



PATIENT

Simon Reese

SPECIES

Feline

BREED

Sphynx

SEX

Neutered Male

AGE

10 Years

WEIGHT

10.9

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. John Bucha VMD

HOSPITAL NAME

Harvey's Lake
Vetrinary Clinic

REFERRING VET

Dr. John Bucha VMD

INVOICE

12312

DATE

11/18/25

PRESENTING CLINICAL SIGNS

Simon has not been eating for the past 7-10 days. He has been eating small amounts of food when the owner puts it in his mouth and has been drinking this way too. He is slightly lethargic and has a pot belly appearance.

Abnormal PE/Chem/CBC/UA Results: Bloodwork, Urinalysis, and Radiographs were sent along with the Ultrasound images.

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 minor particulate urine sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomodullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.2 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

The left adrenal gland was not definitively visualized.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width.

Spleen

The spleen presented with normal size, mild asymmetrical medial capsule contour and subtle heterogeneous splenic parenchyma measuring 0.83 cm width level of the mid spleen.

Liver

The liver was enlarged exhibiting rounded symmetrical contour and homogenous mildly hyperechoic parenchyma with evidence of mild congested hepatic vasculature. Concurrent mildly prominent cranial abdomen caudal vena cava at the level of the liver and diaphragm measuring 0.70 cm in diameter.

The gallbladder was non distended in size with minor biliary sludge. No evidence of wall edema. The cystic duct and common bile ducts were normal without evidence of dilation.

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 visualized segments of small intestine exhibited overall intact to thickened wall with altered wall layer ratio owing to propensity for thickened muscularis layer. Small intestine wall measured 0.36 cm



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wall width. Generalized empty intestinal lumen without overt mechanical/metabolic ileus to the level of the colon. Ileocolic wall measured 0.36 cm wall width.

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

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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.

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Free Abdomen

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Mild volume of pleural effusion with generalized mild increased omental echogenicity.

Transdiaphragmatic view of the caudal thorax revealed concurrent pleural effusion.

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ULTRASONOGRAPHIC FINDINGS

- Enlarged mildly hyperechoic congested liver.
- Nonedematous gallbladder with mild bile sediment.
- Intact thickened small intestinal wall.
- Bilateral chronic renal changes.
- Bicavitary effusion with generalized mild hyperechoic omentum.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thickened small intestine wall may indicate IBD or other inflammatory enteropathy or neoplastic criteria such as lymphoma. The evidence of hepatic congestion may indicate cardiac or intrathoracic pathology. Correlation with full echocardiogram, three view chest radiographs and effusion analysis cytology +/- culture/sensitivity if inflammatory effusion component. Assuming normal clotting status and using a 25-gauge needle, hepatic FNA cytology to assess for occult disease and further clarification is warranted. No evidence of gastrointestinal mechanical obstructive pattern. Gastrointestinal support is indicated pending additional diagnostics. Nonobvious cardiac/intrathoracic pathology, multicentric inflammatory/infectious disease or neoplasia i.e. carcinomatosis, lymphomatosis, or similar, less likely FIP given patient's age are all potentials.

