



PATIENT

Buddy Weigand

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2007

WEIGHT

17.2

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

Easton Animal Hospital

REFERRING VET

Dr. Nankman

INVOICE

36854

DATE

12/11/25

PRESENTING CLINICAL SIGNS

History: Progressive, chronic vomiting, mild weight loss, active, intermittent appetite

Medication: Cerenia PRN

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild 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 was noted.

Normal size and margination were 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 4.0 cm in length. The right kidney measured 4.0 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 0.39 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm.

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 0.77 cm width at the level of the mid spleen.

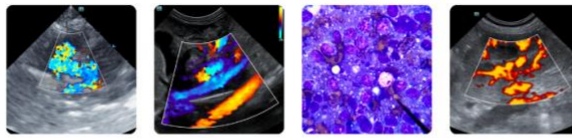
Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. 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 proximal common bile duct was dilated and mildly tortuous without overt post hepatic obstruction.

Gastrointestinal

The stomach exhibited intact borderline thickened wall layering in the majority of the stomach without evidence of obstruction to pyloric outflow. The stomach contained a mild amount of progressively shadowing hyperechoic ingesta, potential for a small amount of nonobstructive gastric hairball density.



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Possible indistinct mildly thickened caudal fundus to gastric body wall was noted, potentially measuring 0.63 cm. Intact mid stomach to pylorus wall measured 0.36 cm.

The small intestine presented overall intact wall layering with normal wall layer ratio and non-thickened wall. Segments of jejunum exhibited mild indistinct mural detail. The jejunum wall measured 0.22 cm – 0.23 cm. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

No evidence of pathology in the ileocolic junction. The ileocolic wall measured 0.38 cm. Mild peri-ileocolic hyperechoic omentum was noted. Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

Intermittent, mildly enlarged pancreaticoduodenal and colic 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 evident.

No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis
- Possible chronic gastroenteropathy, exhibiting mild to indistinct thickened stomach and segmental mild indistinct jejunal mural detail.
- Mild pancreaticoduodenal and colic lymphadenopathy, mild regional peri-ileocolic reactive omentum.
- Nonobstructive proximal common bile duct dilation.
- Mild chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In conjunction with pancreatitis, chronic IBD or other inflammatory gastroenteropathy, triaditis (despite lack of hepatic enzyme elevations given the short half-life of hepatic enzymes in cats), or although thought less likely at this stage, emerging to occult gastrointestinal mural neoplasia are all potentials. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Gastrointestinal support, which may include dietary trial, gastroprotectants, empirical therapy for pancreatitis/triaditis, with both clinical and sonographic monitoring if continued or progressive gastrointestinal signs or weight loss would be reasonable. Definitive diagnosis may require gastrointestinal biopsies.



