



PATIENT

Homer Nailor

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15yr

WEIGHT

8.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap Animal
Hospital

REFERRING VET

Dr. Cynthia Kinney

INVOICE 23050

DATE 11-24-25

PRESENTING CLINICAL SIGNS

Homer presents for AUS. He is a 8.4# m/n DSH. He has a 2.8# weight loss since 8/2024. He has been hiding and his appetite has decreased. It did improve with mirtazapine. Blood work showed non-regenerative anemia. His kidney/liver/thyroid/pancreatic function is normal. An AUS and thoracic rads were recommended to look for the cause of weight loss, anemia, and reduced appetite.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of pinpoint medullary mineral were present. The left kidney measured 3.4 cm in length. The right kidney measured 4.0 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 0.3 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 cm width.

Spleen

The spleen exhibited borderline enlargement with symmetrical contour and mild non-homogenous to mildly hypoechoic parenchyma. The spleen measured 1.0 cm in width at the level of the mid spleen.

Liver/Gallbladder

The liver was subjectively mildly enlarged. 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 non-distended in size with thin walls and mild non-organized debris. The proximal common bile duct was dilated and mildly tortuous without overt post hepatic obstruction.

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 mildly thickened wall layering with maintained muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.31 cm width. The jejunum wall measured 0.28-0.30 cm width.

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



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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 evidence of peritoneal effusion was present.

Intermittent mildly prominent to enlarged mesenteric 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).

ULTRASONOGRAPHIC FINDINGS

Primary

- Intact mildly thickened small intestine
- Subjective mild hepatomegaly
- Mild gallbladder debris with mild non-obstructive proximal CBD dilation
- Borderline splenomegaly with mild non-homogenous hypoechoic parenchyma
- Age relate renal changes with mild medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific with possible patient variant the small intestine exhibited mild intact wall thickening which may suggest chronic inflammatory enteropathy criteria with potential for triaditis given short half-life of hepatic enzymes in cats or non-obvious intestinal or multicentric neoplastic criteria all potentials.

Assuming normal clotting status and using a 25g needle, a hepatosplenic FNA for screening cytology is warranted for further assessment for occult disease and if patient is not sedated. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Correlation with thoracic radiographs to rule out thoracic pathology as a contributing factor is recommended.



