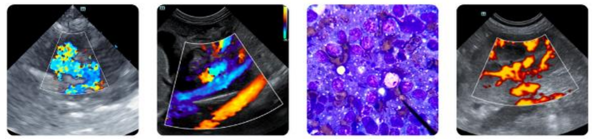
SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
SonoPath.com info@sonopath.com 1.800.838.4268



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Chung McCleery

SPECIES

Feline

BREED

Domestic Shorthair

SEX

FS

AGE

7 years

WEIGHT

3.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Crystal Ebert

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Crystal Ebert

INVOICE

10532

DATE

1/8/26

PRESENTING CLINICAL SIGNS

O concerned about abd mass, P is vomiting but very hungry P is losing weight chronically. P is still active P is still seeking attention. Addendum: Tausha reported that Chung has had increased drinking recently. Had been having V/D for two weeks and had lost approximately 4lbs. no medications periodic open mouth breathing and elevated resp rate Radiographs 2 view abdominal- has heterogenous material. Stomach has large amount of material. Has region that is suspicious for potential neoplasia, foreign body, or intussusception. When I was looking in chest region there also appeared to be abnormal pattern in chest on V/D. Mentation/Behavior- BAR, acts slightly uncomfortable on abdominal palpation. BCS- 2/5- has weight loss noted along epaxials and rear limbs. Cardiovascular- Has gallop rhythm present currently. Normal rate and rhythm. Respiratory/Thorax- Occasionally in room started to open mouth pant. with normal bronchiovesicular sounds bilaterally. No coughing/sneezing/nasal discharge present currently. Abdomen/Gastrointestinal- Tense on deep abdominal palpation. Doughy with ropey intestines and a region where there is a suspected abdominal mass present.

Abnormal PE/Chem/CBC/UA Results: CBC- all values normal range FeLV/FIV- test was negative in 9/06/2019 Chem 10- creat 0.6 mg/dL, ALT 166 U/L Electrolytes- K on low end of range 3.6 mmol/L

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 evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No evidence of pathology in the area of the aortic trifurcation.

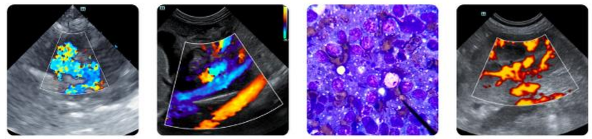
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.7 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

No obvious pathology was noted in the area of the left adrenal gland, although not definitively visualized. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 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



PATIENT

Chung McCleery

SPECIES

Feline

BREED

Domestic Shorthair

SEX

FS

AGE

7 years

WEIGHT

3.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Crystal Ebert

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Crystal Ebert

INVOICE

10532

DATE

1/8/26

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 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 contained mild, variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented generalized intact wall layering with overall maintained wall layer ratio. Borderline prominent to thickened segmental to generalized intestinal wall was noted. The duodenum wall measured 0.27 cm width. The jejunum wall measured 0.26 cm width. The ileocolic wall measured 0.37 cm width. There is no evidence of a mechanical obstructive pattern to the level of the colon.

The colon exhibited overtly normal intact visible wall. The colon exhibited potential generalized distention with formed to semi-formed fecal matter.

Pancreas

The left pancreas was prominent in size with symmetrical capsule contour and heterogeneous parenchyma. Prominent left limb pancreatic duct was noted.

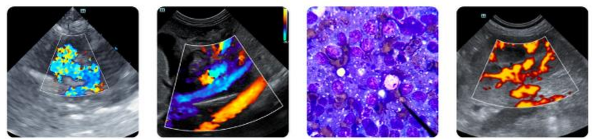
Free Abdomen

Intermittent, jejunocolic, mildly enlarged lymph 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). An example of the lymph nodes measured 1.4 cm x 0.54 cm. No evidence of peritoneal effusion was noted.

Transdiaphragmatic view of the caudal thorax revealed subjective mild volume pleural effusion.

