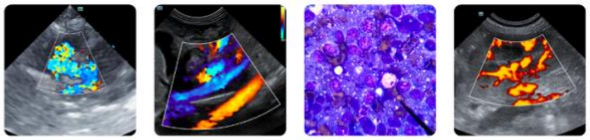

PATIENT

Webly Wehrs

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

11.88

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Christa Williams DVM, DABVP

HOSPITAL NAME

Caravan Vet

REFERRING VET

Dr. Christa Williams DVM, DABVP

INVOICE

12421

DATE

11/21/25

PRESENTING CLINICAL SIGNS

Cat has had decreased appetite since 10.30.25. He is currently on mirataz and eating about 100 calories per day with coaxing. Abdominal x-rays showed no evidence of Gi obstruction but radiologist did note bilateral renomegaly and was concerned about lymphoma, amyloidosis or FIP as possible causes for his decreased appetite and recommended AUS as next step.

Abnormal PE/Chem/CBC/UA Results: Labs are WNL (CBC, Chem, T4, UA, GI Panel), but cat is hypertensive (230 mmHg on 11.6.25). Cat has been started on amlodipine in addition to Mirataz. He has lost 1.1 pounds since the end of August 2025. Physical Exam otherwise WNL. Cat is not vomiting, and energy level is normal. Liver and Spleen Cytology pending.

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.

The right kidney exhibited mild enlarged size while the left kidney exhibited borderline enlarged size. Mild thickened left and right renal cortex. Intact corticomedullary architecture with mild indistinct corticomedullary border demarcation. A lateral cortical infarct was present in the right kidney as well as minor pyelectasia. The left kidney measured 4.4 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland subjectively measured 0.30 cm width. The right adrenal gland subjectively measured 0.33 cm width.

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 mild retained anechoic pyloric fluid with no evidence of foreign material or obstruction to pyloric outflow.

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The small intestine presented with intact wall layering exhibiting borderline wall thickness and segmental to generalized subjective borderline increased mucosa. Small intestine wall measured 0.26 cm width. The ileocolic wall measured 0.34 cm width.

Normal visible colon wall layers were present with semi formed fecal matter and lumen gas in lumen.

Pancreas

The left pancreas presented prominent in size, mild capsule asymmetry and mild nonhomogenous parenchyma exhibiting prominent left limb pancreatic duct.

Free Abdomen

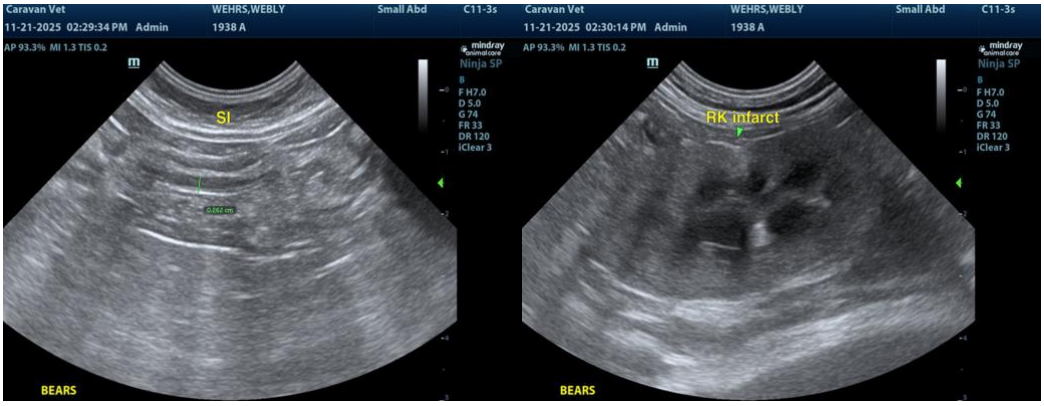
No peritoneal effusion was present. Mild regional peri-ileocolic hyperechoic reactive omentum or possible steatitis. Intermittent mildly enlarged homogenous colic lymph nodes were visualized with an example measuring 0.80 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Intact borderline thickened small intestine wall.
- Peri-ileocolic reactive omentum/steatitis with mild colic lymphadenopathy.
- Semi formed fecal matter in colon.
- Chronic pancreatitis.
- Chronic renal changes exhibiting intact architecture, borderline to mild renomegaly and right kidney cortical infarct.
- Mild urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral kidneys are not sonographically suggestive of neoplastic criteria. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. Correlation with pending hepatosplenic is recommended although no sonographic evidence of hepatosplenic pathology. The small intestine and colic lymphadenopathy are nonspecific with considerations including nonspecific inflammatory enteropathy i.e. IBD or other, intestinal and emerging lymphatic neoplastic criteria thought less likely. A GI panel to include PLI, TLI, cobalamin and folate to correlate with the pancreas and assess for intestinal disease as well as three view chest radiographs to rule out thoracic pathology as a contributing factor to the mild weight loss is recommended.



