



PATIENT

Tessa Cutchin

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

10yr

WEIGHT

7.1lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Trae Cutchin

HOSPITAL NAME

Friendship Springs
Veterinary Care

REFERRING VET

Trae Cutchin

INVOICE

23018

DATE

11/22/2025

PRESENTING CLINICAL SIGNS

Patient has started losing weight over the last month. Started vomiting this week occasionally with diarrhea. Completely indoor cat, one of three.

Abnormal PE/Chem/CBC/UA Results: CBC, chems, T4, UA wnl. FeLV/FIV neg. GI panel pending. FNA cytology of presumed lymph node pending. IPE and giardia negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen 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.

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 3.3 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 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. The spleen measured 0.85 cm in width at the level of the mid spleen.

Liver/Gallbladder

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was mildly distended in size with normal walls and minor dependent lumen hyperechoic sediment / mineral. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented borderline intact prominent pylorus wall with mild retained pylorus fluid. The pylorus wall measured 0.31 cm in width. No evidence of obstruction to pyloric outflow.

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 mechanical/metabolic ileus, obstruction or foreign material.



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The duodenum wall measured 0.29 cm width. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.37 cm width.

Non-distended colon was present with generalized feces in lumen. Mildly prominent transverse to proximal descending colon wall exhibiting mild mural hypoechoogenicity measuring 0.23 width was present.

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 omental masses or peritoneal effusion was present.

Intermittent enlarged jejunocolic and focal pancreaticoduodenal lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 2.5 cm x 0.64 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

- Overall, sonographically normal gastrointestinal tract with mild retained pyloric fluid
- Borderline thickened hypoechoic transverse to proximal descending colon wall with generalized soft fecal matter
- Mesenteric lymphadenopathy
- Minor gallbladder hyperechoic sediment / mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Despite lack of overt or significant gastroenterocolic mural pathology, IBD or other inflammatory gastroenterocolopathy, emerging currently structurally insignificant neoplasia i.e. lymphoma, mesenteric lymphatic hyperplasia, inflammation or early metastasis all potentials. Correlation with pending diagnostics and cytology is recommended. Definitive diagnosis may require gastrointestinal and lymphatic biopsies for histopathology.



