PATIENT

Hyde Schofield

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

6.9 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Littleton Animal Hospital

REFERRING VET

Dr. Adam Frosolone DVM

INVOICE

12755

DATE

12/18/25

PRESENTING CLINICAL SIGNS

Presented for wellness on 12/8. Moderate to severe muscle wasting was noted - BCS 3/9. 10% dehydration. Rest of PE normal. Owner reports a history of increased appetite with weight loss x few months. Thyroid panel WNL. r/o CKD v diabetes v neoplasia v other.

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. Primarily anechoic urine was present in the lumen. Nondependent mild accumulated 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 were noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Indistinct corticomedullary border demarcation was also present. The renal medullary volume was subjectively reduced. Minor pyelectasia was present in the left kidney. The left kidney measured 3.5 cm in length. The right kidney measured 3.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.36 cm width. The right adrenal gland measured 0.43 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.

Liver

The liver revealed subjective mild hepatomegaly. Increased hepatic parenchyma echogenicity with mild parenchymal remodeling. Mildly prominent hepatic vasculature was noted.

The gallbladder was non distended in size with mild biliary sludge. The common bile duct was 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.

The small intestine presented intact wall layering with primarily maintained wall layer ratio. Segmental propensity for mildly prominent muscularis layer and borderline prominent jejunal wall thickness. The jejunum wall measured 0.25 cm width.

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Intact segmental mildly thickened colon wall. The colon exhibited normal size to segmental mild distention with semi formed fecal matter. Colon wall measured up to 0.32 cm width.

Pancreas

The pancreas was normal in size and contour with mild heterogeneous remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

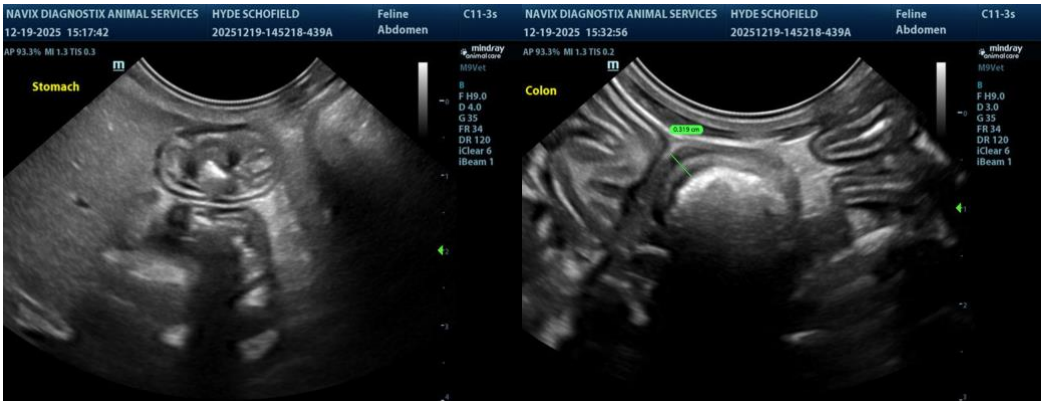
Intermittent scant peritoneal effusion was visualized. Intermittent variably enlarged nonhomogenous mesenteric lymph nodes were present with an example measuring 2.6 cm x 1.0 cm.

ULTRASONOGRAPHIC FINDINGS

- Chronic enteropathy pattern.
- Segmental mildly thickened colon with semi formed fecal matter.
- Variable nonhomogenous mesenteric lymphadenopathy.
- Hepatomegaly exhibiting mild hepatic congestion.
- Mild gallbladder debris.
- Bilateral chronic renal changes.
- Urinary bladder sediment.
- Scant peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild congested liver and scant peritoneal effusion may be secondary to nonreported sedation. If patient is nonsedated, three view chest radiographs are indicated to assess for intrathoracic or cardiac pathology as a contributing factor. A GI panel to include PLI, TLI, cobalamin and folate and assuming normal clotting status while using a 25-gauge needle, hepatic and accessible lymph node FNA cytology are warranted. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.



