



**PATIENT**

Leo Allen

**PRESENTING CLINICAL SIGNS**

Patient is only eating gravy and losing weight. Patient lost 2 lbs since last time here in 2022.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: PE: Generalized sarcopenia CBC: WNL CHEM:Creatine 2.5, BUN 40, SDMA 40, TP9, GLOB 6.3, ALT 251, AMYL 1518 QPL wnl

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DSH

**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.

**SEX**

MN

Normal size and mild asymmetrical margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and indistinct corticomedullary definition were present. Right kidney increased medullary echogenicity. Mild bilateral pyelectasia was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.4 cm in length.

**AGE**

7

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**WEIGHT**

7.6

The left and right adrenal glands were not definitively visualized.

**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 0.57 cm in width at the level of the mid spleen.

**INTERPRETED BY**

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

**Liver/Gallbladder**

**IMAGING PERFORMED BY**

Griffin

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. 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

Northside Veterinary  
Hospital

**Gastrointestinal**

**REFERRING VET**

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

**INVOICE 22857**

The visualized small intestine presented intact thickened wall with altered wall layer ratio and thickened muscularis layer. The small intestinal wall measured 0.29 cm in width. The lumen of the small intestine was empty with mild segmental gas.

**DATE**

11/5/2025

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



## PATIENT

### *Pancreas*

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The left pancreas was mildly prominent in size with capsule asymmetry and non-homogenous nodular parenchyma. Mildly prominent left limb pancreatic duct present.

## SPECIES

### *Free Abdomen*

Feline

No evidence of peritoneal effusion was present.

## BREED

DSH

Focally enlarged mid abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 2.6 cm x 0.84 cm.

## SEX

MN

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Enteropathy with concurrent mesenteric lymphadenopathy
- Non-homogenous subtle nodular pancreas
- Early mild non-specific chronic renal changes with mild bilateral pyelectasia
- Mild non-shadowing gastric ingesta suggestive of food echogenicity

## AGE

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## WEIGHT

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The enteropathy and mesenteric lymphadenopathy may indicate IBD or other inflammatory enteropathy, associated reactive lymphatic hyperplasia or lymphadenitis while low grade intestinal round cell neoplasia such as lymphoma, and early metastatic lymphadenopathy may present in a similar sonographic manner. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Assuming normal clotting status an accessible lymph node FNA for screening cytology could be considered for initial clarification. Intestinal biopsies with histopathology are likely required for a definitive diagnosis. A full urinary workup including UA, C/S and UPC level for renal staging is recommended. Empirical therapy for IBD and chronic pancreatitis with clinical monitoring and as needed sonographic monitoring would be reasonable.

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## REFERRING VET

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## INVOICE

22857

## DATE

11/5/2025



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**SPECIES**

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**SEX**

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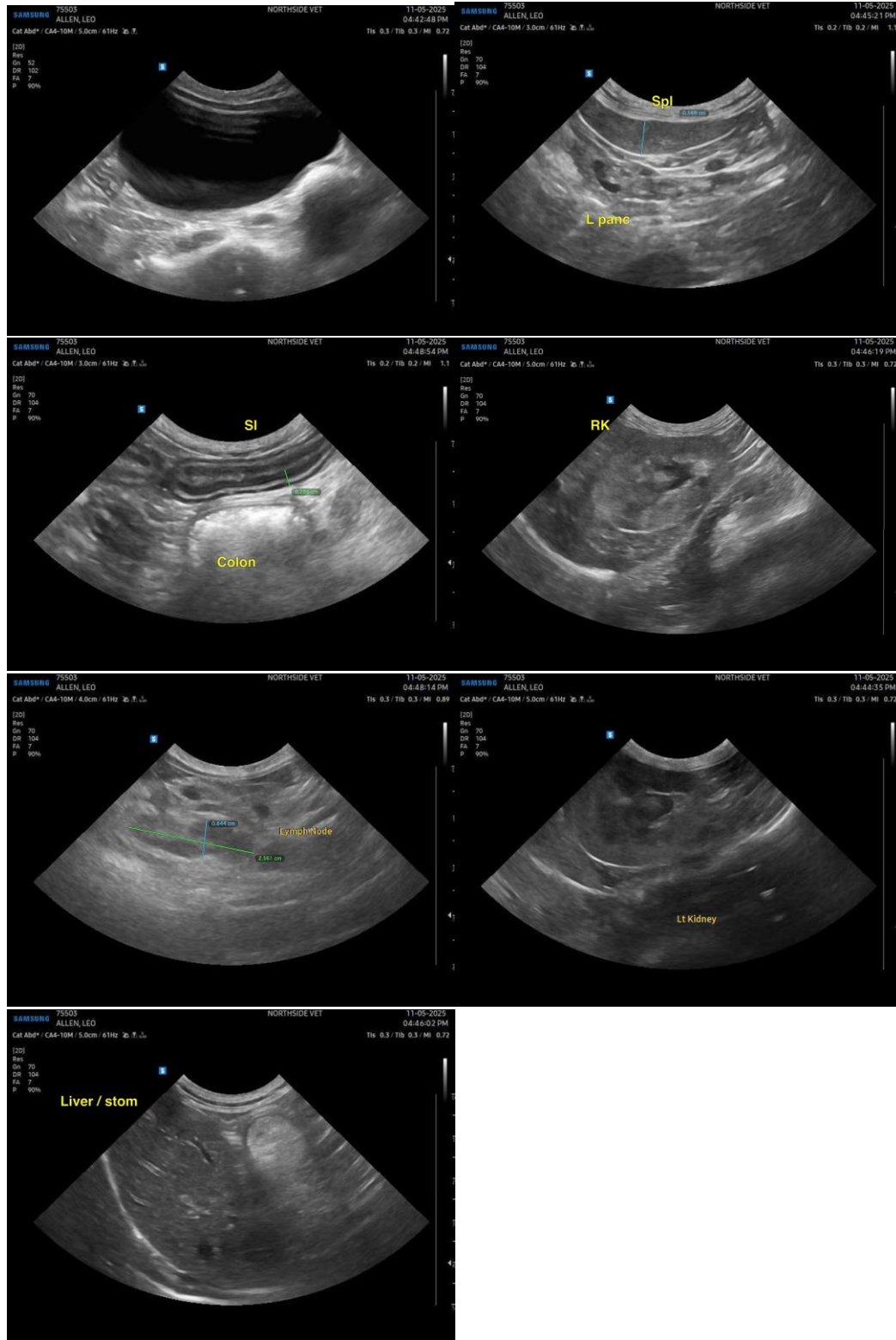
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**PATIENT**

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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.

**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.

**BREED**

DSH

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

[info@sonopath.com](mailto:info@sonopath.com)

**SEX**

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