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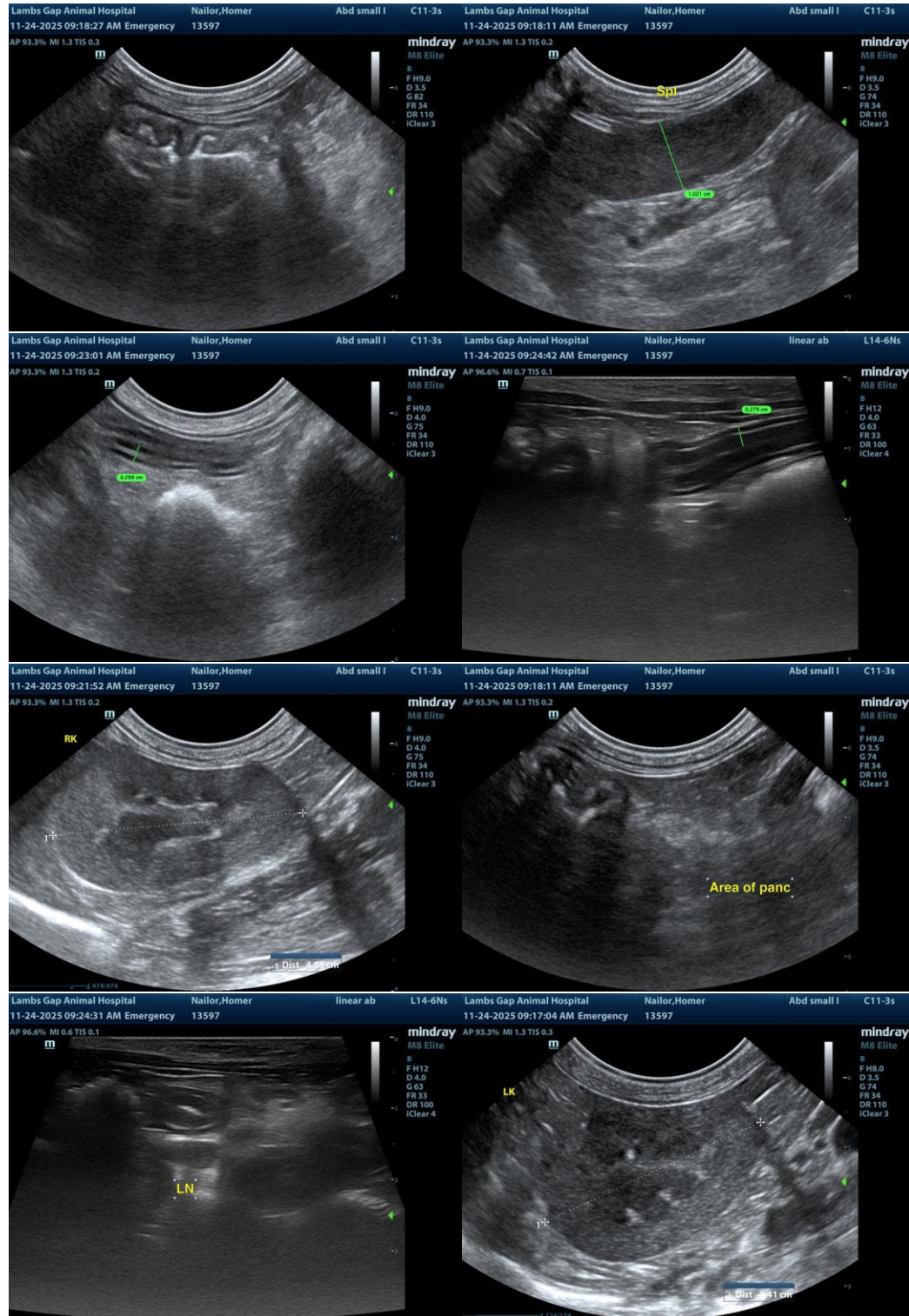
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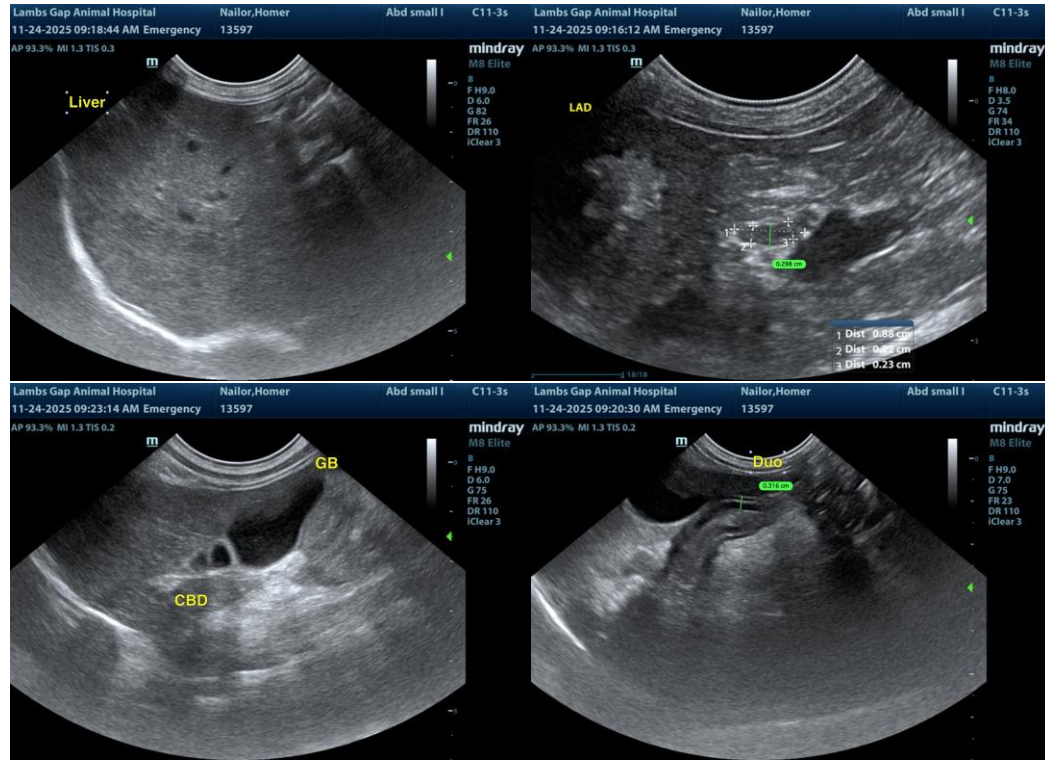
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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