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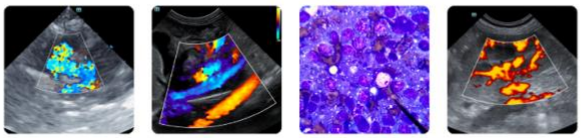

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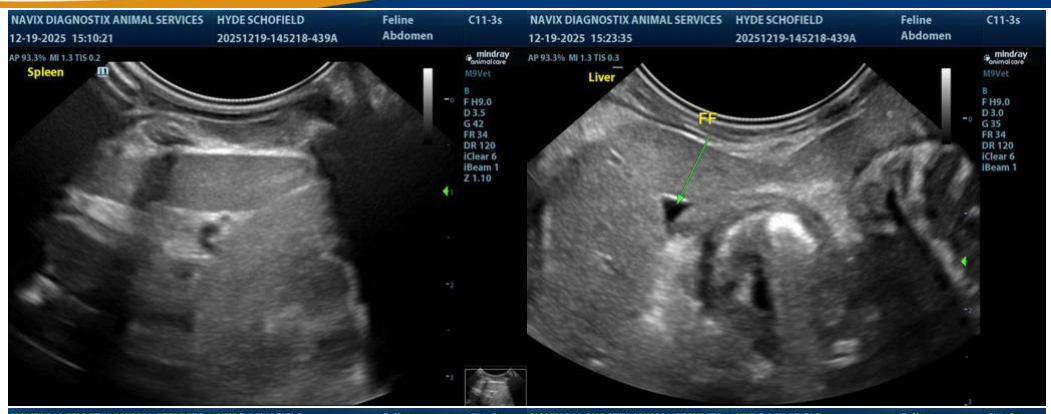

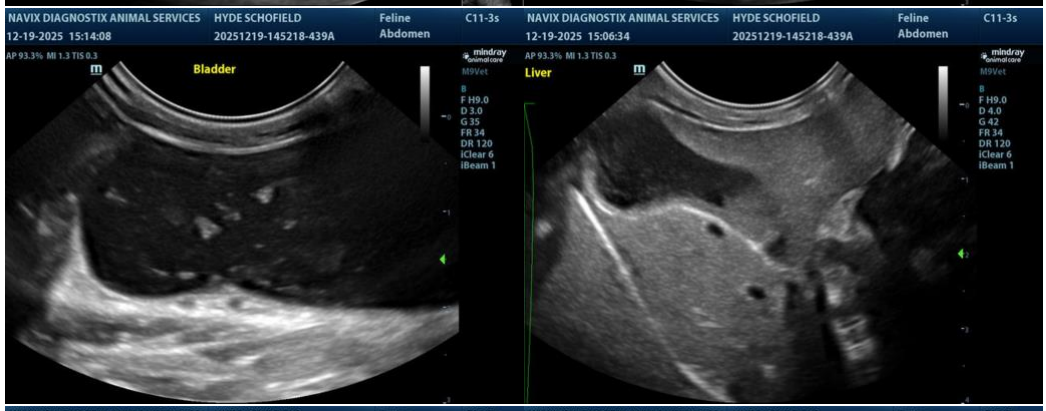

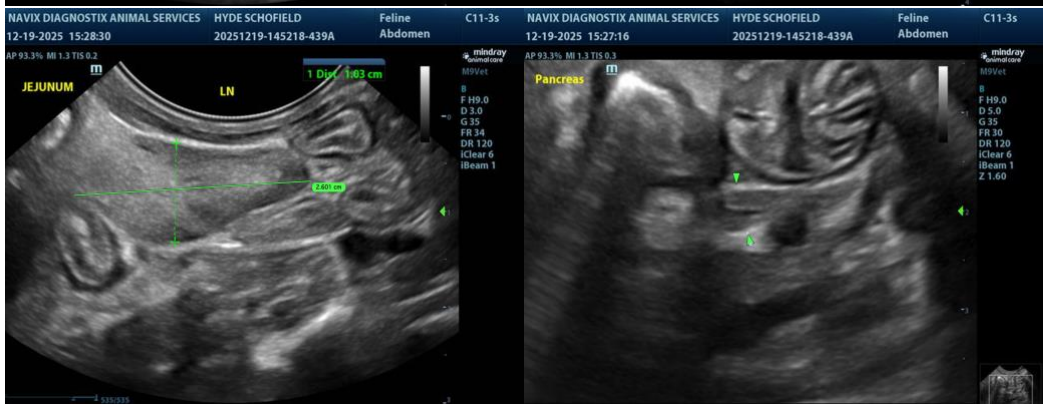

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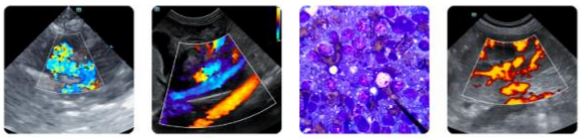

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com