



PATIENT

Alexander Davis

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

9.44 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Christina CVT

HOSPITAL NAME

Animal Health
Veterinary Clinic

REFERRING VET

Dr. Rodriguez

INVOICE

12044

DATE

11/04/25

PRESENTING CLINICAL SIGNS

Referral from local animal hospital for abdominal ultrasound due to continued weight loss over the past 2 months. - 8/25/25 - 11.2, today was 9.44# - E/D normal, No V/D/C/S, acting normal - Continued weight loss even with increased calories added

Abnormal PE/Chem/CBC/UA Results: Superchem, CBC, T4 done 8/27/25 and on 10/27/25 all WNL

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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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. The left kidney measured 3.7 cm in length. The right kidney measured 3.7 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 0.40 cm width.

The right adrenal gland was not definitively visualized with no obvious pathology.

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 0.58 cm width level of the mid spleen.

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 common bile duct was not definitively 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 small intestine presented intact wall layering with overall maintained wall layer ratio. Borderline prominent yet overall nonthickened small intestine wall exhibiting propensity for subjective mildly



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prominent muscularis layer. Small intestine wall measured 0.26 cm to 0.27 cm wall width. Empty small intestine lumen to the level of the colon.

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

Pancreas

The area of the pancreas was sonographically normal.

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Free Abdomen

A thinly walled cyst was visualized in the area of the mid to right caudal liver and area of pancreas base containing anechoic fluid measuring 2.4 cm in diameter. No evidence of omental lymphadenopathy or peritoneal effusion.

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ULTRASONOGRAPHIC FINDINGS

AGE

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- Overall, sonographically unremarkable gastrointestinal tract with borderline prominent intestine wall width.
- Cyst in the area of mid to right caudal liver and pancreas base- pancreatic cyst favored with hepatic or biliary cyst possible.
- Age-related renal changes.

WEIGHT

9.44 pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant visceral pathology i.e. neoplastic criteria or significant gastrointestinal mural changes. The borderline prominent small intestine wall is nonspecific and may indicate patient variant with potential for low-grade chronic enteropathy i.e. IBD or other with intestinal neoplastic criteria less likely. Further assessment may include a GI panel (PLI, TLI, cobalamin and folate), and if not done, three view chest radiographs +/- neurological/musculoskeletal exam to assess for extra-abdominal pathology as a contributing factor. Assessment for competitive eating environment may be indicated. The cyst in the area of the caudal liver and pancreas base is consistent with benign criteria without evidence of neoplasia or inflammation. Sonographic monitoring of the cyst for evidence of progression is recommended.