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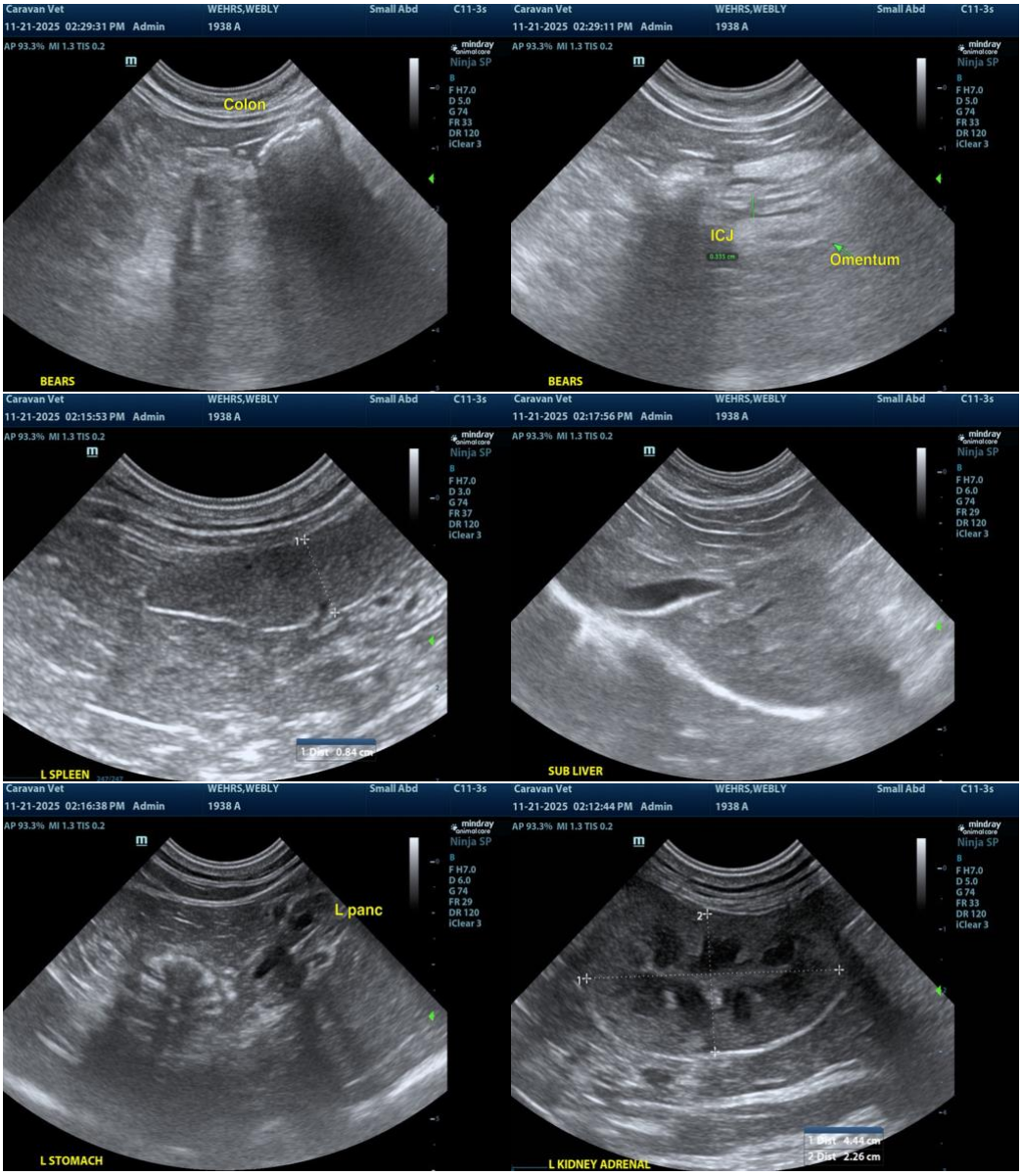

