

## PATIENT

Raja Garner

## SPECIES

Feline

## BREED

DLH

## SEX

M

## AGE

2 months

## WEIGHT

1.8

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Rebekah Jakum, CVT,  
ARDMS/RVT

## HOSPITAL NAME

Littlestown VH

## REFERRING VET

Dr. Kubala

## INVOICE

10389

## DATE

11/20/25

## PRESENTING CLINICAL SIGNS

1 month duration failure to thrive, minimal weight gain, bloated abdomen, hind end stiffness, mild tremors, loose stool/diarrhea, FIV+, increased TBili

Medication: Clavamox

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine 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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were 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 3.0 cm in length. The right kidney measured 3.3 cm in length.

### *Adrenal Glands*

No obvious pathology was noted in the area of the left adrenal gland. The right adrenal gland uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.27 cm width.

### *Spleen*

The spleen exhibited normal width with maintained symmetrical capsule contour and homogeneous parenchyma. Subjective elongated splenic presentation was noted. The spleen measured 0.78 cm width at the level of the mid spleen.

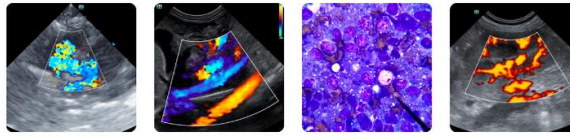
### *Liver/ Gallbladder*

The liver was subjectively mildly enlarged with normal contour. Normal hepatic vascular volume was present. 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 evidence of retained gastric ingesta, fluid, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with segmental to generalized mild intestinal gas pattern. The small Intestinal wall width measured 0.20 cm. The ileocolic wall width measured 0.29 cm.



**PATIENT**

The colon was nondistended in size with normal visible colon wall. The colon contained semi-formed fecal matter.

Raja Garner

***Pancreas***

**SPECIES**

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 were evident.

Feline

**BREED**

***Free Abdomen***

DLH

There is no evidence of visualized significant omental lymphadenopathy. No evidence of peritoneal effusion was noted. No omental masses were noted.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

M

- Nonspecific mild hepatosplenomegaly
- Structurally unremarkable empty gastrointestinal tract
- Nondistended colon containing semi-formed fecal matter
- Sonographically unremarkable peritoneal cavity – no evidence of masses, significant lymphadenopathy, or effusion
- Normal bilateral kidneys / urinary bladder

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, a definitive cause of the patient's clinical presentation, such as overt neoplasia or FIP, was not definitive. No evidence of intrahepatic or extrahepatic macroscopic shunt. Assuming normal clotting status and using a 25-gauge needle, screening hepatosplenic FNA cytology in conjunction with a GI panel to include PLI/TLI/Cobalamin/Folate and diarrhea PCR panel to assess for occult disease may be considered. Correlation with neurological examination is recommended.

