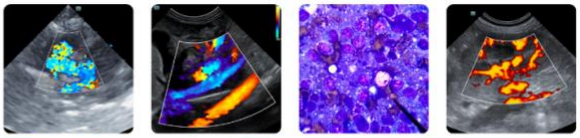


PATIENT

Milo Lopez

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

14 Years

WEIGHT

7 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Meghan Morse LVT, CVT

HOSPITAL NAME

Englewood Veterinary Center

REFERRING VET

Dr. Ezik

INVOICE

12403

DATE

11/21/25

PRESENTING CLINICAL SIGNS

Unmanaged hyperthyroidism, follow up on enlarged nonhomogeneous hypoechoic pancreas and irregular mesenteric lymphadenopathy

Current meds: Methimazole

Abnormal PE/Chem/CBC/UA Results: RBC 6, Hg 10, Ca 12.4, AG 27, ALT 797, AST 170, ALP 281, T4 6.4

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. Primarily anechoic urine was present in the lumen. Nondependent particulate mild 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 contour was present in the kidneys. Mildly prominent hyperechoic cortex with adequate medullary volume. Previously noted nonspecific hyperechoic corticomedullary rim with no evidence of pyelectasia. No evidence of left or right retroperitoneal effusion. The left kidney measured 4.0 cm in length. The right kidney measured 3.9 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 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width.

Spleen

The spleen exhibited normal size and contour with mild nonhomogenous to hypoechoic parenchyma measuring 0.69 cm in diameter.

Liver

The liver presented borderline to mild enlarged, symmetrical contour and primarily homogenous parenchyma. A solitary nondisruptive isoechoic to mildly hypoechoic homogenous hepatic intraparenchymal nodule was visualized adjacent to the gallbladder measuring 2.0 cm in diameter. The nodule did not distort the hepatic capsule.

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 small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

PATIENT

Milo Lopez

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

14 Years

WEIGHT

7 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Meghan Morse LVT, CVT

HOSPITAL NAME

Englewood Veterinary Center

REFERRING VET

Dr. Ezik

INVOICE

12403

DATE

11/21/25

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

Pancreas

The pancreas exhibited overall static enlargement compared to the previous study with symmetrical to mildly asymmetrical pancreatic capsule contour and generalized variable nonhomogenous hypoechoic parenchyma with markedly prominent pancreatic duct. Mild surrounding peripancreatic hyperechoic omentum. The left pancreatic limb measured 1.7 cm I width.

Free Abdomen

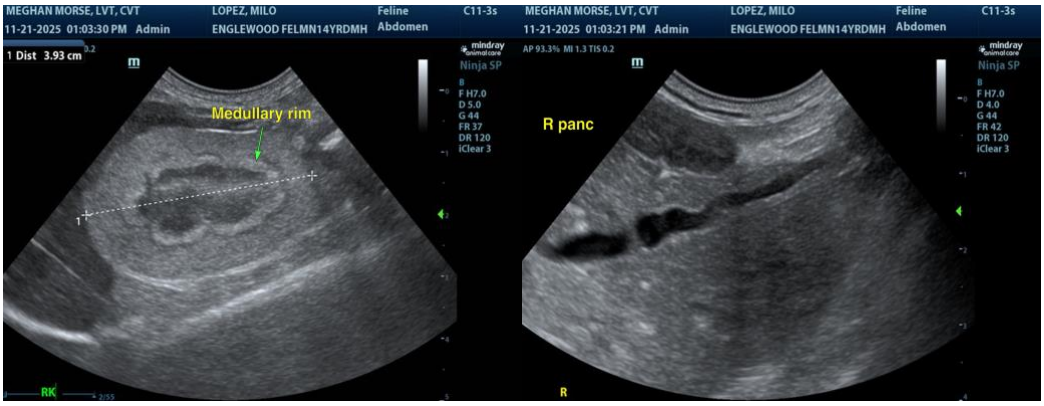
A solitary visualized minor prominent cranial mesenteric lymph node was present exhibiting a homogenous parenchyma. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 0.50 cm in diameter. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Overall, static markedly enlarged nonhomogenous hypoechoic pancreas with marked pancreatic duct dilation.
- Normal gastrointestinal tract.
- Static chronic renal changes exhibiting nonspecific medullary rim sign.
- Minor mesenteric lymphadenopathy.
- Borderline/mild hepatomegaly with homogenous intraparenchymal nodule.
- Mild urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pancreatic inflammation is favored over neoplasia given overall static pancreatic presentation compared to the previous study. Assuming normal clotting status and using a 25-gauge needle, pancreatic as well as hepatic parenchyma and if accessible, hepatic nodule FNA cytology to assess for inflammatory versus neoplastic etiologies is recommended. The current minor mesenteric lymphadenopathy is not overtly consistent with neoplastic or metastatic criteria. Empirical therapy for pancreatitis with consideration for hepatosupportive medications and empirical therapy for potential cholangiohepatitis with clinical and sonographic monitoring would be reasonable.