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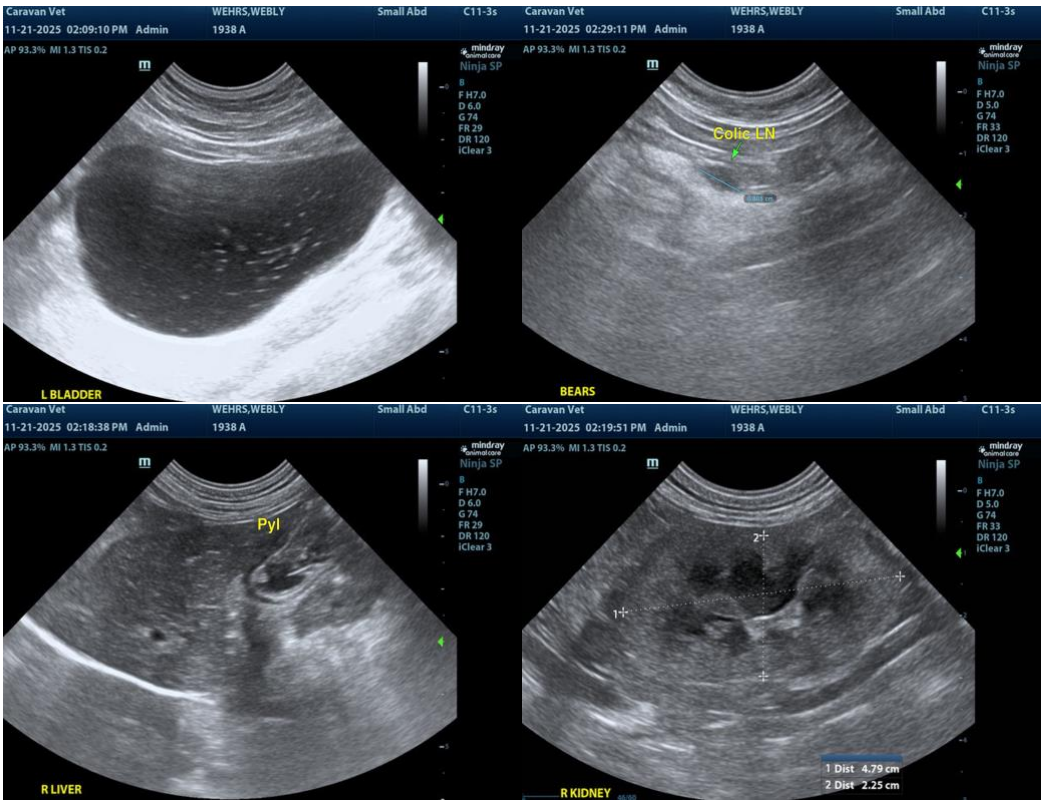

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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