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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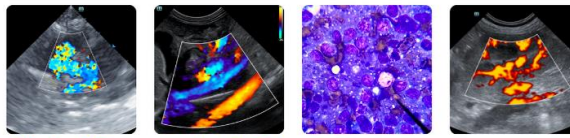
One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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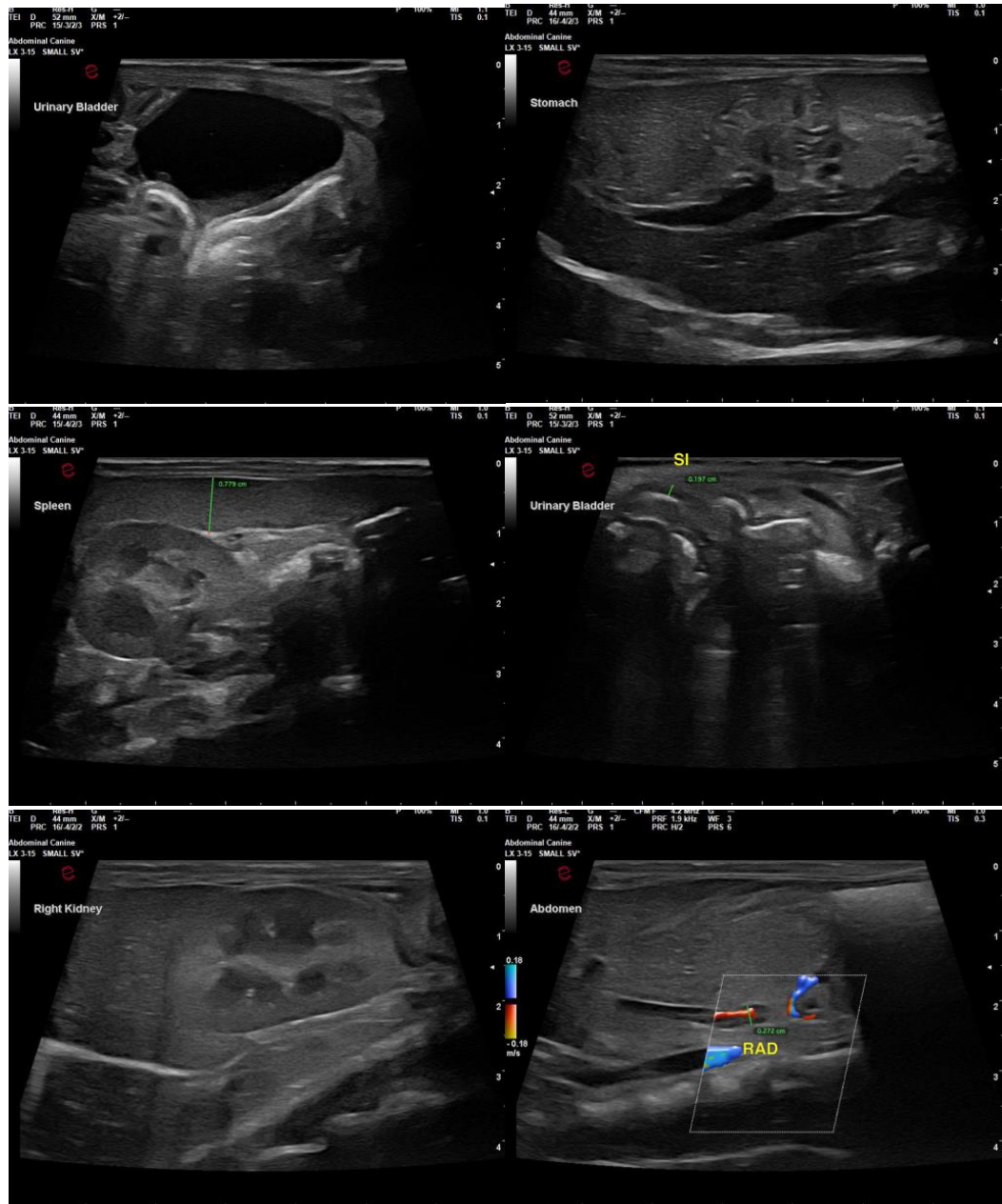
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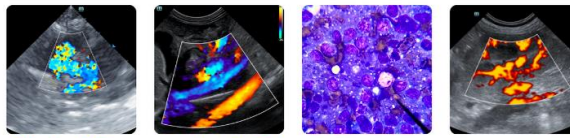
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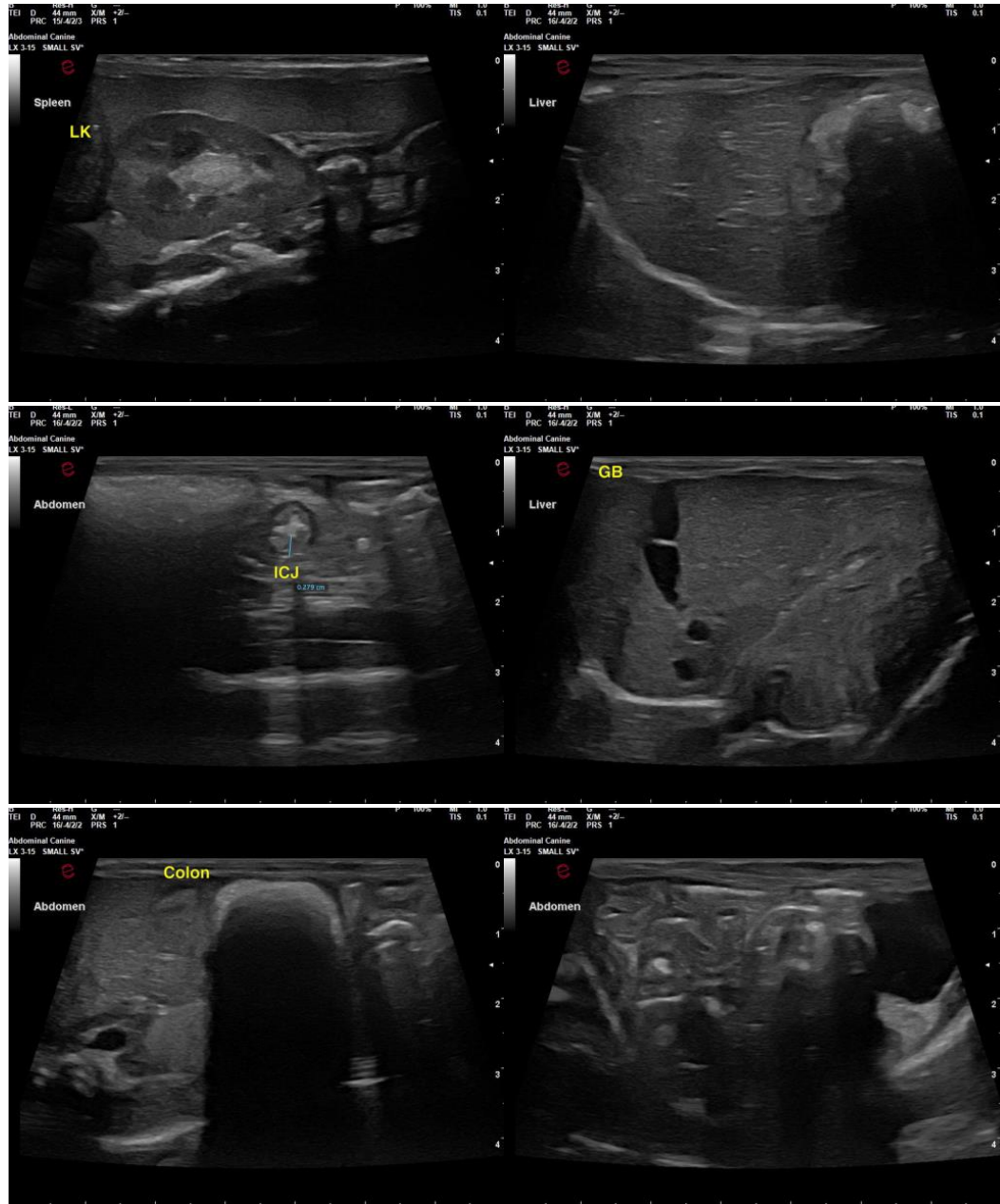
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)