



PATIENT

Mister Trivett

SPECIES

Mister Trivett

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

12.81 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Norfolk County
Veterinary Service

REFERRING VET

Dr. Jeremy Carignan
DVM

INVOICE

12440

DATE

11/23/25

PRESENTING CLINICAL SIGNS

Weight loss, polydipsia, vomiting. Hyperalbuminemia 4.2; lymphocytosis 46%

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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change 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 3.7 cm in length. The right kidney measured 4.2 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 0.34 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 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 divided into two compartments with mild bile sediment. The common bile duct was not visualized.

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 intestinal walls demonstrated mildly thickened wall and mild altered 1:3 muscularis / mucosa ratio primarily noted in the jejunum owing to mildly prominent muscularis layer. The duodenum wall measured 0.29 cm width. The jejunum wall measured 0.29 cm width. The ileocolic wall measured 0.35 cm width.

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



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Pancreas

Mister Trivett

The pancreas was normal in size with mild capsule asymmetry and mild nonhomogenous hypoechoic parenchyma compared to adjacent nonreactive omentum.

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Free Abdomen

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Colic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). A example measured 0.50 cm in diameter.

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ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings

Neutered Male

- Intact mildly thickened small intestine wall- IBD or other inflammatory enteropathy favored, potential for emerging to low-grade intestinal round cell neoplasia i.e. lymphoma.
- Normal empty stomach.
- Mild subjective benign colic lymphadenopathy.
- Possible mild pancreatitis.
- Normal bilateral kidneys/adrenal glands.

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Secondary Findings

- Bilobed gallbladder with mild bile sediment- bilobed gallbladder normal variant in a cat.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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R. McKenzie Daniel,
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/ Feline Practice)

A GI panel to include PLI, TLI, cobalamin and folate is recommended. Concurrent three view chest radiographs are suggested if not recently done to rule out thoracic pathology as a contributing factor. CBC pathology review +/- flow cytometry if persistent lymphocytosis is recommended. A definitive diagnosis would likely require intestinal and lymphatic biopsies for histopathology. Empirical gastrointestinal support therapy for possible low-grade pancreatitis +/- empirical IBD protocol with clinical and sonographic monitoring of persistent gastrointestinal signs or weight loss would be a more conservative approach.

