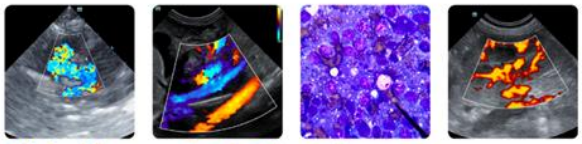


PATIENT
Bastion Holmes

SPECIES
Feline

BREED
DLH

SEX
MN

AGE
13yr

WEIGHT
13lb

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

IMAGING PERFORMED BY
Stacy Sather

HOSPITAL NAME
Emergency AH of Crystal Falls

REFERRING VET
Dr Wilson

INVOICE
22962

DATE
11/17/2025

PRESENTING CLINICAL SIGNS

Bastion, a 13YO MN DLH, presents as a referral for anorexia, jaundice, and acute vomiting. Bastion has had 2 episodes of vomiting over the last 2 days (unwitnessed), and has not eaten during that time period at all. Still urinating/defecating normally. No D/C/S. He is indoor only, no previous medical hx per O. He is UTD on vaccines, not on prevention.

Abnormal PE/Chem/CBC/UA Results: P is anemic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/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.

Normal size and margination were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. No obvious pathology in the area of the right adrenal gland, although not definitively visualized.

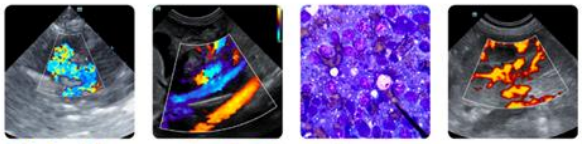
Spleen

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/Gallbladder

The liver was subjectively normal in size and vascular volume with primarily homogenous parenchyma with focal to intermittent mildly expansive to mildly hypoechoic intraparenchymal nodules with mild associated hepatic capsule distortion. An example of a nodule measured 2.0 cm in diameter. The gallbladder was non-distended in size with mildly prominent isoechoic gallbladder wall without edema. Anechoic bile primarily with mild non-organized cranial lumen bile sediment was present. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal



PATIENT

Bastion Holmes

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

13yr

WEIGHT

13lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Stacy Sather

HOSPITAL NAME

Emergency AH of Crystal Falls

REFERRING VET

Dr Wilson

INVOICE
22962

DATE
11/17/2025

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid and lumen gas with no signs of obstruction or foreign material. The pylorus wall measured 0.28 cm in width.

The visualized segments of small intestine presented intact wall layering with normal muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.24 cm in width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The left pancreas was prominent in size with capsule asymmetry and non-homogenous, mild hypoechoic parenchyma. The area of the pancreas base and right pancreatic limb, caudal and dorsal to the stomach exhibited irregular enlargement with asymmetrical capsule contour, non-homogenous hypoechoic parenchyma, measuring ~ 5 cm x 2.5 cm.

Free Abdomen

No visualized overt lymphadenopathy was present.

Mild volume primarily peri-hepatic to cranial abdomen effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Irregular enlarged to swollen non-homogenous hypoechoic pancreas
- Hepatic intraparenchymal nodules
- Probable mild gallbladder inflammation with mild gallbladder debris.
- Mild hypomotile stomach, sonographically unremarkable empty small intestine
- Mild volume peri-hepatic to cranial abdomen effusion.

Secondary

- Mild age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, primary concern for pancreatic and hepatic nodular neoplastic criteria is warranted. Significant to variable pancreatic inflammation and benign hepatic nodules may present in similar sonographic manner. An ill-defined non-pancreatic mass in the area of the pancreas, i.e. caudally expanding hepatic mass or less likely upper gastrointestinal mass, thought less likely yet not definitively excluded. Definitive evidence of post-hepatic obstruction at this at this stage was not obvious.

Assuming normal clotting status and using a 25g needle, a hepatic nodule and pancreas FNA for screening cytology is warranted for further assessment. Correlation with a spec fPL with concurrent gastrointestinal support is indicated. Three view chest radiographs are recommended if not done to

