



## PATIENT

Christopher Breitenstein

## SPECIES

Feline

## BREED

Himalayan Mix

## SEX

Male Neutered

## AGE

13y 3m

## WEIGHT

11.50

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Carly Pate

## HOSPITAL NAME

VCA McKenzie AH

## REFERRING VET

Dr. Fricke

## INVOICE

12787

## DATE

11/6/25

## PRESENTING CLINICAL SIGNS

History: Imaging goal: gastrointestinal health History: variable appetite, concerns for possible GERD, history of chronic sinusitis, recent elevation of ALT and pancreatic lipase. Client suspects his abdomen is uncomfortable. History of low vitamin D, rechecking today. Samples of mesenteric lymph nodes taken after imaging and sent for evaluation. Last Abdominal US via SonoPath Oct 2022.

Abnormal PE/Chem/CBC/UA Results: 10/2/25 lab work- Elevated white blood cell count 22.2K Neutrophilia, Lymphocytosis, Monocytosis Platelets 117K on machine count, clumped and adequate on slide review Chemistry profile - ALT 105 (prev. 72) normal < 105 Kidney values normal/high normal Chol 296 (n<220) Trig 453 (n<160) prev. normal Pancreatic Lipase 37 (Normal <26) prev. normal Thyroid hormones - T4 3.4, normal 0.8-4.0, grey zone 2.5-4.0 Previously 3.7 normal urinalysis

## 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 changes were noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Medullary mineral to small renoliths noted. The left kidney measured 3.6 cm in length. The right kidney measured 3.5 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 0.46 cm width at the caudal pole. No obvious pathology in the area of the right adrenal gland.

### 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.

### 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 visualized.



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## Gastrointestinal

The stomach presented intact mildly thickened wall exhibiting mild hyperechoic submucosal layer and mild retained anechoic fluid. Stomach wall measured 0.41 cm. No overt mechanical pyloric outflow obstruction.

The small intestine presented mildly thickened wall owing to variable propensity for mildly thickened mucosal layer. Small intestine wall measured 0.28 cm – 0.30 cm and ileocolic wall measured 0.36 cm.

The distal colon exhibited normal intact wall containing formed fecal matter. The proximal colon just distal to the ileocolic junction exhibited mild thickened wall and indistinct mural detail measuring 0.3 cm proximal colon wall width. Semi-formed fecal matter present in the proximal colon.

## Pancreas

The left pancreas was normal in size with capsule asymmetry and heterogeneous, mildly hyperechoic parenchyma exhibiting prominent to dilated left limb pancreatic duct. Potential left limb pancreatic cyst.

## Free Abdomen

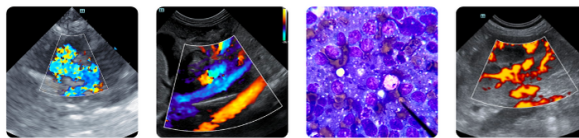
Intermittent, mildly enlarged, hypoechoic jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Surrounding hyperechoic perilymphatic omentum. Lymph node measured 1.3 cm x 0.68 cm. No evidence of peritoneal effusion present.

## ULTRASONOGRAPHIC FINDINGS

- Chronic gastroenterocolonopathy pattern
- Chronic pancreatitis with prominent left limb pancreatic duct vs pancreatic cyst
- Benign hepatopathy
- Chronic renal changes with medullary mineral/small renoliths
- Intermittent, mildly swollen, hypoechoic jejunocolic lymph nodes with perilymphatic hyperechoic omentum

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic inflammatory gastroenterocolonopathy combined with chronic pancreatitis and mild enteropathy suggests triaditis as a primary consideration in this patient. Potential for emergent to low-grade gastrointestinal neoplasia and early metastatic lymphadenopathy cannot be excluded yet considered less likely at this stage. Further assessment may include a GI panel (PLI/TLI/Cobalamin/Folate) and assuming normal clotting status using 25-gauge needle, hepatic FNA cytopoogy primarily to assess for inflammatory cells. Empirical IBD/triaditis protocol with clinical and as needed sonographic monitoring may prove beneficial. Correlation with lymph node cytology is recommended.



