

**PATIENT**

Pumpkin Labelle

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

12yr

WEIGHT

10.5lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Desen Ertunc, DVM

HOSPITAL NAMEHumboldt Veterinary
Medical Group**REFERRING VET**

Jennifer Renner, DVM

**INVOICE
23258****DATE**
12/16/2025**PRESENTING CLINICAL SIGNS**

Patient seen once for an urgent exam on 10/28/25. Owner reported weight loss and vomiting (2-3 times per week) x 1 month. Per owner, patient has a history of intermittent vomiting. Eating canned food, decreased appetite for dry food.

Abnormal PE/Chem/CBC/UA Results: Abnormal PE: Generalized decreased muscle mass; rest wnl
*Abnormal CBC/Chem/UA/rads (& date obtained): Senior Wellness panel (10/29/28): Eos 192 (209-1214), T4 2.8 (0.8-4.7) MSU Thyroid panel (11/19/25): TT3 0.3 (0.5-1.2)

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. The left kidney measured 4.2 cm in length. The right kidney measured 4.3 cm in length.

The area of the aortic trifurcation was free of pathology.

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 width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm width at the caudal pole.

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/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. A small liver cyst was present measuring 0.8 cm in diameter. 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



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained non-shadowing chyme with no signs of ileus, obstruction or foreign material.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The small intestinal wall measured 0.29-0.32 cm in width.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No evidence of peritoneal effusion was present.

Intermittent enlarged mid abdominal mesenteric lymph nodes were present. These lymph nodes were non-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 1.0 cm. Perilymphatic to regional peri-ileocolic hyperechoic omentum was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Intact thickened small intestinal wall - IBD or rather inflammatory enteropathy, potential for intestinal neoplasia such as lymphoma
- Normal empty stomach
- Normal area of pancreas
- Hepatic parenchymal remodeling with benign intraparenchymal cyst
- Bilateral chronic renal changes
- Mildly enlarged irregular colic lymphadenopathy with perilymphatic / peri-ileocolic hyperechoic omentum

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic pancreatitis often associated with enteropathy in cats may present sonographically normal and may be suspected if cranial abdomen/subxiphoid discomfort on palpation is present. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A definitive diagnosis would require intestinal biopsies for histopathology. Empirical IBD protocol with concurrent gastrointestinal support may be considered.