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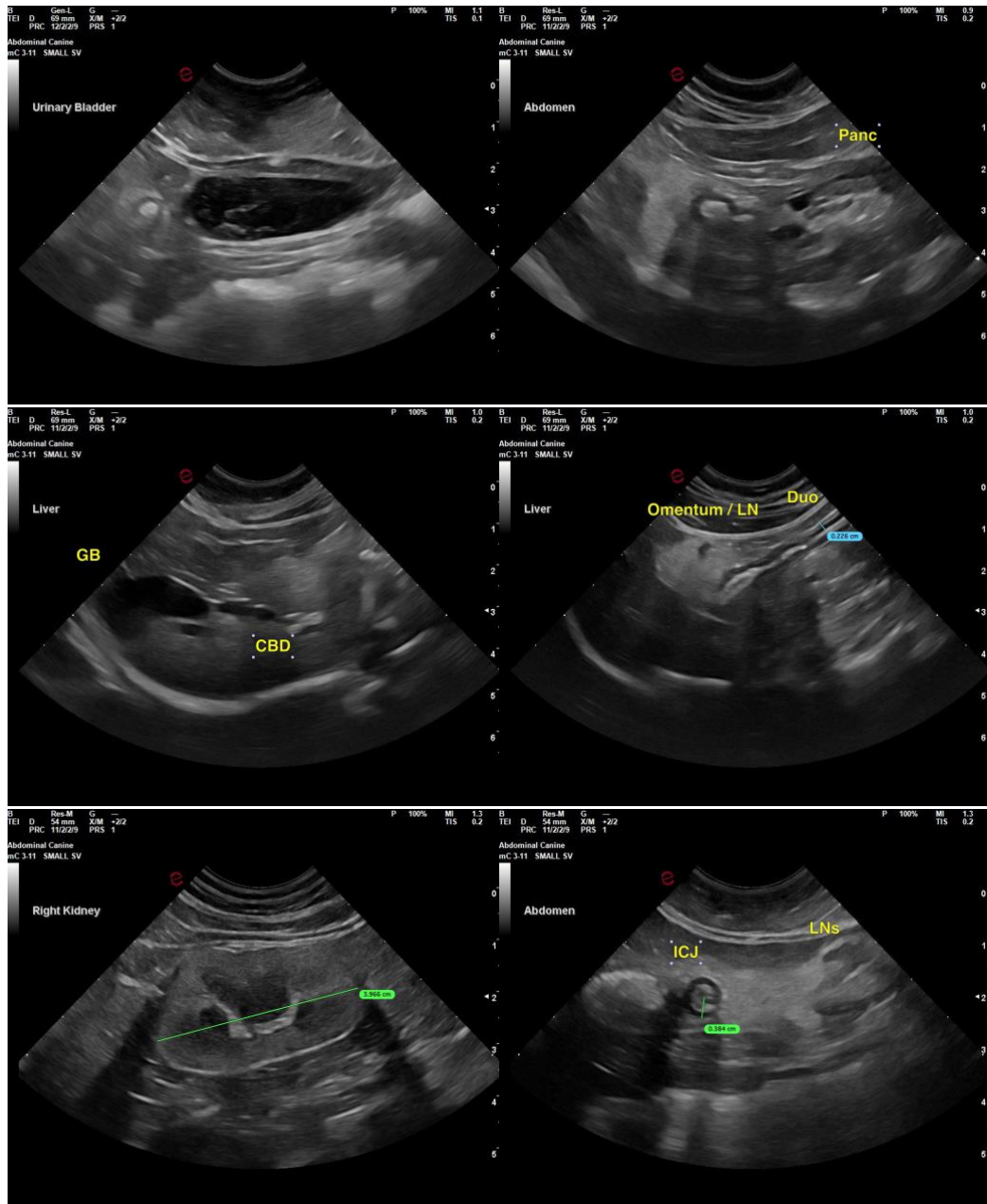
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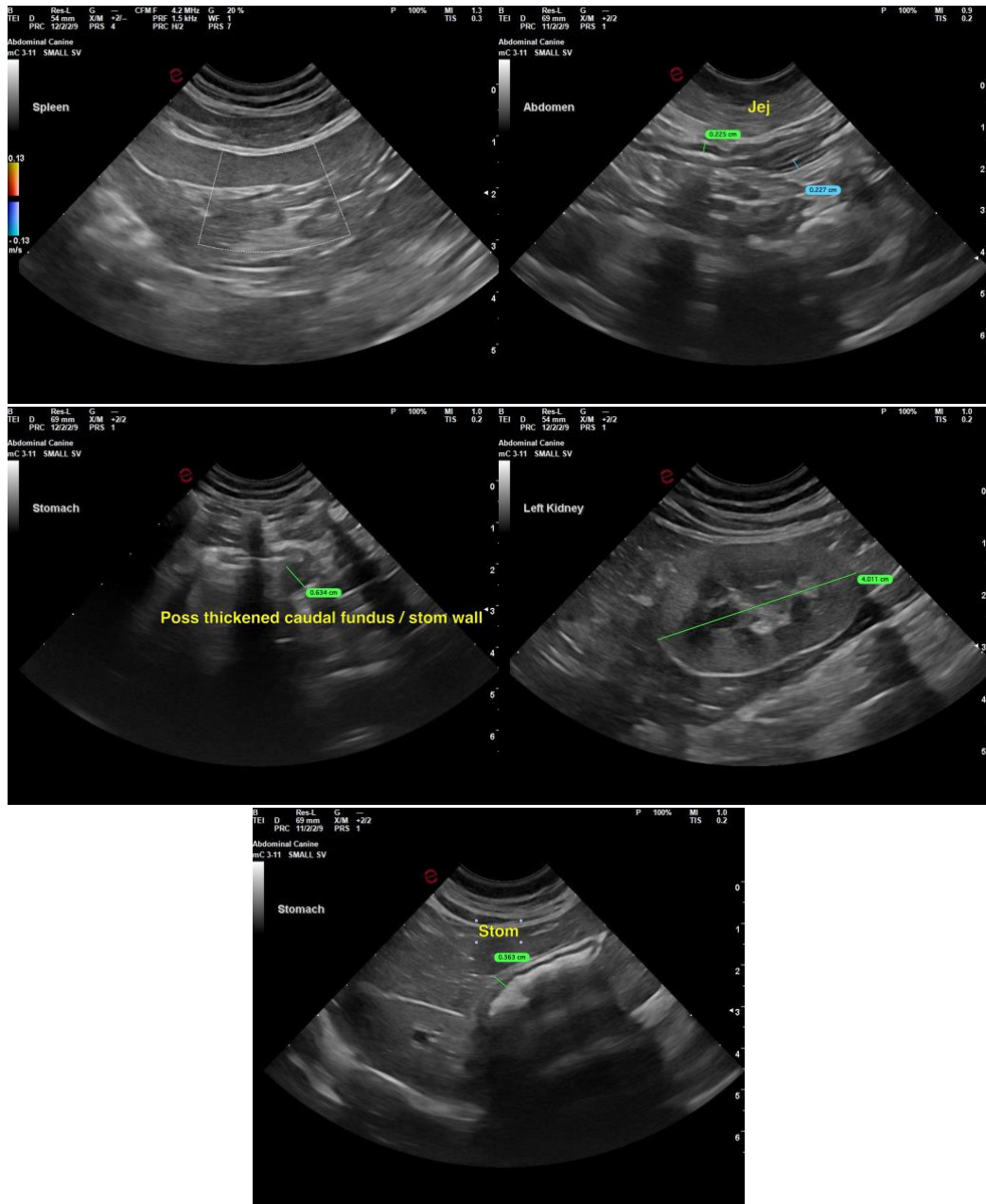
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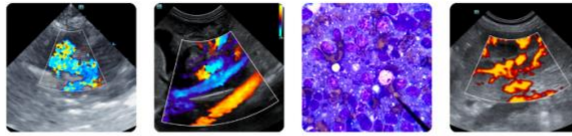
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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