



PATIENT

Athena Deo

SPECIES

Feline

BREED

Bengal X

SEX

Female Spayed

AGE

4

WEIGHT

3.5 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

North West AH

REFERRING VET

Dr. Bath

INVOICE

12980

DATE

12/18/25

PRESENTING CLINICAL SIGNS

History: Previous scan 04/09/25 Invoice 20383 Still has regurgitation and retching

Abnormal PE/Chem/CBC/UA Results: Blood work non diagnostic

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 size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.3 cm in length. The right kidney measured 3.0 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 0.35 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 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 0.6 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 normal intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid and mild lumen gas. Gastric body wall measured 0.29 cm. No evidence of obstruction to pyloric outflow.

The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio. Generalized empty lumen without mechanical/metabolic ileus. Ileocolic wall measured 0.33 cm and jejunum wall measured 0.22 cm, and duodenum wall measured 0.26 cm.



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Normal visible colon wall layers were present with apparent semi-formed to possible soft feces in lumen.

Pancreas

The pancreas was normal to mildly prominent in size with capsule asymmetry and heterogeneous parenchyma exhibiting subtle areas of hyperechoic parenchymal echogenicity. Mildly prominent pancreatic duct. No signs of active inflammation or neoplasia.

Free Abdomen

Focal, mildly prominent to enlarged jejunocolic 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 of lymph node measurement was 0.8 cm x 0.37 cm.

ULTRASONOGRAPHIC FINDINGS

- Non-obstructive hypomotile stomach
- Possible mild duodenitis
- Heterogeneous remodeled pancreas – suspect chronic to possible mixed pattern, chronic/chronic active pancreatitis
- Intermittent mild mesenteric lymphadenopathy – subjective benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with a spec fPL or full GI panel to include PLI/TLI/Cobalamin/Folate to assess for or rule out concurrent non-structural intestinal disease is recommended. 3-view chest radiographs suggested if not recently done to rule out intrathoracic or esophageal pathology. Dietary trial, gastro protectants and empirical therapy for chronic-to-chronic active pancreatitis with clinical monitoring would be reasonable. No evidence of upper intestinal obstructive or neoplastic criteria.

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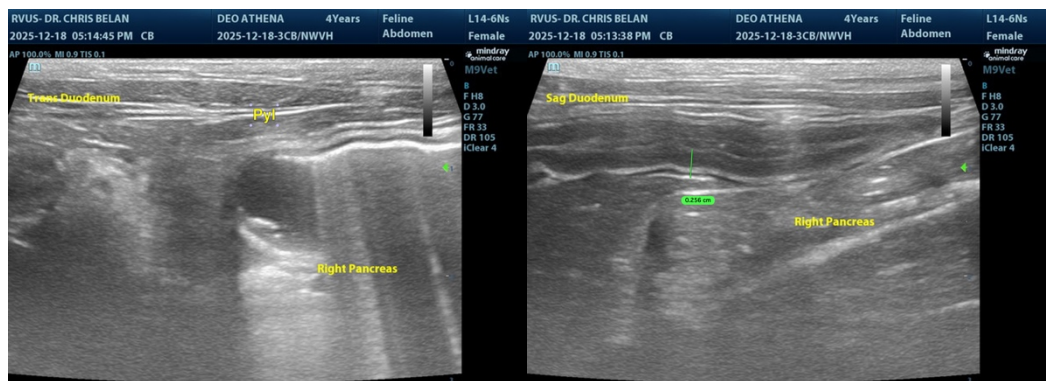
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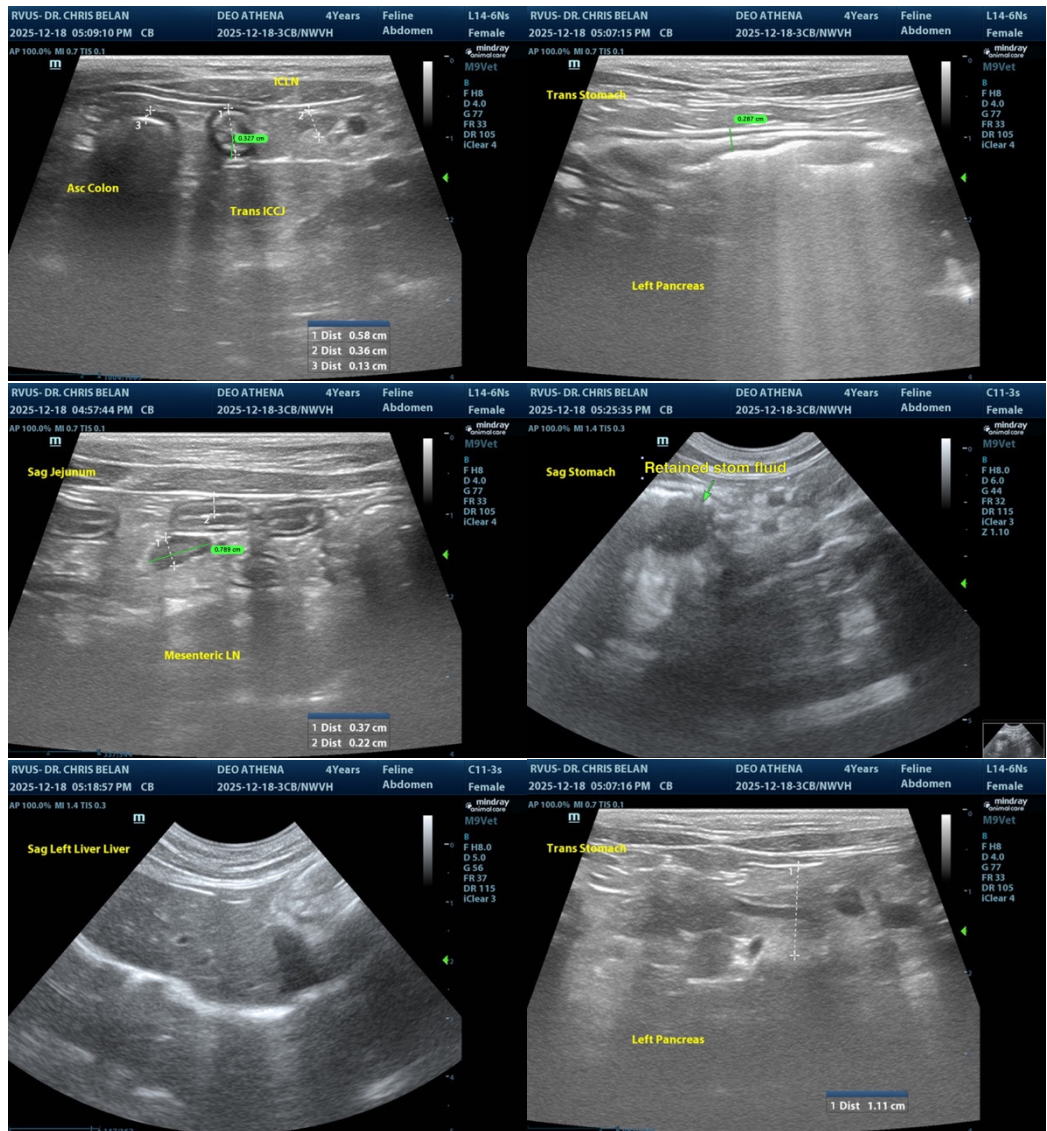
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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