



PATIENT

Diego Bennett

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5 Years

WEIGHT

5.7 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Bennett

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Bennett

INVOICE

12263

DATE

11/14/25

PRESENTING CLINICAL SIGNS

Decreased appetite Thursday 11/13 AM, completely anorectic Thursday PM & Friday AM. Lethargic x 24 hrs. Early Friday AM ran to litter box and had small amount of diarrhea. No vomiting. Indoor only. New kitten in household (integrated approx 1.5 months ago), asymptomatic. No known toxin, plant, or medication ingestion.

Abnormal PE/Chem/CBC/UA Results: Exam unremarkable. H/L auscult wnl. Abdomen non-painful. Sedated rectal exam: scant amount of mucoid diarrhea. Normothermic temp 100.9. EPOC: K 3.2, Crea 1.68, Hct 29% Senior screen pending, urine appeared concentrated.

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 3.8 cm in length. The right kidney measured 3.9 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 0.34 cm width.

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

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 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 was empty without ingesta, fluid or foreign material.



PATIENT

Diego Bennett

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty without mechanical/metabolic ileus to the level of the colon. Small intestine wall measured 0.20 cm wall width. Ileocolic wall measured 0.39 cm wall width.

SPECIES

Feline

Overall, normal intact visible colon wall. The colon contained semi formed to soft fecal matter and lumen gas. Subjective mildly prominent cecum wall adjacent to the ileocolic junction measuring 0.26 cm wall width.

BREED

Pancreas

DSH

The area of the pancreas was sonographically normal.

SEX

Neutered Male

Free Abdomen

Intermittent 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 1.4 cm in diameter. No evidence of peritoneal effusion.

AGE

5 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

5.7 kg

- Suspect mild jejunocolic lymphadenitis- likely secondary to inflammatory bowel episode.
- Possible mild typhlitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

No evidence of significant visceral pathology or neoplastic criteria. Recommend gastrointestinal supportive care and potential empirical treatment for lymphadenitis/possible mild typhlitis with clinical monitoring. Recheck sonogram if continued or progressive clinical signs.