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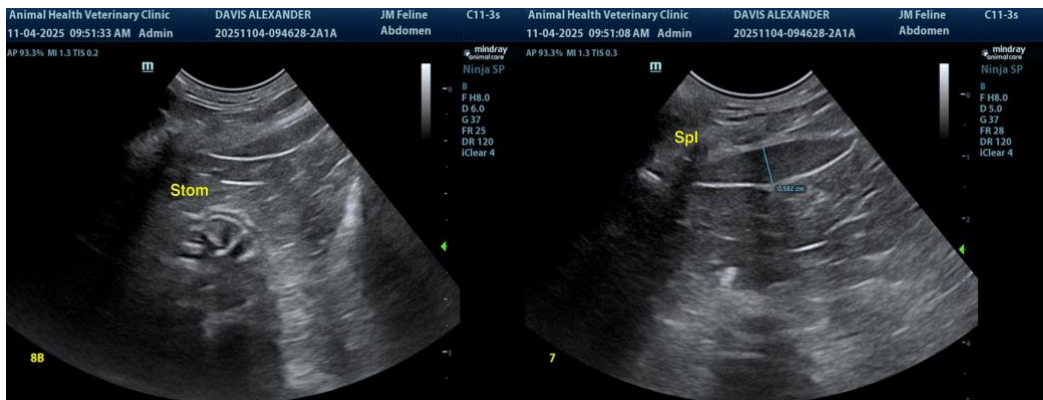
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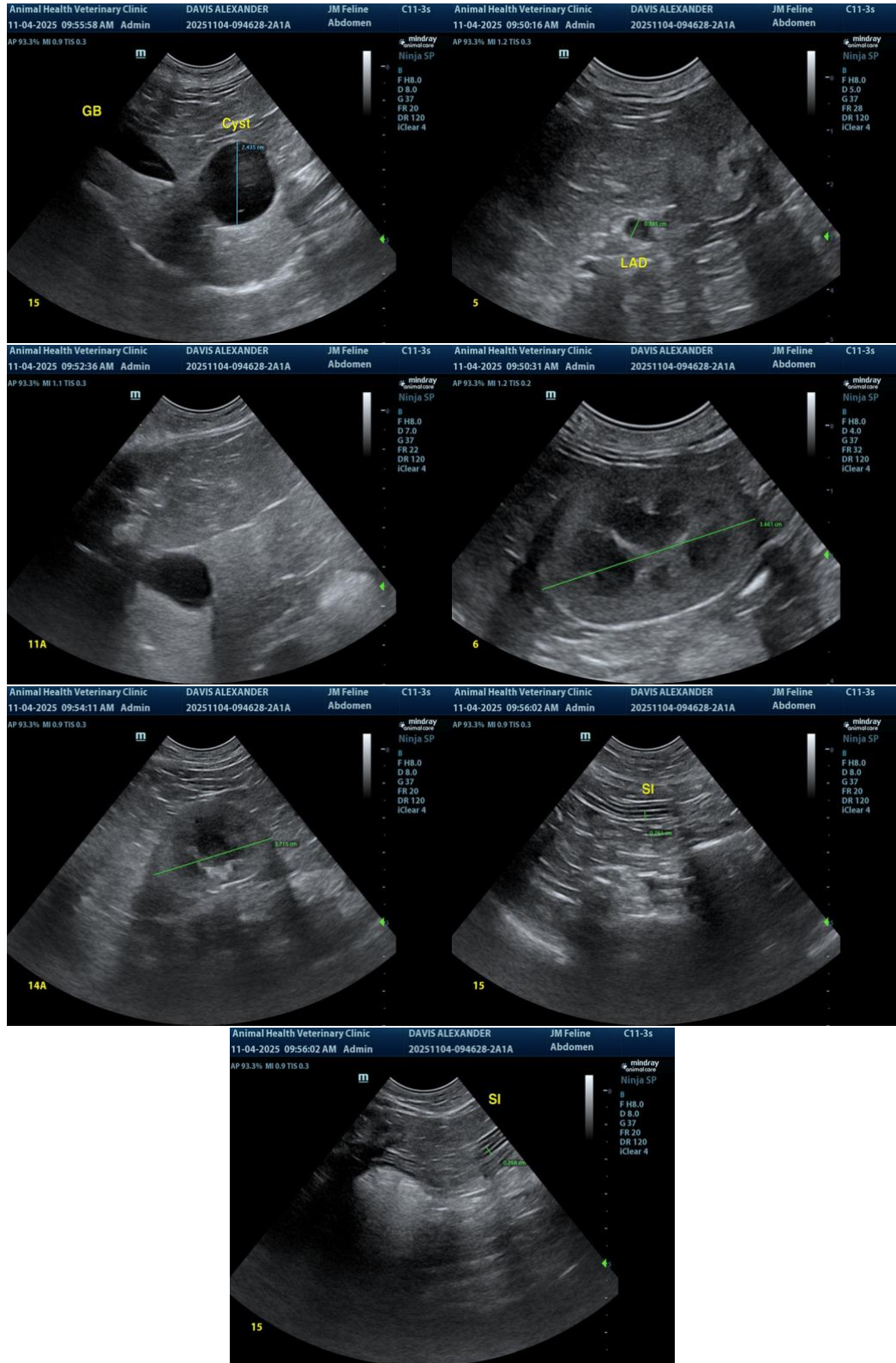
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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