



PATIENT

Little Girl Thorington

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

16yr

WEIGHT

2.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Brandywine Valley
Veterinary Hospital

REFERRING VET

Gail Rockwood, DVM

INVOICE

23231

DATE

12/15/2025

PRESENTING CLINICAL SIGNS

AUS to further evaluate anorexia and some vomiting/regurgitation. Mild weight loss of 0.64 lbs in 5 months noted. BW/T4/UA/Fecal in Oct 2025 was unremarkable. Diet: Hills sensitive stomach dry and Fancy feast canned

Abnormal PE/Chem/CBC/UA Results: Oct 2025: - CBC: Hct 37.1%, Plts 231 - Chem: NSF - UA, Voided sample: USG 1.037, pH 6.0, Pro 1+, Marked cocci, WBC 0-2/hpf - Fecal: NPS - T4: 2.9-n

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral pinpoint hyperechoic medullary foci was present which may indicate areas of microinfarction, fibrosis or mineralization. The left kidney measured 2.7 cm in length. The right kidney measured 3.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.41 cm width The right adrenal gland measured 0.32 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 0.55 cm in width at the level of the mid spleen.

Liver/Gallbladder

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 to benign 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 cystic and common bile ducts were normal.

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.



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The small intestine presented overall intact wall layering, exhibiting segmental to primarily generalized thickened to hyperechoic submucosa layer. Segmental borderline prominent concurrent intestinal muscularis layer was present. The upper duodenum wall measured 0.29 cm width. The mid duodenum wall measured 0.26 cm in width. The small intestinal wall measured 0.25-0.27 cm in width.

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

Pancreas

The pancreas was normal in size with mild asymmetrical capsule contour and non-homogenous hypoechoic parenchyma. Mild prominent left limb pancreatis duct was present.

Free Abdomen

No evidence of peritoneal effusion was present.

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 0.8 cm x 0.34 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

- Empty stomach
- Chronic enteropathy
- Probable mild chronic / chronic active pancreatitis
- Bilateral mild chronic renal changes
- Intermittent mild mesenteric lymphadenopathy-subjective benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

the small intestine exhibited overall intact mural changes, which although non-specific with potential for patient or age variant, is suggestive of chronic enteropathy criteria. Chronic IBD or other inflammatory enteropathy in conjunction with mild chronic to chronic active pancreatitis is suspected. No obvious evidence of gastrointestinal or intra-abdominal neoplastic criteria, which is thought less likely.

Correlation with a GI panel and three view chest radiographs is suggested. Assessment of caloric plain with dietary trial, as needed gastric protectants and cobalamin supplementation pending assessment of cobalamin level may prove beneficial.

Sonographic reassessment and monitoring indicated if progressive gastrointestinal signs or weight loss. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