IMAGING PERFORMED BY

Dr. Bennett

HOSPITAL NAME

Wilvet South

REFERRING VET

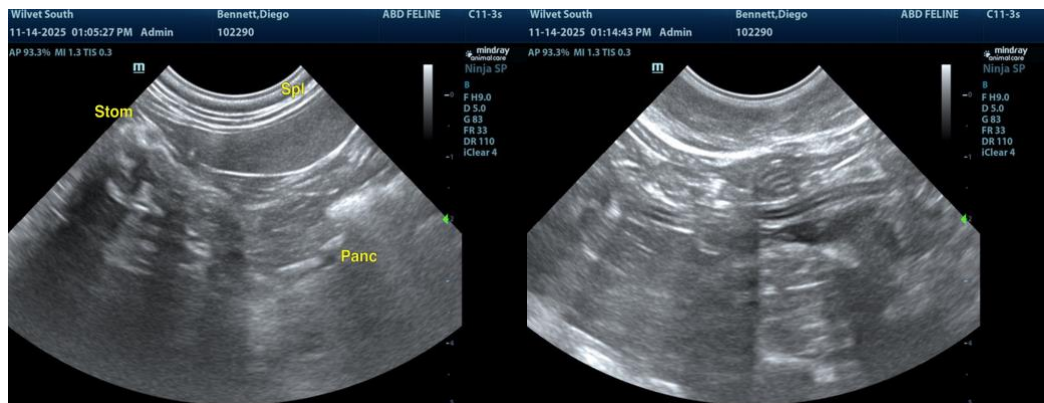
Dr. Bennett

INVOICE

12263

DATE

11/14/25





PATIENT

Diego Bennett

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5 Years

WEIGHT

5.7 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Bennett

HOSPITAL NAME

Wilvet South

REFERRING VET

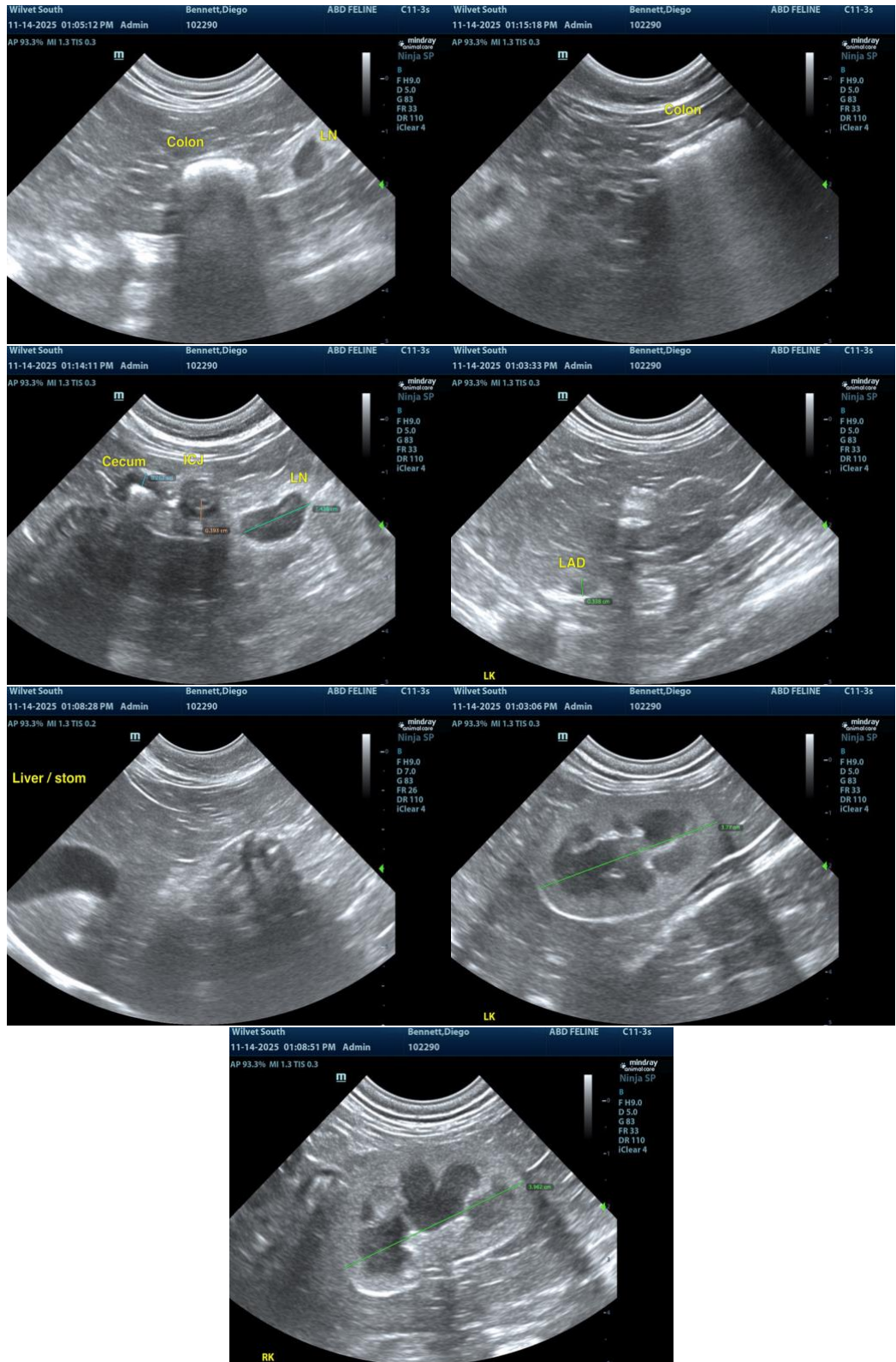
Dr. Bennett

INVOICE

12263

DATE

11/14/25





PATIENT

Diego Bennett

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5 Years

WEIGHT

5.7 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Bennett

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Bennett

INVOICE

12263

DATE

11/14/25

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