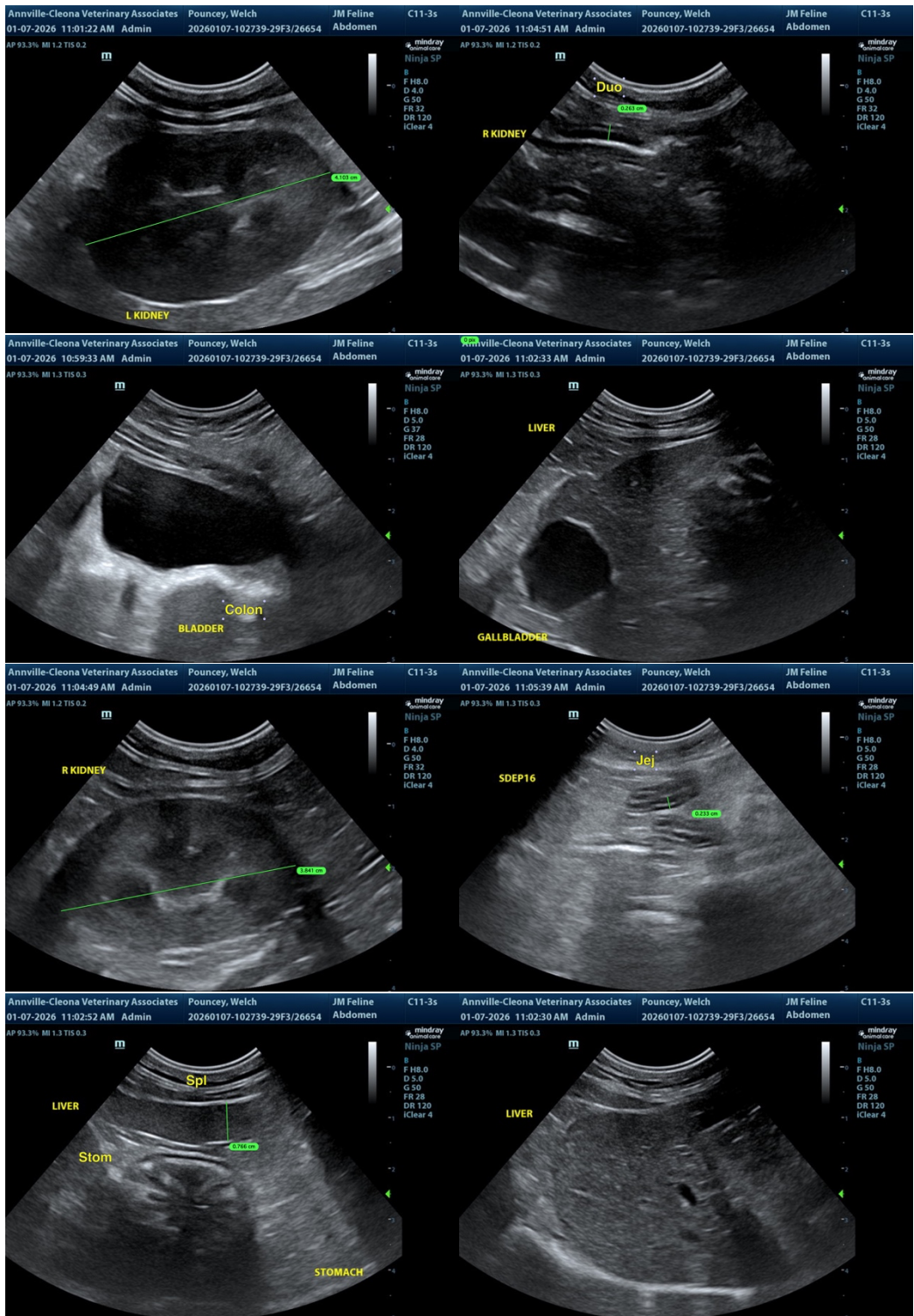
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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