



PATIENT

Tracy Silvert

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2013

WEIGHT

12.1

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

Alburtis AH

REFERRING VET

Dr. Borrelli

INVOICE

12093

DATE

11/04/25

PRESENTING CLINICAL SIGNS

Weight loss, restless, normal appetite/drinking, soft stool, managed hyperthyroid, soft stable heart murmur

Medication: felimazole 5mg am/10mg pm

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 with indistinct minor lumen mineral. Nondependent particulate mild 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.

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. A nonobstructive renolith was visualized in the left kidney measuring 0.96 cm in diameter. A lateral cortical infarct was visualized within the right kidney. The left kidney measured 3.8 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

The left and right adrenal glands were free of overt pathology.

Spleen

The spleen was mildly enlarged, exhibiting 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 1.1 cm width level of the mid spleen.

Liver

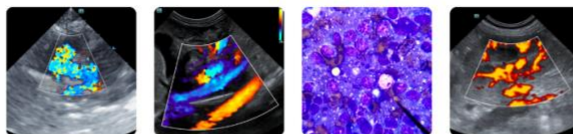
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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 gastric body wall measured 0.25 cm wall width.

The small intestine presented generalized intact wall layering and maintained wall layer ratio. Overall, nonthickened wall measuring 0.25 cm wall width.



PATIENT

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

Tracy Silvert

Pancreas

SPECIES

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.

Feline

BREED

Free Abdomen

DSH

No visualized significant omental lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered Male

- Overall, sonographically unremarkable gastrointestinal tract/colon with semi formed fecal matter.
- Normal area of pancreas.
- Chronic renal changes exhibiting left kidney renolith and right kidney cortical infarct.
- Mild splenomegaly- sedation, incidental hyperplasia, hematopoiesis, splenitis, emerging occult splenic round cell neoplasia (if patient is non-sedated) are all possible.
- Mild gallbladder debris.

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

2013

WEIGHT

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss. If patient is non-sedated and assuming normal clotting status, splenic FNA cytology (using a 25-gauge needle) is warranted to assess for occult disease. Urinary work up is recommended if not recently done. Empirically, assessment of caloric plane +/- competitive eating environment, dietary trial , high colony count probiotics such as Provable, empirical deworming if clinically indicated and cobalamin supplementation pending assessment of cobalamin level, may prove beneficial.

12.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT,
 ARDMS/RVT

HOSPITAL NAME

Alburtis AH

REFERRING VET

Dr. Borrelli

INVOICE

12093

DATE

11/04/25





PATIENT

Tracy Silvert

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2013

WEIGHT

12.1

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Rebekah Jakum, CVT,
 ARDMS/RVT

HOSPITAL NAME

Alburtis AH

REFERRING VET

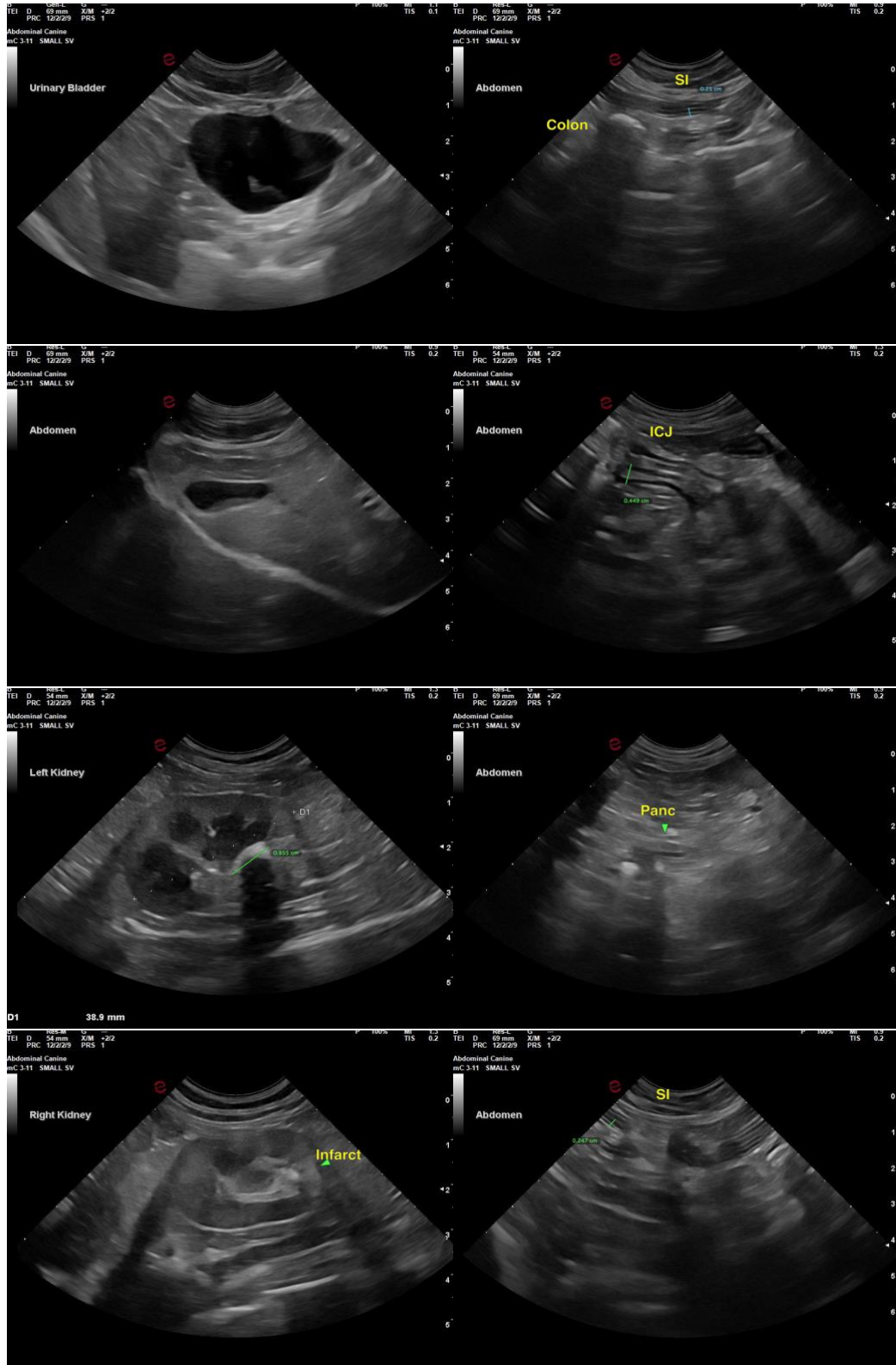
Dr. Borrelli

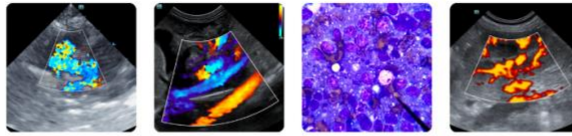
INVOICE

12093

DATE

11/04/25





PATIENT

Tracy Silvert

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.

SPECIES

Feline

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)

BREED

DSH

info@SonoPath.com

SEX

Neutered Male

AGE

2013

WEIGHT

12.1

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

Alburtis AH

REFERRING VET

Dr. Borrelli

INVOICE

12093

DATE

11/04/25