

## PATIENT

Max Parker

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

15 Years

## WEIGHT

5 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Renee Trionfetti VMD

## HOSPITAL NAME

Cypress Veterinary  
Clinic

## REFERRING VET

Dr. Laura Johnson  
VMD

## INVOICE

12151

## DATE

11/07/25

## PRESENTING CLINICAL SIGNS

AUS to further evaluate a decreased appetite and weight loss (~ 2 lbs in 2 mos) in a cat with CKD IRIS Stage 2. Hx Grade 2/6 heart murmur.

Meds: Mirtazapine transdermal SID

Abnormal PE/Chem/CBC/UA Results: Rads: CXR-lazy heart, slightly plump liver. Some food in stomach. A lot of stool in colon. Aerated feces (from 10/17/25) - CBC: Hct 38.9%, Plts 296-n. - Chem SDMA 18 H, creat 2.3 H, BUN 32-n, Phos 3.7-n, Alb 3.1-n, Normal LES, remainder NSF - T4 1.4- n - UA 1.020, pH 6, quiet sediment, no protein

## 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.

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 3.6 cm in length. The right kidney measured 4.1 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 0.42 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width.

### 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 0.73 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 cystic and common bile ducts were normal.

### Gastrointestinal

The stomach presented intact wall layering in the fundus and the gastric body. Intact mildly thickened pylorus wall with nonspecific mildly hyperechoic pyloric muscularis foci. No evidence of obstruction to the pyloric outflow. Pylorus wall measured 0.51 cm wall width.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.30 cm width. The jejunum wall measured 0.25 cm width.

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

**Pancreas**

**BREED**

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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.

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

15 Years

**ULTRASONOGRAPHIC FINDINGS**

- Overall, normal gastrointestinal tract with mild nonspecific nonobstructive thickened pylorus.
- Normal pancreas.
- Mild chronic renal changes.

**WEIGHT**

5 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, no evidence of significant visceral pathology as a definitive cause of the patient's clinical signs and weight loss. Mild chronic pyloric inflammation without overt evidence of neoplastic criteria may be possible yet of unclear clinical significance given no reported vomiting or obstruction to pyloric outflow. A GI panel to include PLI, TLI, cobalamin and folate to assess for nonstructural intestinal disease or mild pancreatitis is recommended. Dietary trial and gastroprotectant Omeprazole 1.0 mg/kg SID as needed with monitoring of gastrointestinal signs and body weight may prove beneficial. Sonographic monitoring or reassessment is indicated if progressive gastrointestinal signs or weight loss despite empirical therapy. Upper gastrointestinal endoscopy with pyloric biopsies if available is recommended.