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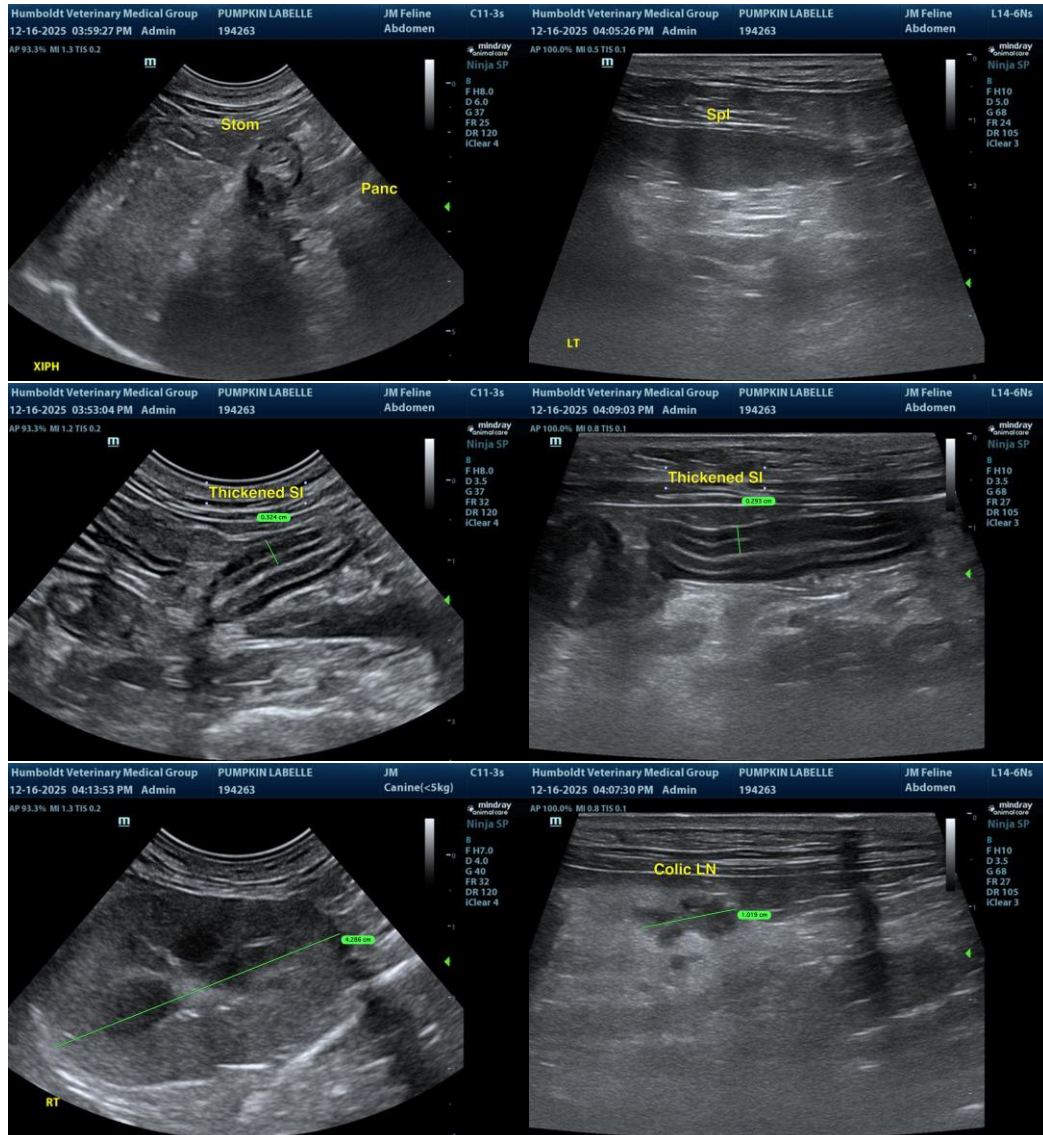
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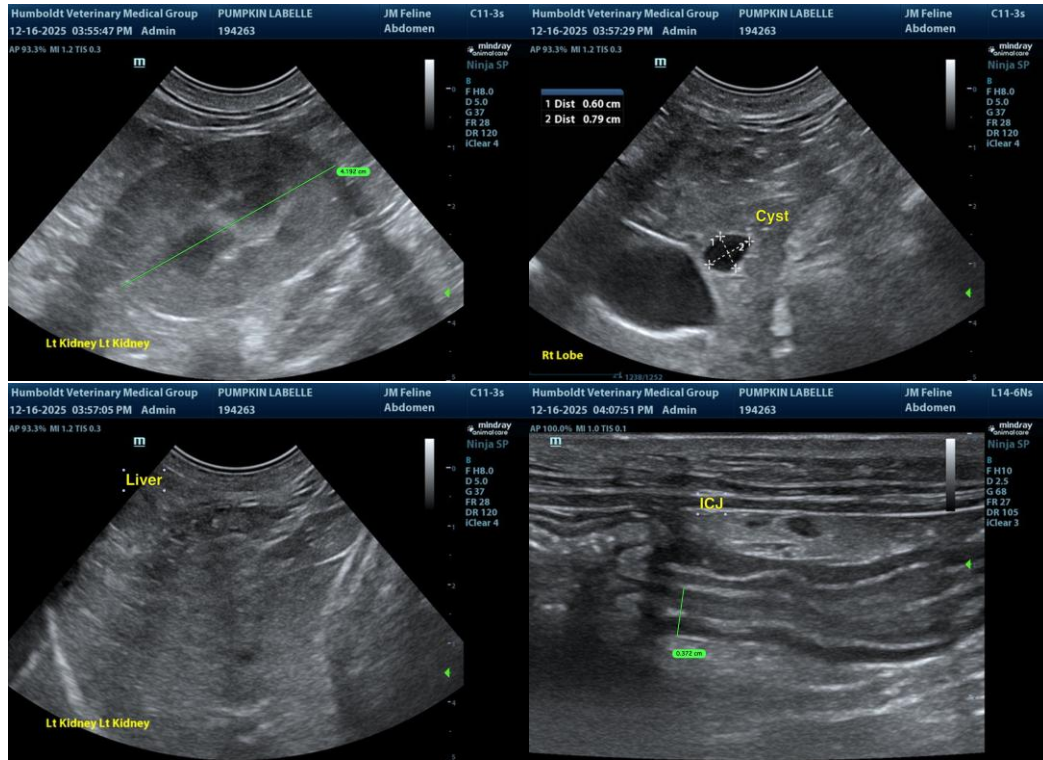
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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