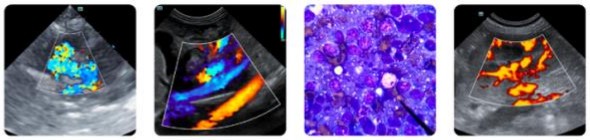

PATIENT

Ollie Herscovitch

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

8 Years

WEIGHT

8 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dave Stasiuk RDMS, RDCS, RTR

HOSPITAL NAME

Southpointe Pet Hospital

REFERRING VET

Southpointe Pet Hospital

INVOICE

12272

DATE

11/14/25

PRESENTING CLINICAL SIGNS

Normal labs in October 2025. Long history of inappetence and vomiting. Assess G.I. tract and biliary tract.

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.

The area of the aortic trifurcation was free of pathology.

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 4.5 cm in length. The right kidney measured 4.6 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 0.56 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 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 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 with no signs of ileus, obstruction or foreign material.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The jejunum wall measured 0.30 cm width. The duodenum wall measured 0.28 cm width. Intact mildly thickened ileocolic wall measuring 0.48 cm width.

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Normal visible colon wall layers were present with formed 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

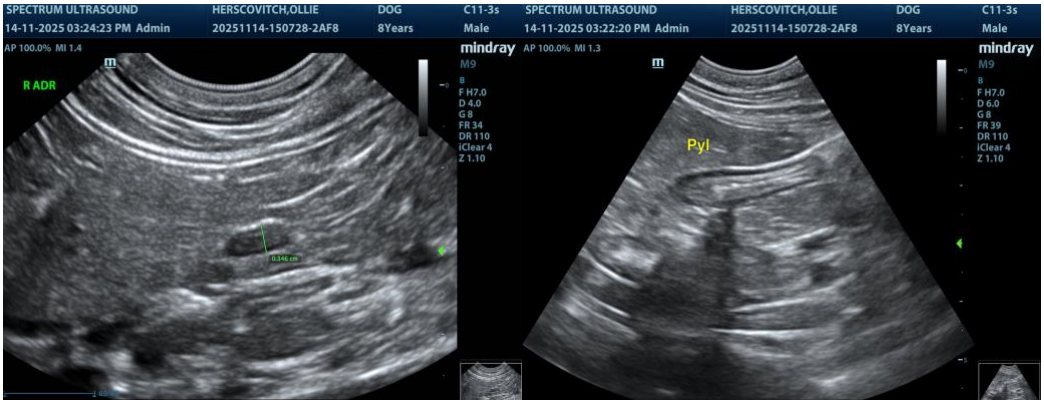
Intermittent mildly enlarged homogenous mesenteric lymph nodes were visualized with an example measuring 1.4 cm in diameter. Mild peri-ileocolic hyperechoic omentum. No evidence of peritoneal effusion present.

ULTRASONOGRAPHIC FINDINGS

- Normal empty stomach.
- IBD intestinal pattern.
- Associated mild mesenteric lymphadenopathy.
- Sonographically normal pancreas.
- Sonographically normal liver/gallbladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild potential for occult to emerging intestinal round cell neoplasia such as lymphoma may present in a similar sonographic manner and is not excluded yet thought less likely. Intestinal biopsies are required for a definitive diagnosis. A GI panel to include PLI, TLI, cobalamin and folate is recommended. Gastrointestinal support and empirical IBD protocol with clinical and as needed sonographic monitoring if continued gastrointestinal signs or weight loss would be reasonable.



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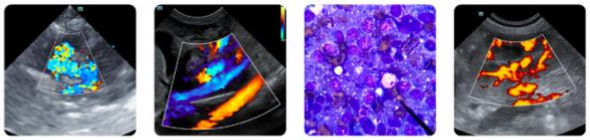

