



PATIENT

Fluffy Jeremenko

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

2016

WEIGHT

9.6

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

Telford Veterinary
Hospital

REFERRING VET

Dr. Minninger

INVOICE

12079

DATE

11/04/25

PRESENTING CLINICAL SIGNS

Chronic vomiting with medical management, hyperglycemia, elevated liver values, won't eat rx diet

Medication: Cerenia

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 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 left kidney presented with normal size and contour with mild thickened cortex exhibiting mild homogenous cortex hyperechogenicity and enhanced corticomedullary border demarcation. The left kidney measured 4.3 cm in length.

The right kidney presented borderline subnormal in size, symmetrical margination and mildly thin hyperechoic cortex with increased corticomedullary border demarcation. The right kidney measured 3.1 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

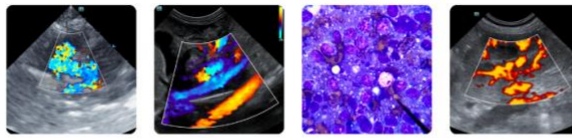
The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Small static, nondisruptive hyperechoic nodules were present throughout the cranial to caudal parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

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 echogenic, mild nonshadowing ingesta/chyme without evidence of mechanical pyloric outflow obstruction. Pylorus wall measured 0.26 cm wall width.



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The visualized segments of small intestine exhibited intact wall layering and normal wall layer ratio with empty intestine lumen. The duodenum wall measured 0.22 cm width. The jejunum wall measured 0.20 cm width.

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

Pancreas

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The pancreas presented normal size, capsule asymmetry and mild heterogeneous parenchyma with mildly prominent pancreatic duct.

Free Abdomen

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A solitary mildly enlarged, nonhomogenous gastric or pancreaticoduodenal lymph node in the right cranial abdomen was visualized measuring 0.80 cm in diameter. No evidence of diffuse or significant lymphadenopathy. No evidence of peritoneal effusion.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically unremarkable gastrointestinal tract with mild nonshadowing gastric ingesta/chyme.
- Suspect chronic pancreatitis with mild pancreatic remodeling.
- Mild subjective reactive/benign gastric or pancreaticoduodenal lymph node.
- Nonspecific bilateral renal cortex hyperechogenicity with borderline subnormal right kidney size.
- Mild urine sediment.
- Sonographically normal liver/gallbladder.