PATIENT

Milo Lopez

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

14 Years

WEIGHT

7 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Meghan Morse LVT, CVT

HOSPITAL NAME

Englewood Veterinary Center

REFERRING VET

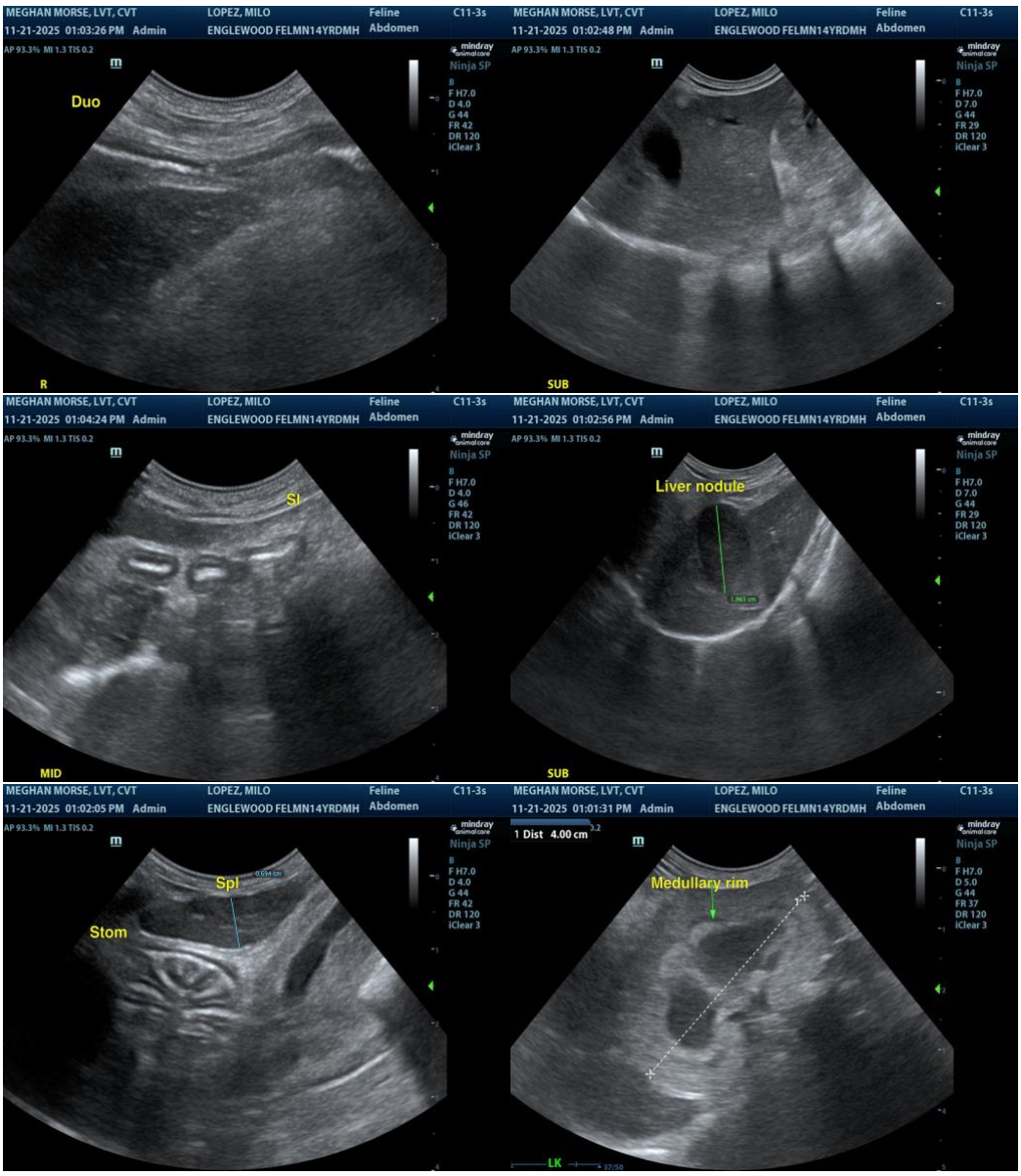
Dr. Ezik

INVOICE

12403

DATE

11/21/25



PATIENT

Milo Lopez