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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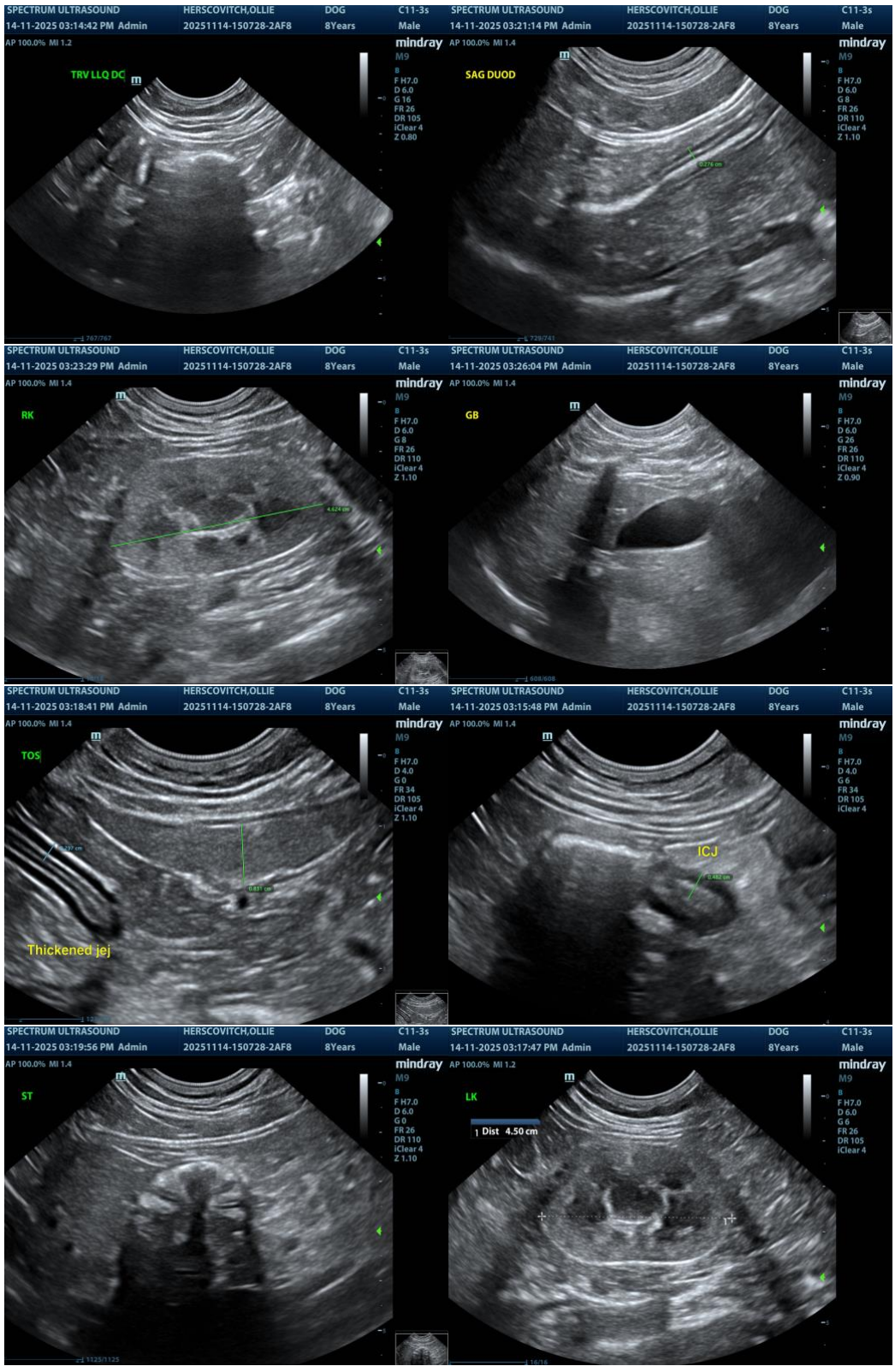

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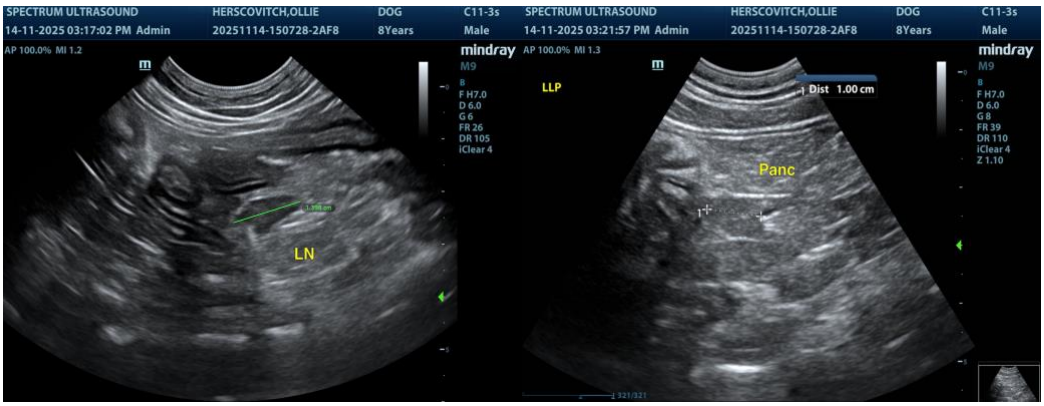

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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