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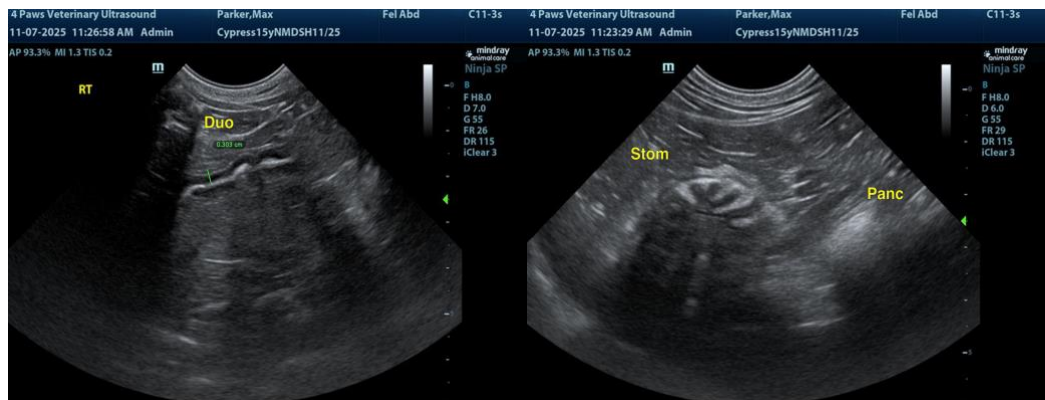
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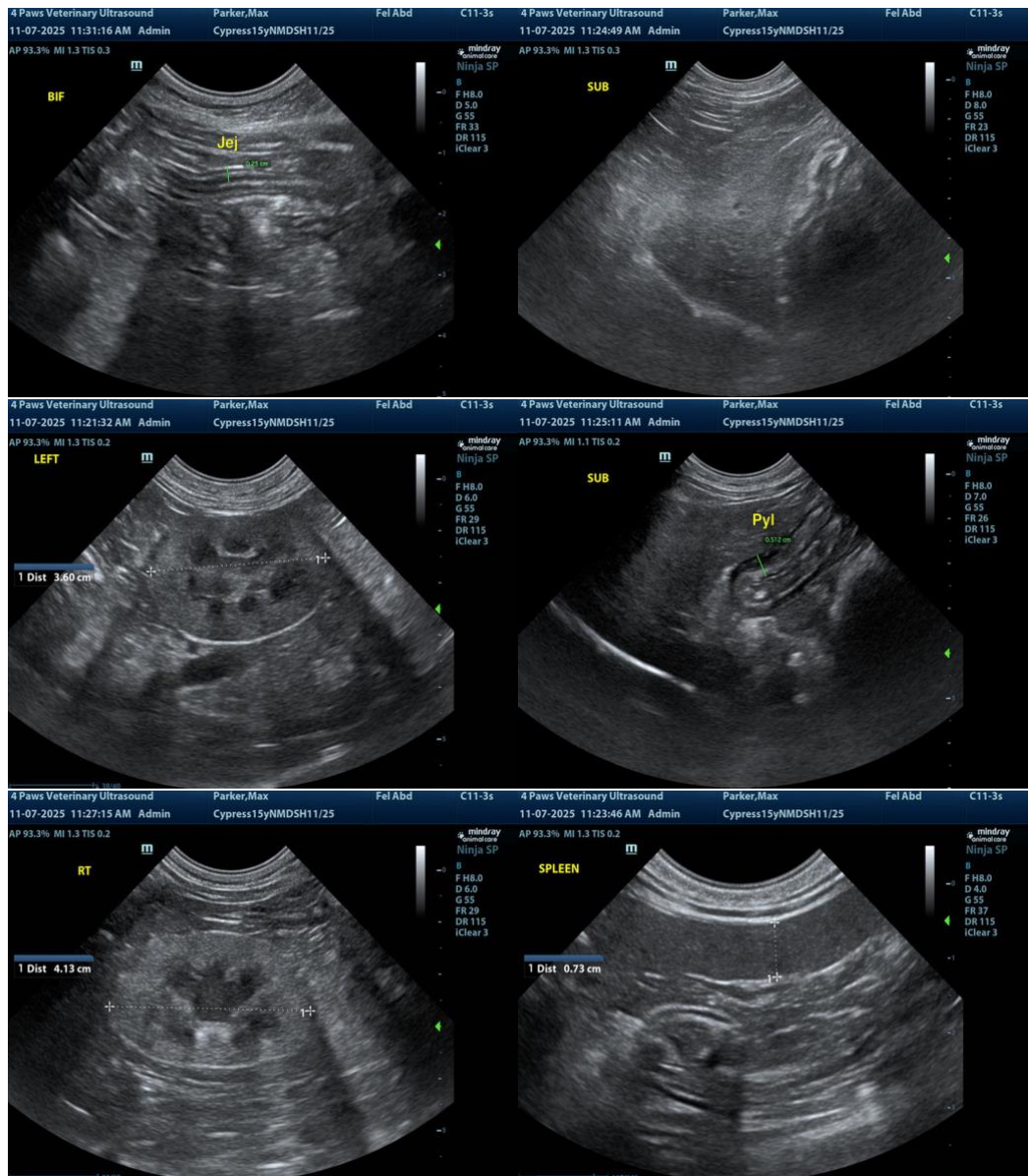
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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