



PATIENT

Henry Booth

SPECIES

Feline

BREED

Grey Tabby

SEX

Spayed Female

AGE

6 Years

WEIGHT

2.76 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Lacovides

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Chhabra (Corydon
AH)

INVOICE

12244

DATE

11/13/25

PRESENTING CLINICAL SIGNS

On presentation: History of intermittent vomiting, frequency has increased over the last week, weight loss (lost 2 kg in a year from 4.78 kg to 2.76kg). No diarrhea, Good appetite. The owner noted a single streak of blood in stool on one occasion. PE is unremarkable except sarcopenia. Since switching, 2 weeks ago, to Rx Gastro EN and Fortiflora, vomiting has subsided and has gained 0.3kg (weighed today at time of scan)

Abnormal PE/Chem/CBC/UA Results: CBC/CHEM/T4/ all wnl except: Significant sarcopenia BUN 5.6 mmol/l (5.7-12.9 Phosp 0.75 mmol/l (1.0-2.42)

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.

Normal size and margination was 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 3.6 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 0.41 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 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.

Liver

The liver was subjectively mildly enlarged in size. 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 was empty with no signs of ileus, obstruction or foreign material. Pylorus wall measured 0.28 cm wall width.



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The small intestine presented with intact mild thickened with mild altered wall layer ratio owing to propensity for mildly thickened muscularis layer. The duodenum wall measured 0.27 cm width. The jejunum wall measured 0.27 cm width. The ileocolic wall measured 0.28 cm width.

Normal visible colon wall layers were present with soft fecal matter in lumen.

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.

Free Abdomen

Intermittent to mildly enlarged jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.0 cm in diameter. Nonspecific mild anechoic peritoneal effusion was visualized.

ULTRASONOGRAPHIC FINDINGS

- Normal empty stomach.
- Enteropathy- IBD or other inflammatory enteropathy possible, emerging to mild intestinal round cell neoplasia i.e. lymphoma.
- Noncongested mild hepatomegaly.
- Mild jejunocolic lymphadenopathy and mild nonspecific peritoneal effusion.
- Soft fecal matter in colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI, TLI, cobalamin and folate and if not recently done, screening three view chest radiographs to rule out intrathoracic pathology as a contributing factor is recommended. Assuming normal clotting status, screening hepatic FNA cytology as well as effusion analysis is recommended for further clarification. A definitive diagnosis may require intestinal and lymphatic biopsies for histopathology. Empirical IBD protocol with clinical and as needed sonographic monitoring if continued gastrointestinal signs or weight loss would be reasonable.





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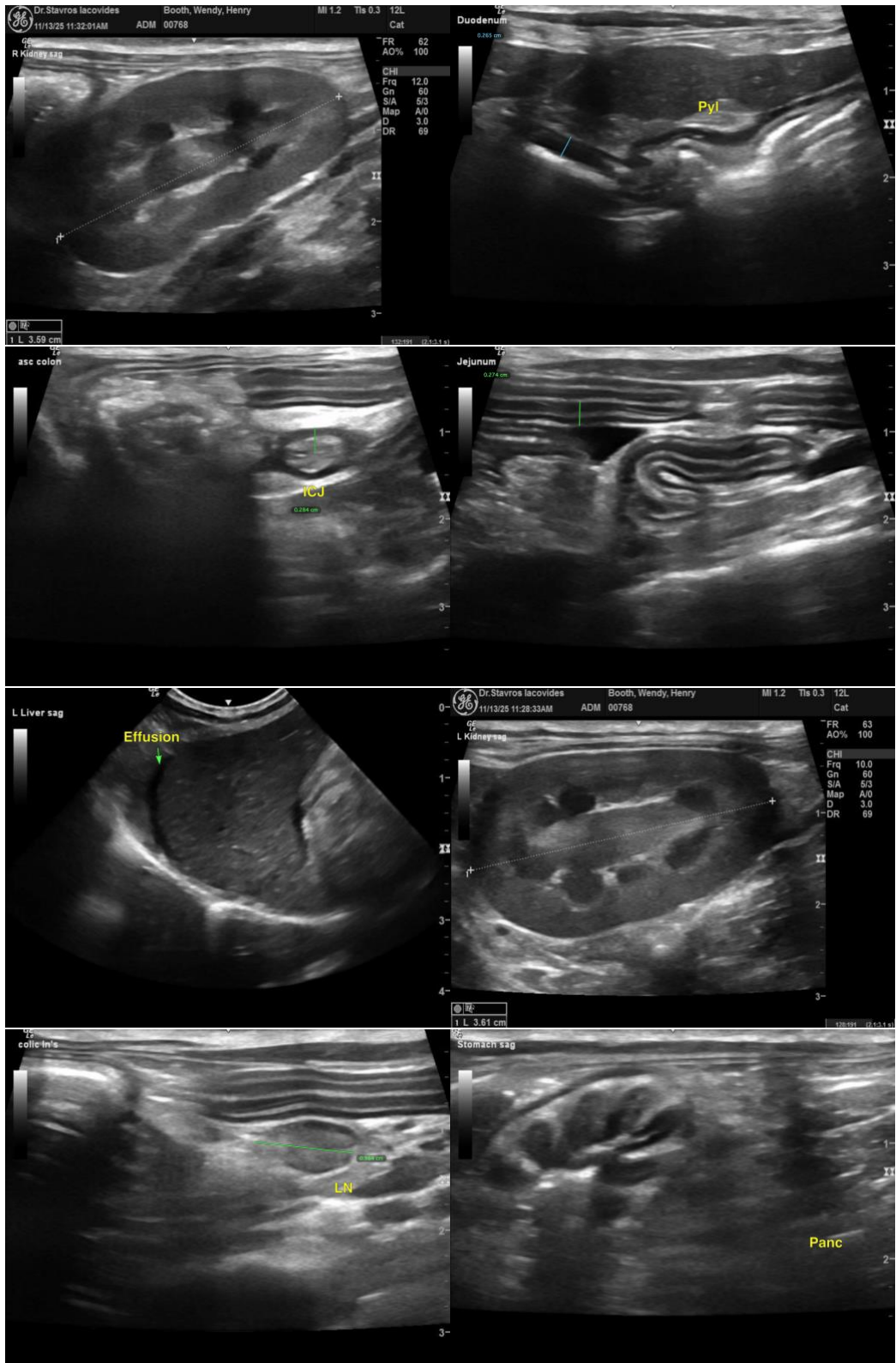
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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