

PATIENT

Lucipurr Rote

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5 Years

WEIGHT

5.2 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Victoria Orlando

INVOICE

12344

DATE

11/20/25

PRESENTING CLINICAL SIGNS

Had issues with weight loss and chronic vomiting- had AUS 9/2025 and diagnosed with likely ibd vs. emerging lymphoma and pancreatitis Recheck scan today was treated with cerenia, b12, changed to HA food, predL Currently on b12, HA food and predL every other day (decreased dose) minimal vomiting episodes since treatment (improved) has not gained any weight though and appetite slightly decreased

Abnormal PE/Chem/CBC/UA Results: none performed since initial AUS (was all unremarkable)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Nondependent particulate mild to moderate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes 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 4.2 cm in length.

Adrenal Glands

The left adrenal gland was subnormal in size consistent with steroid therapy. The left adrenal gland measured 0.20 cm width.

The right adrenal gland was not definitively visualized and exhibiting subjective subnormal size consistent with steroid therapy. No evidence of right adrenal 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 contained minor retained anechoic pyloric fluid with no signs of ileus, obstruction or foreign material.



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The small intestine presented with generalized intact wall layering with current overall maintained wall layer ratio. Segmental propensity for borderline prominent muscularis layer and mildly thickened intestine wall. The duodenum wall measured 0.28 cm width. The jejunum wall measured 0.28 cm width. The ileocolic wall measured 0.36 cm width.

Normal visible colon wall layers were present with apparent formed feces 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

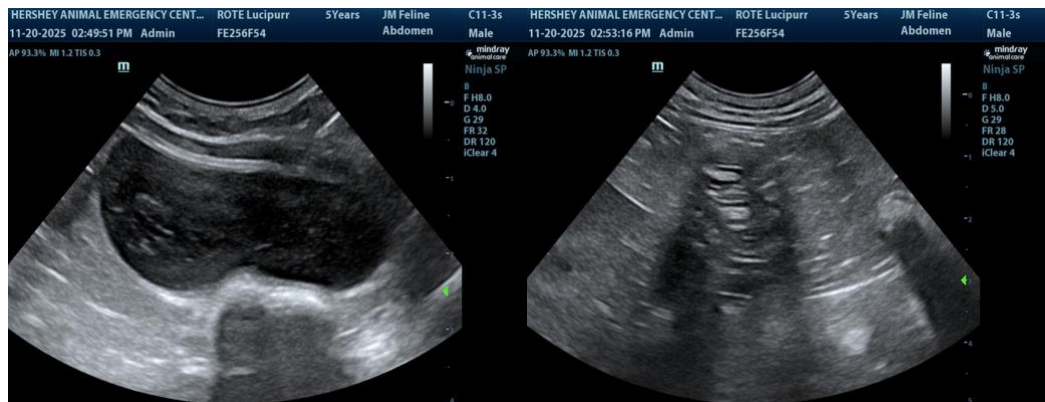
No visualized significant or previously noted lymphadenopathy was present. Mild hyperechoic peri-ileocolic omentum. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy- subjective static or slightly sonographically improved compared to previous study.
- Sonographically unremarkable area of pancreas.
- Mild to moderate urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of progressive intestinal mural changes or neoplastic criteria. This likely suggests inflammatory etiology i.e. IBD or other. Potential for suppressed intestinal round cell neoplasia such as lymphoma thought less likely. Continued empirical therapy for IBD with clinical and as needed sonographic monitoring is recommended.





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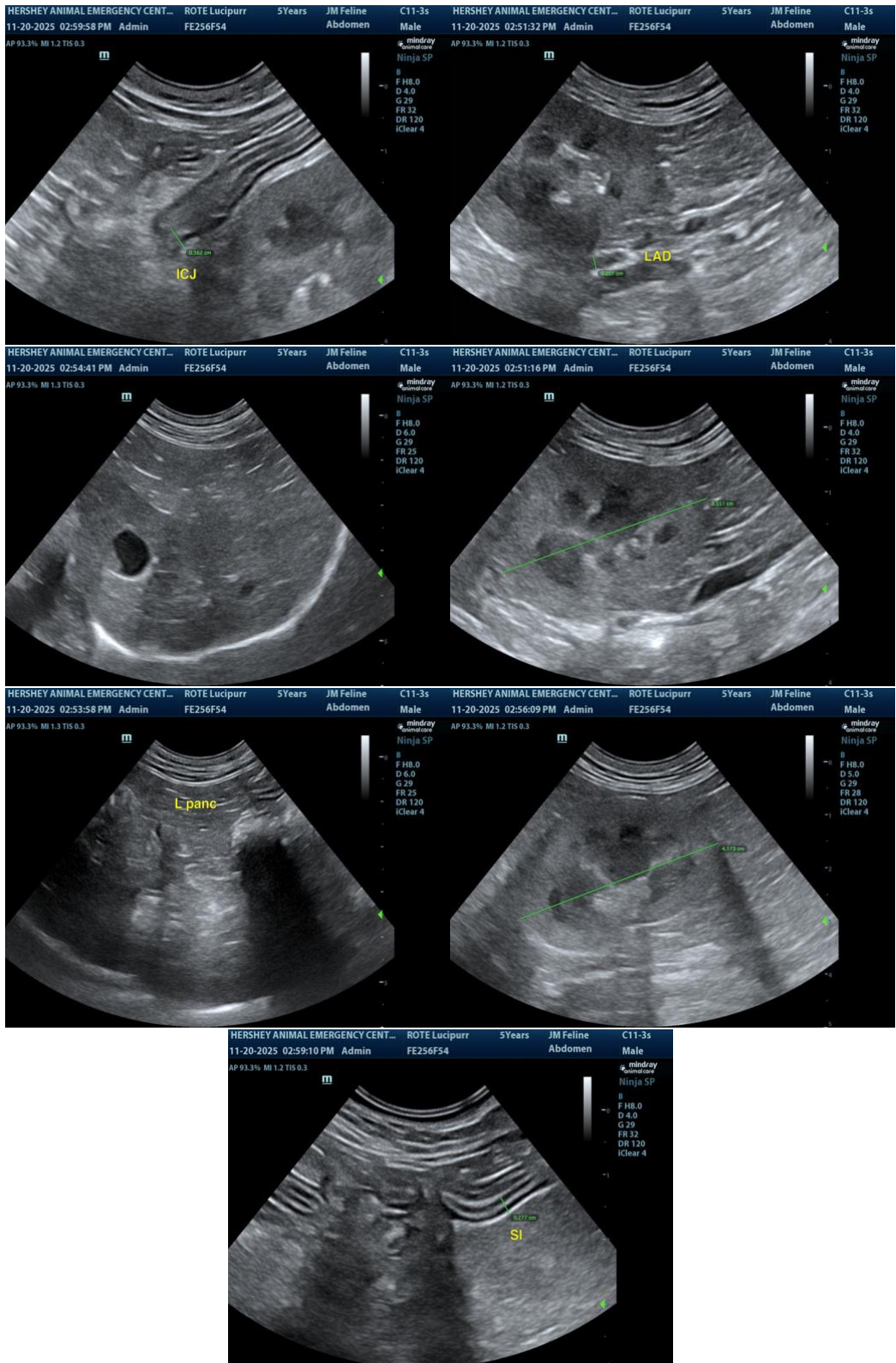
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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