PATIENT

Bastion Holmes

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

13yr

WEIGHT

13lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Stacy Sather

HOSPITAL NAME

Emergency AH of Crystal Falls

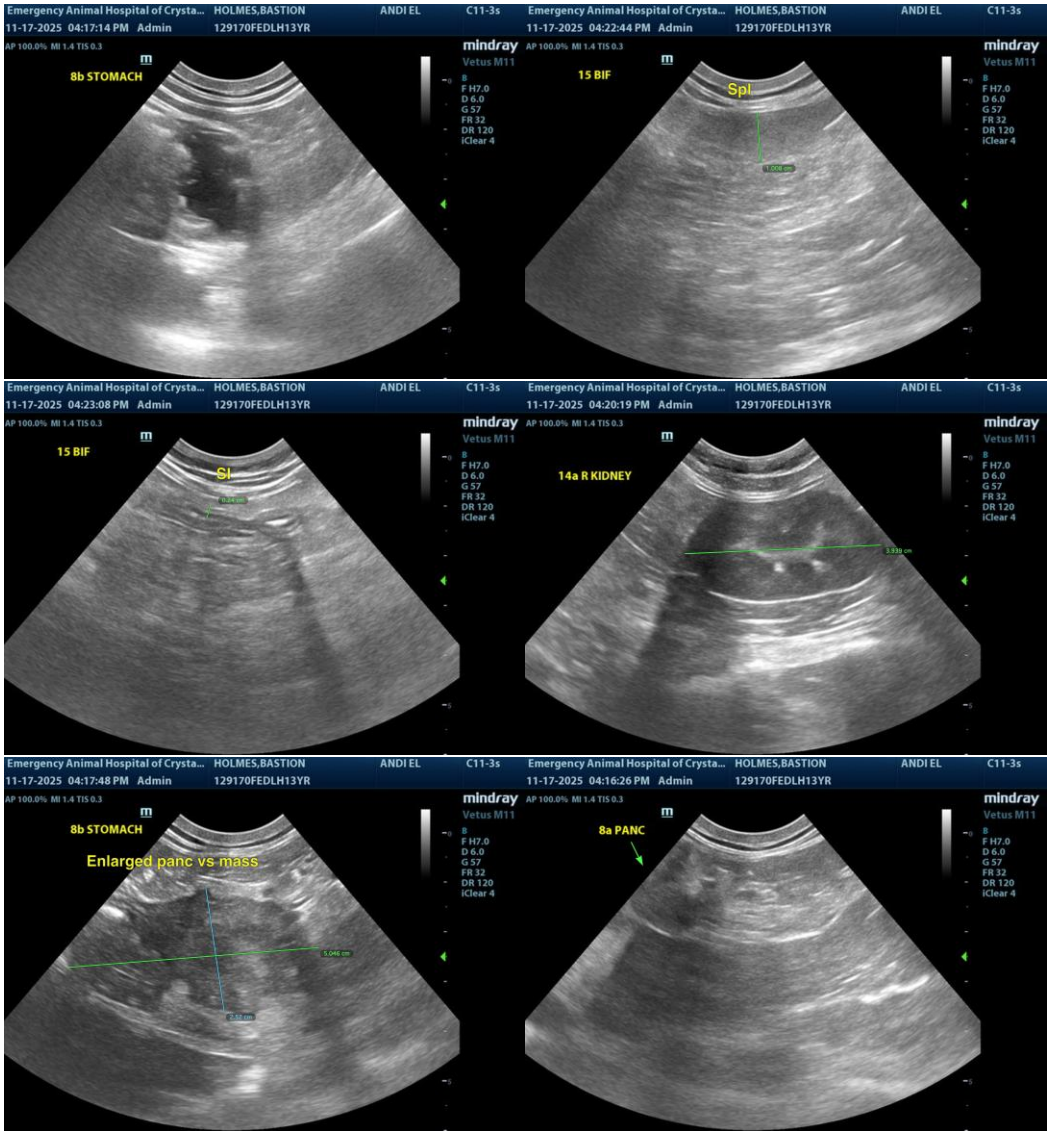
REFERRING VET

Dr Wilson

INVOICE
22962

DATE
11/17/2025

assess for occult thoracic pathology. Abdominal CT, assuming no pathology on chest radiographs may be considered.



PATIENT

Bastion Holmes

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

13yr

WEIGHT

13lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Stacy Sather

HOSPITAL NAME

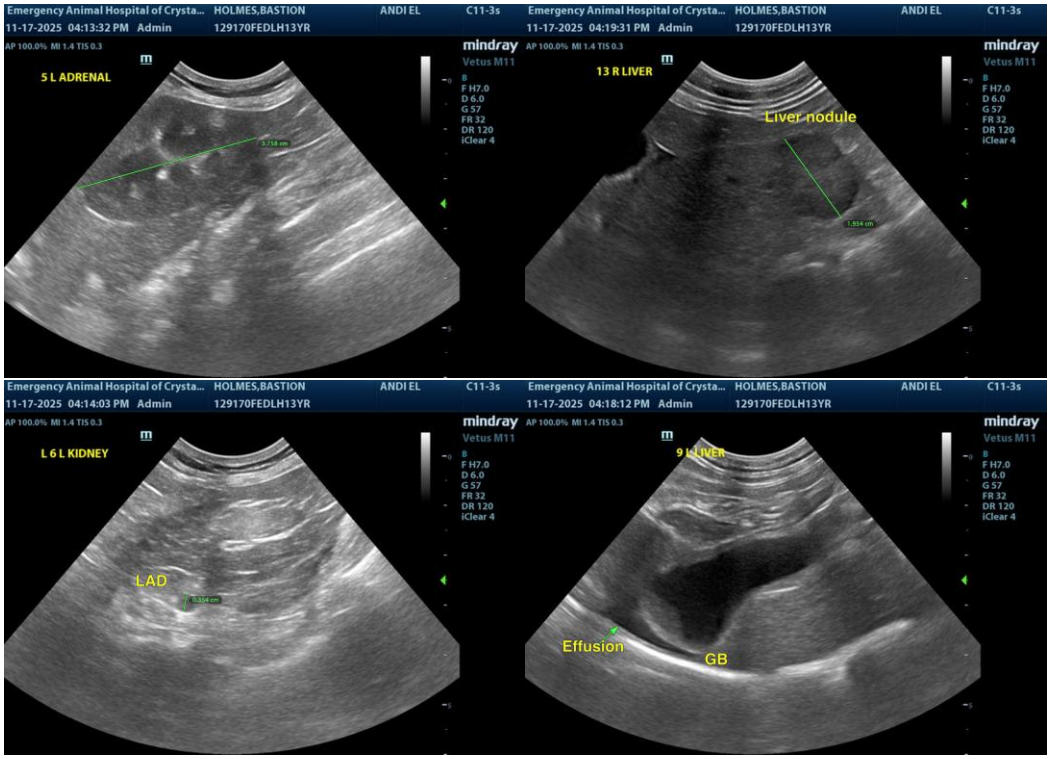
Emergency AH of Crystal Falls

REFERRING VET

Dr Wilson

INVOICE
22962

DATE
11/17/2025



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