ULTRASONOGRAPHIC FINDINGS

- Prominent nonhomogeneous pancreas - chronic / chronic active pancreatitis
- Sonographically normal liver / gallbladder
- Intact borderline thickened small intestinal wall with gastrointestinal ingesta
- Subjective mild distended colon with formed / semi-formed fecal matter
- Transdiaphragmatic caudal pleural effusion
- Intermittent mild jejunocolic lymphadenopathy



SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Chung McCleery

SPECIES

Feline

BREED

Domestic Shorthair

SEX

FS

AGE

7 years

WEIGHT

3.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Crystal Ebert

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Crystal Ebert

INVOICE

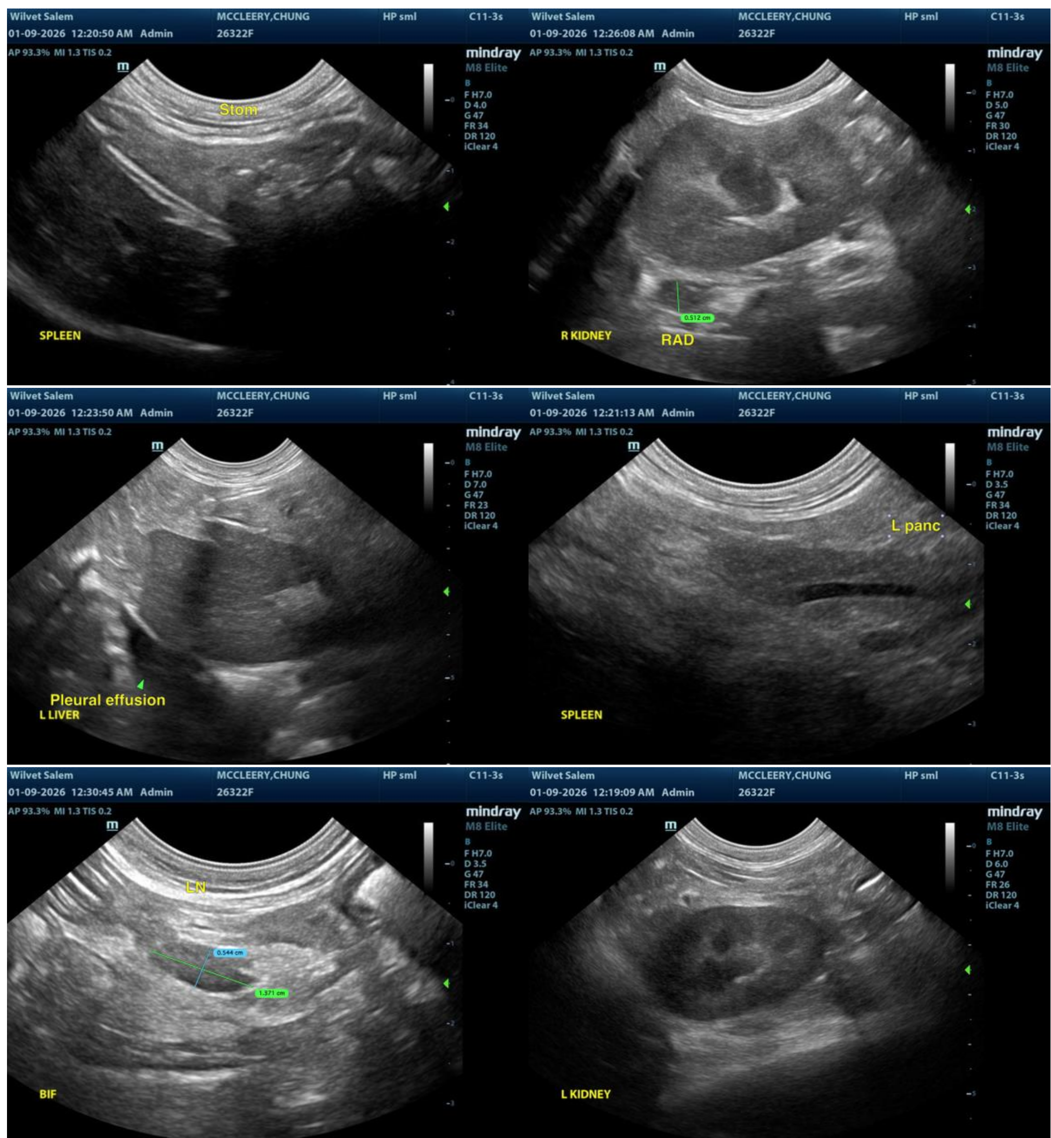
10532

DATE

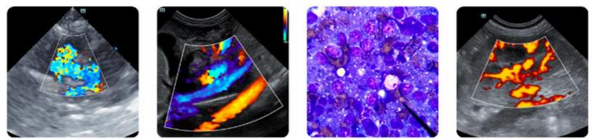
1/8/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive area of mechanical gastrointestinal obstruction, i.e., gastrointestinal mass, foreign body, or intussusception, was not visualized. The gastrointestinal ingesta is most suggestive of food echogenicity, which may suggest some degree of metabolic or functional gastrointestinal ileus, assuming NPO. Correlation with most recent meal ingestion is recommended. The small intestine at this stage is nonspecific an may indicate patient variant with potential for emerging low-grade to potentially occult enteropathy. A GI panel to include PLI/TLI/Cobalamin/Folate is suggested. Current gastrointestinal support would be appropriate. Further workup for intrathoracic or cardiac disease is recommended.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Chung McCleery