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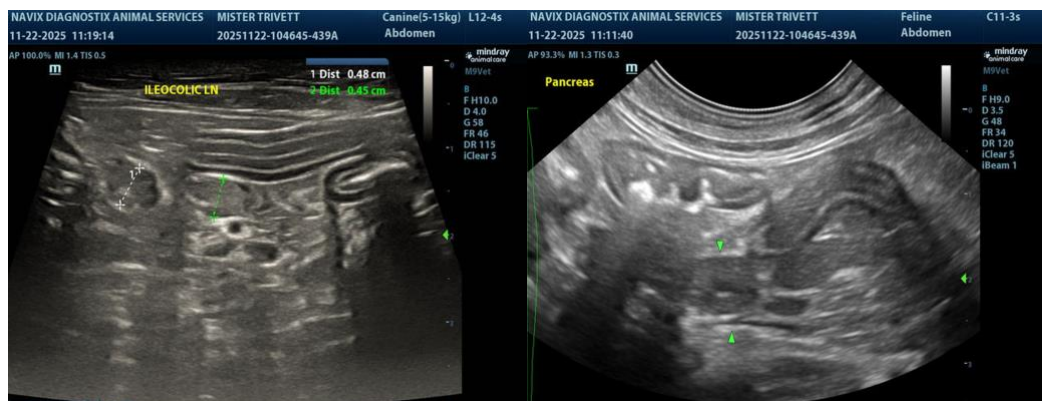
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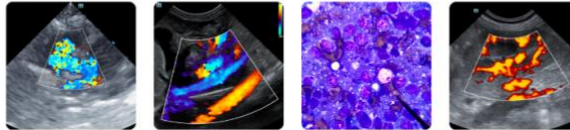
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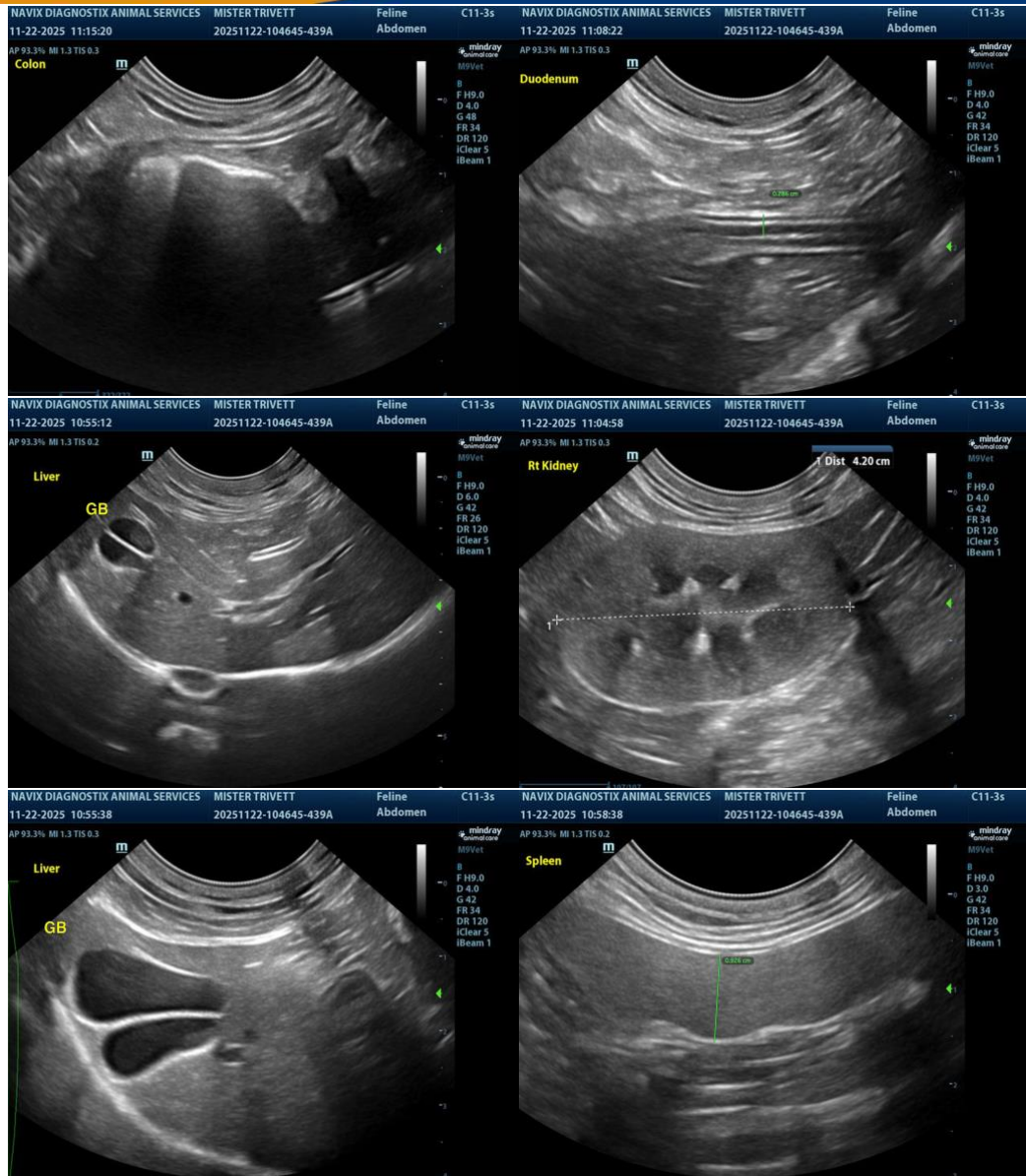
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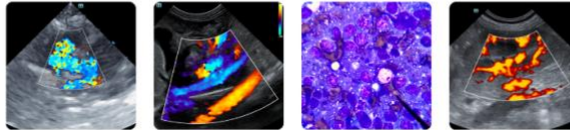
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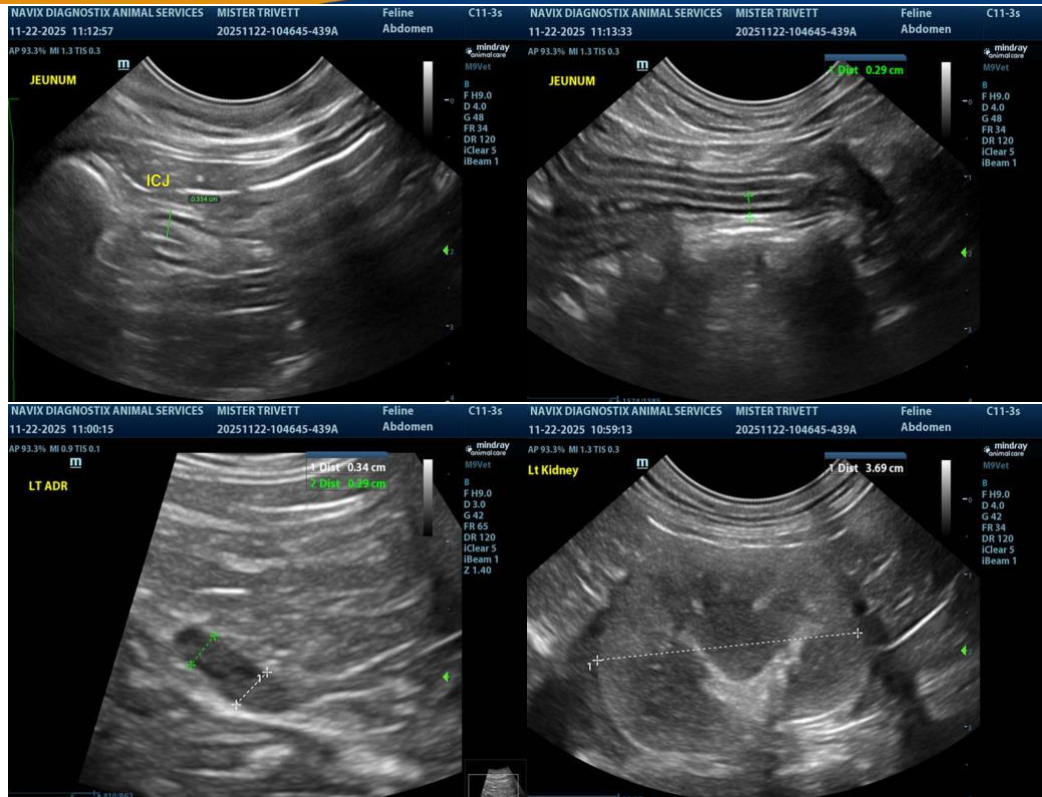
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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