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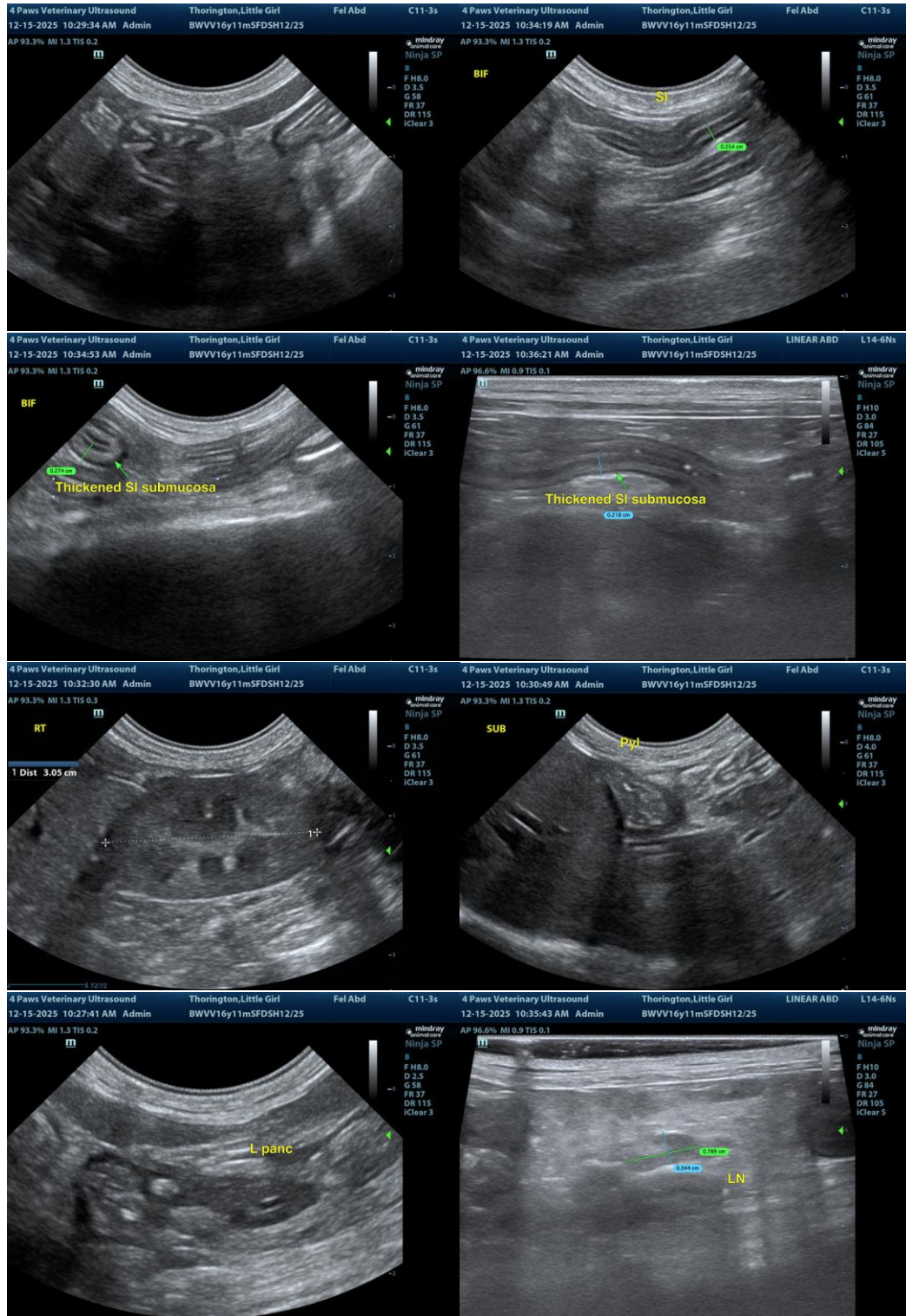
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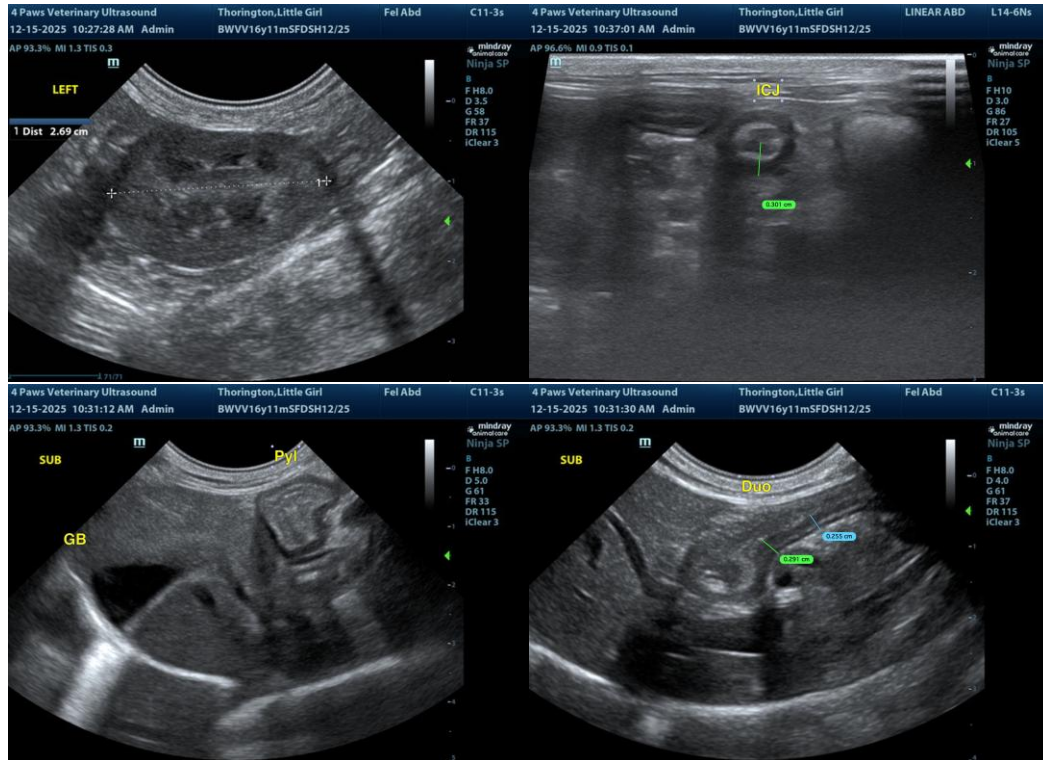
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

IMAGING PERFORMED BY

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