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Secondary Findings

- Static small benign splenic nodules- consistent with myelolipomas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal mural pathology. Correlation with most recent meal ingestion is recommended. If documented NPO, some degree of metabolic or nonobstructive gastric ileus, potentially secondary to chronic pancreatitis or nonstructural gastrointestinal disease, may be suspected. A GI panel to include PLI, TLI, cobalamin and folate is recommended. Given the lack of success with recent dietary trial, gastroprotectant (Omeprazole 1.0 mg/kg PO SID as needed) in conjunction with antiemetic medications may prove beneficial. Upper gastrointestinal endoscopy with potential for biopsies is suggested to assess for nonstructural gastrointestinal disease. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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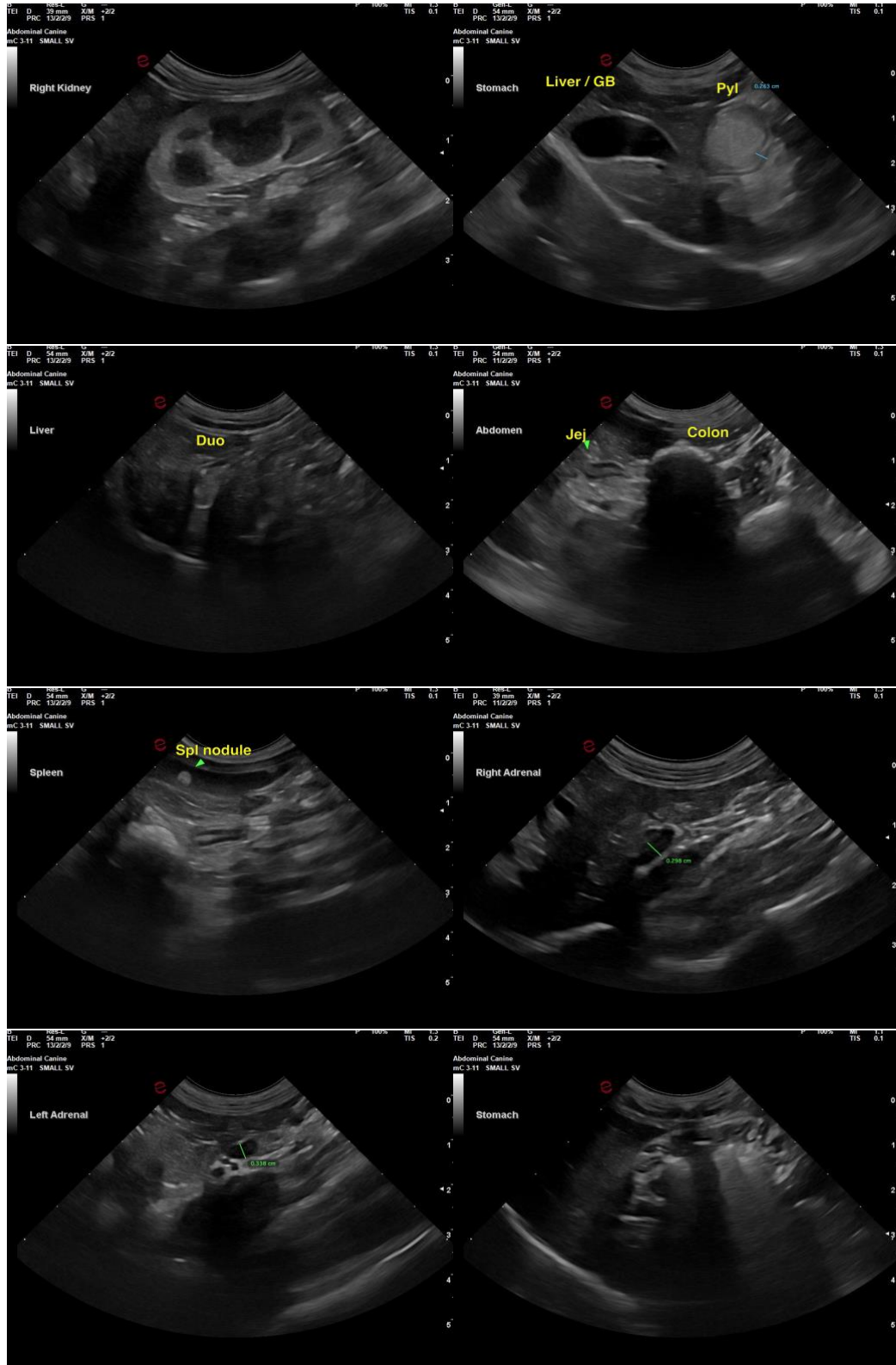
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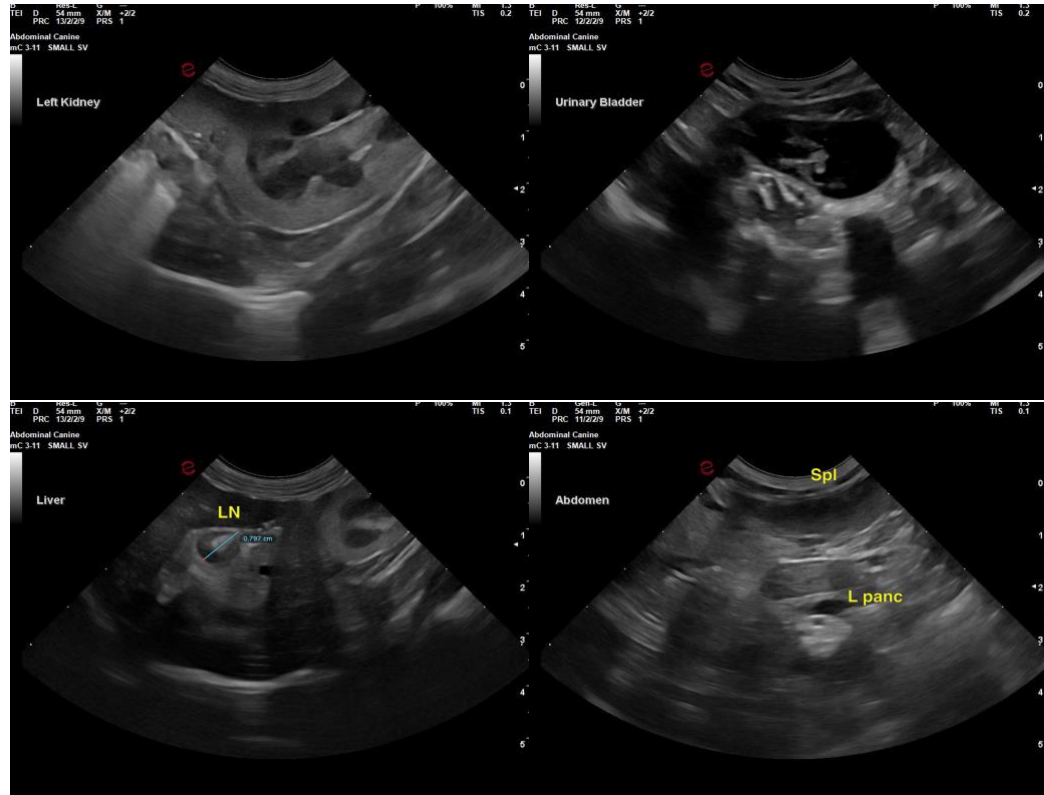
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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