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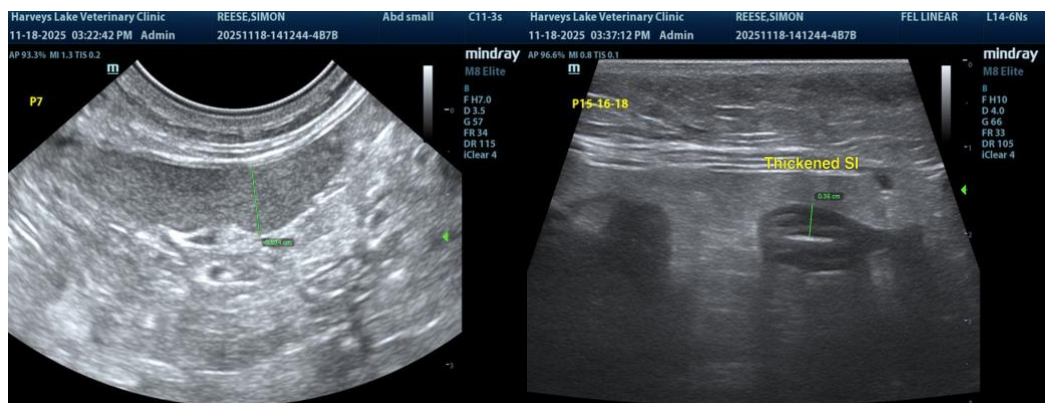
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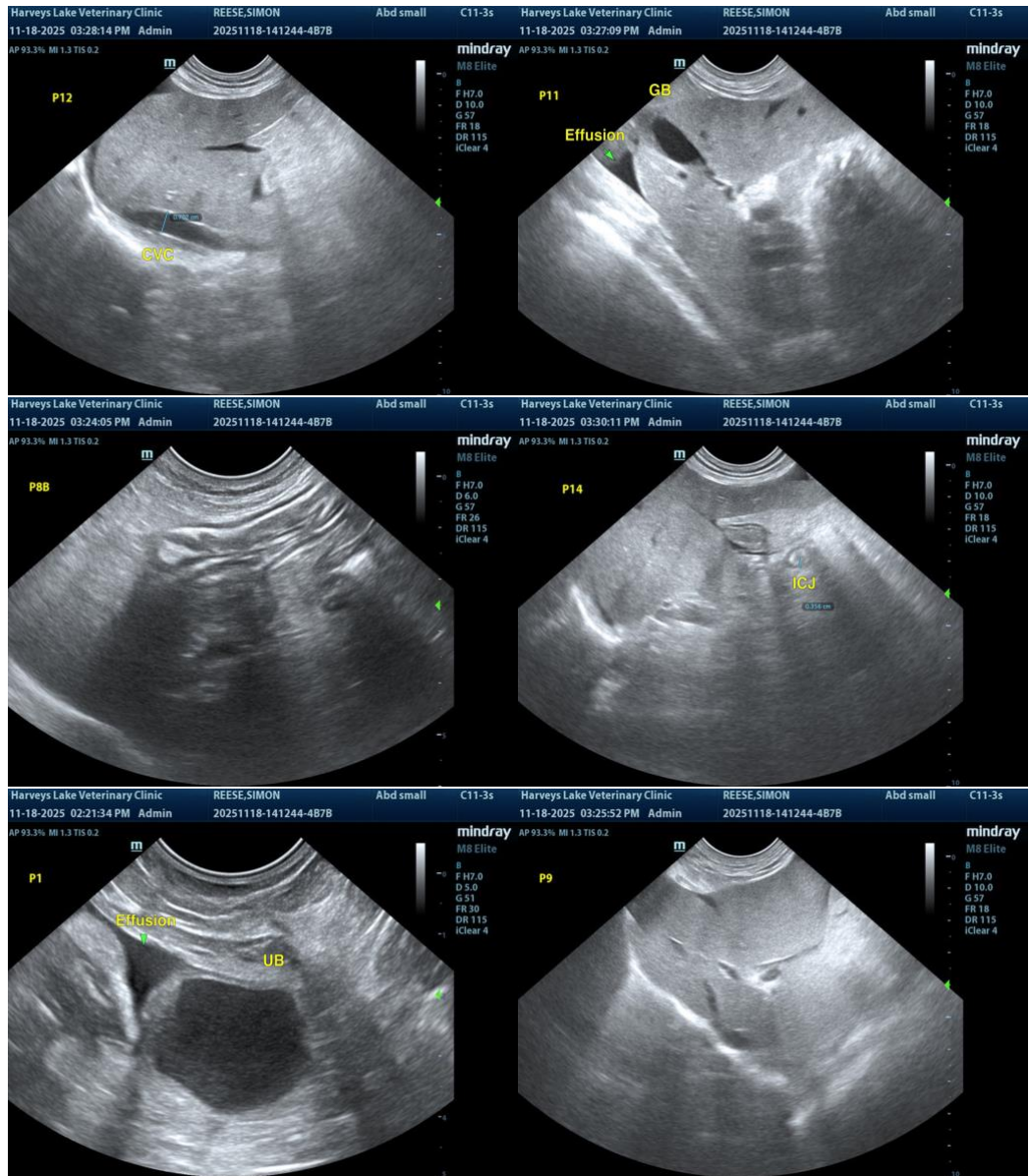
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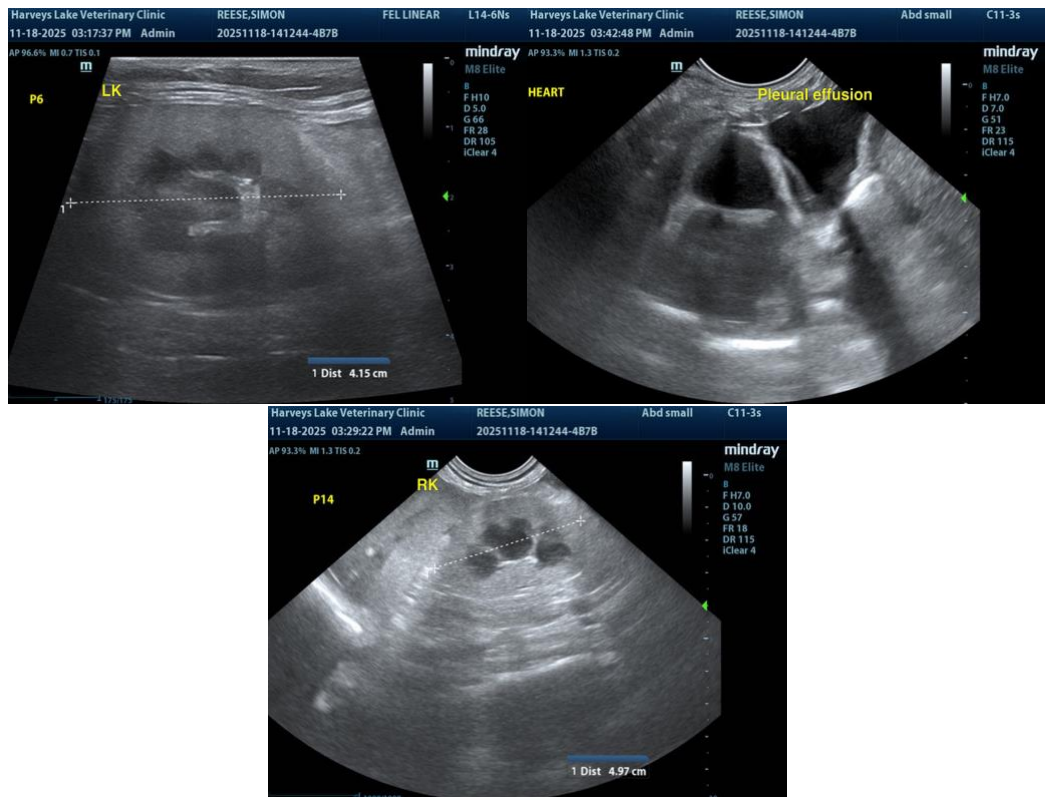
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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