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

14 Years

WEIGHT

7 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Meghan Morse LVT, CVT

HOSPITAL NAME

Englewood Veterinary Center

REFERRING VET

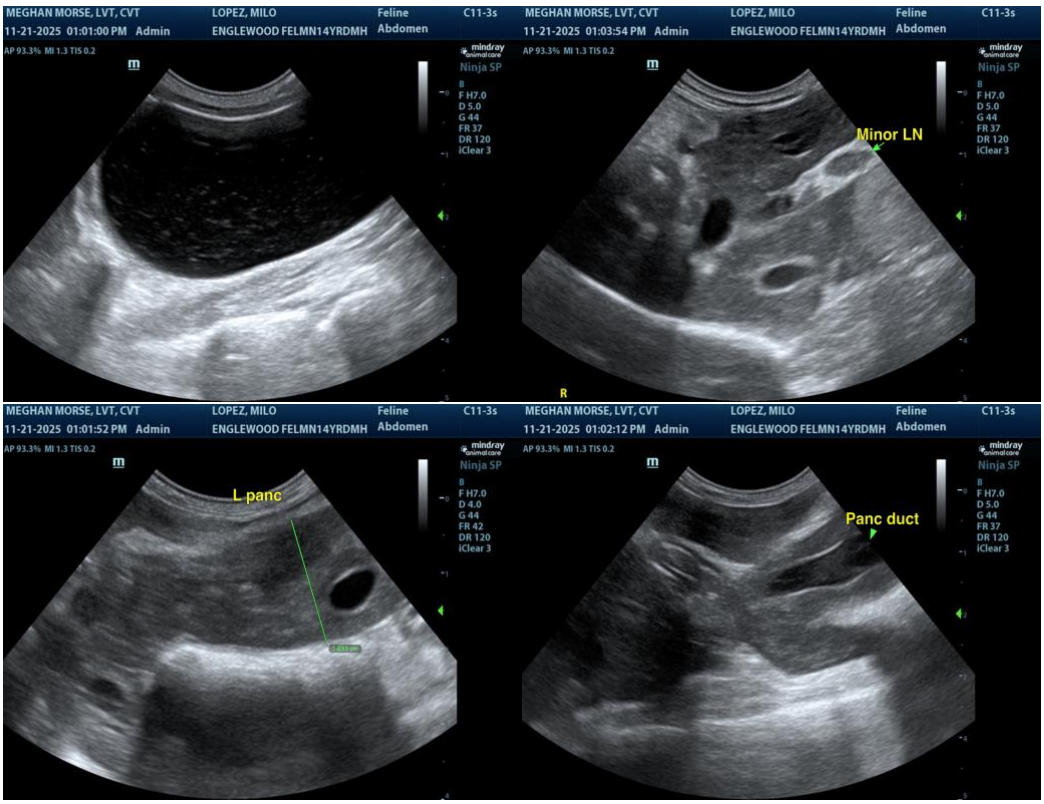
Dr. Ezik

INVOICE

12403

DATE

11/21/25



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