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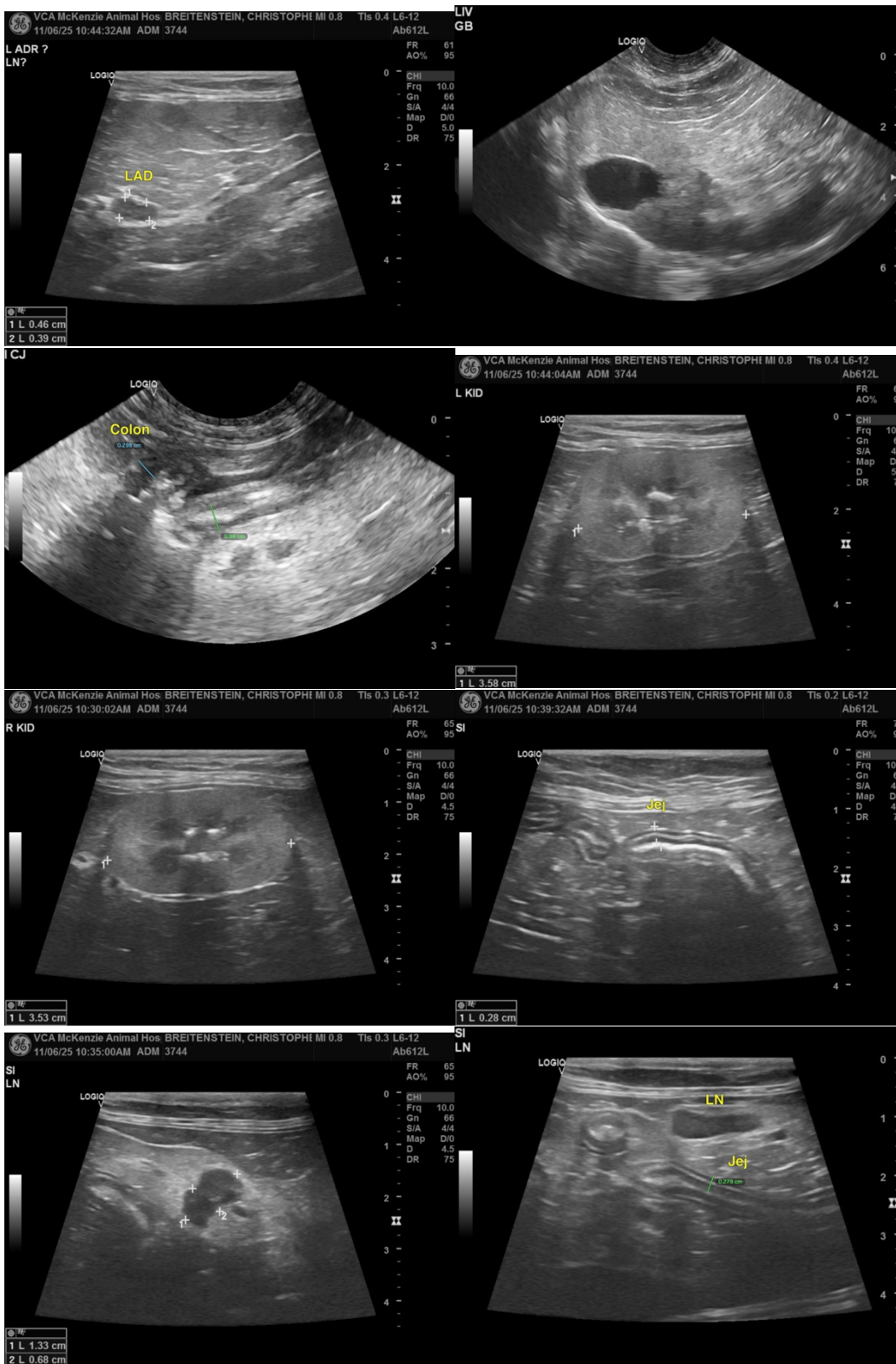
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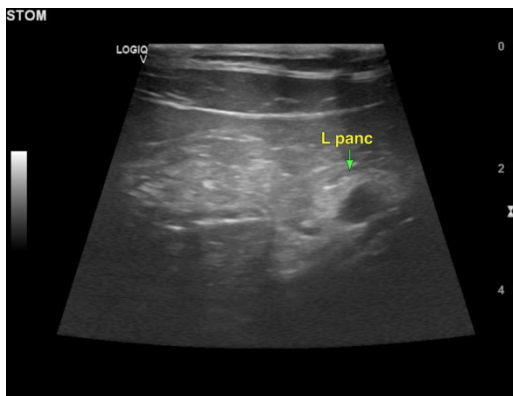
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)