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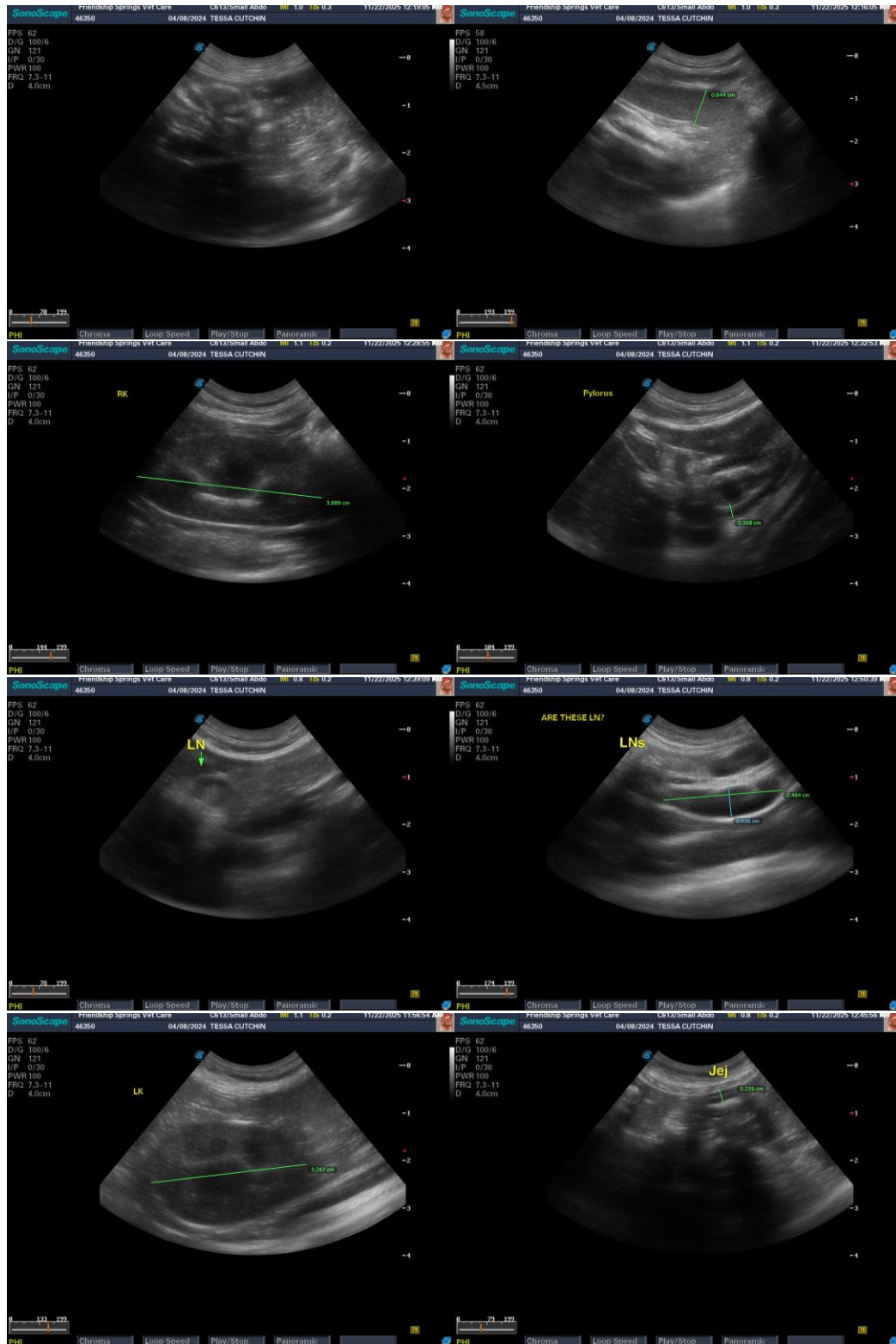
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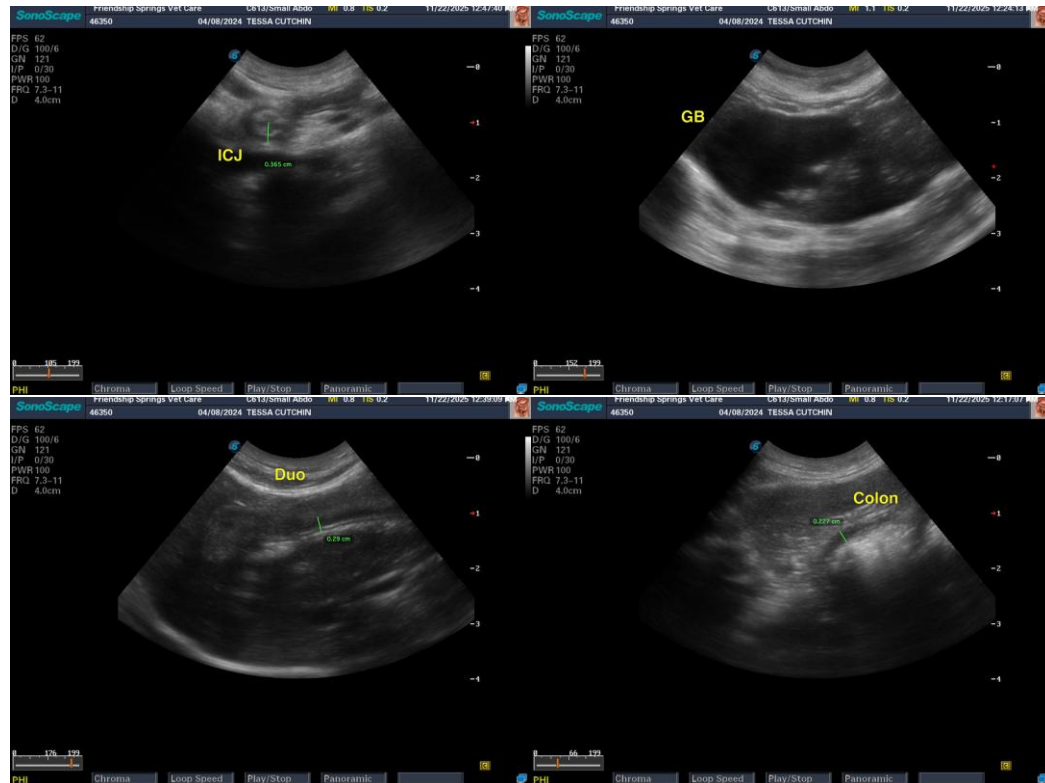
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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