SPECIES

Feline

BREED

Domestic Shorthair

SEX

FS

AGE

7 years

WEIGHT

3.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Crystal Ebert

HOSPITAL NAME

Wilvet Salem

REFERRING VET

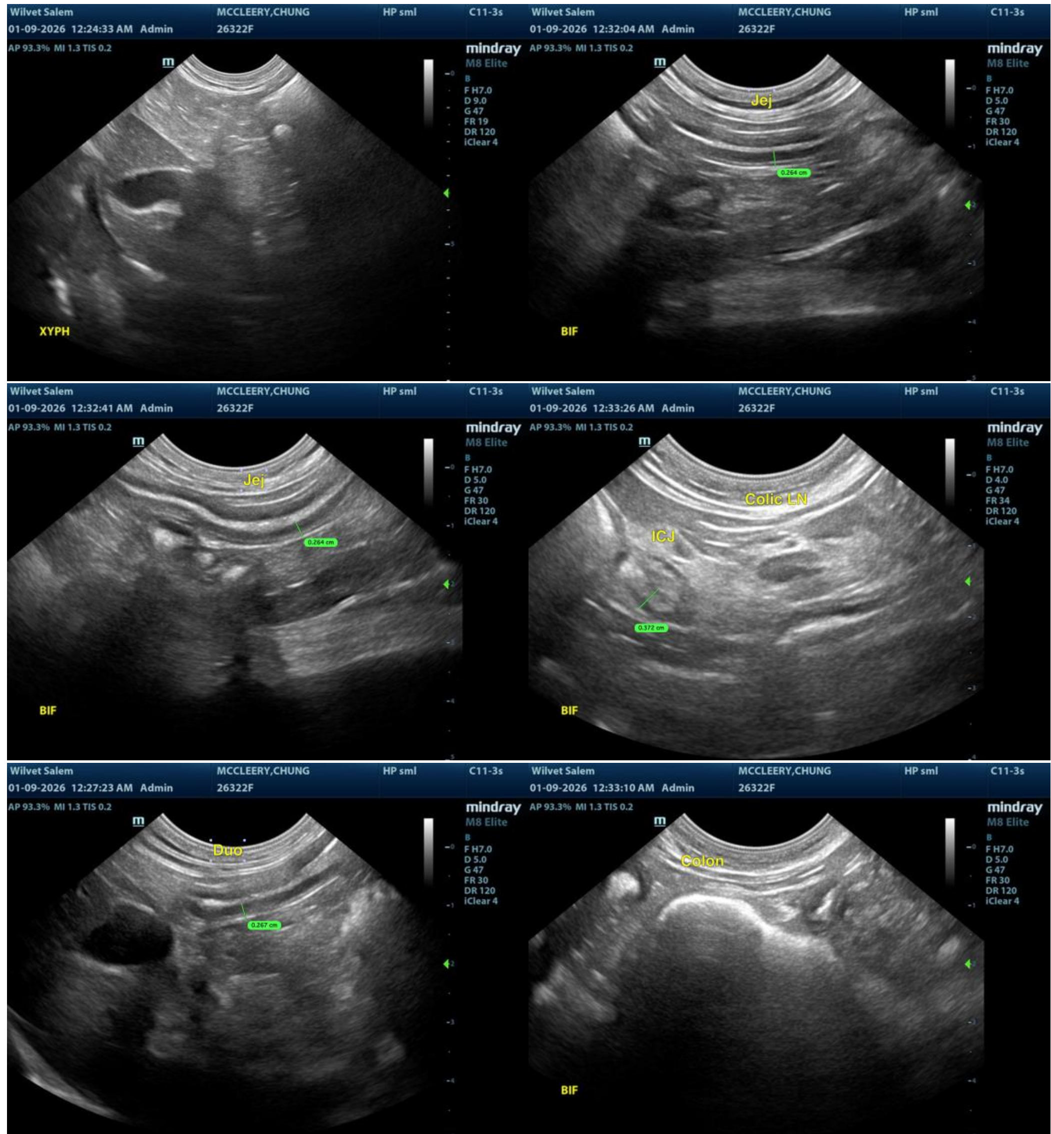
Dr. Crystal Ebert

INVOICE

10532

DATE

1/8/26



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