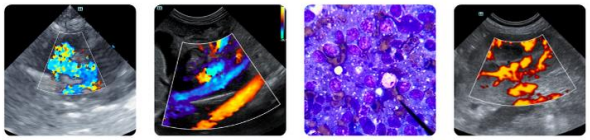


PATIENT

Junior Rosen

SPECIES

Feline

BREED

DSH

SEX

N/M

AGE

14 yrs

WEIGHT

4.55 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sookhoo

HOSPITAL NAME

Calusa Veterinary Center

REFERRING VET

Dr. Sookhoo

INVOICE

10478

DATE

12/18/25

PRESENTING CLINICAL SIGNS

weight loss and increased water consumption and urination Patient History: - Weight loss from 17 to 10.4 lbs over the past year - Client attempted weight reduction using Hill's Science Diet but cat refused to eat adequately - Switched back to regular food which cat accepted well - Recent 2 weeks of polydipsia and polyuria since returning to Florida - Vomiting approximately 1 month ago when on the diet food he disliked (resolved after diet change) - Normal stool consistency - Up to date on vaccines - Previous blood work from October showed slightly elevated pancreatic enzyme (PSL) - Iris pigmentation present for 2-3 years, unchanged

Abnormal PE/Chem/CBC/UA Results: Elevated FPL values

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size with normal tone. Minor nondependent urine sediment was noted. The urethra exhibited normal structure and tone to a depth of 2.0 cm. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No evidence of pathology in the area of the aortic trifurcation.

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 pyelectasia was noted. The left kidney measured 3.7 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

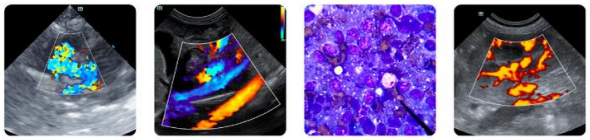
The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age related finding and not pathological. The left adrenal gland measured 0.35 width and the right adrenal gland measured 0.39 width.

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 0.67 cm width at the level of the mid spleen.

Liver/ Gallbladder

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



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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 contained mild, nonshadowing ingesta with lumen gas, without signs of obstruction or foreign material. The gastric body wall width measured 0.24 cm in width.

The small intestine presented primarily intact thickened wall exhibiting segmental mild intestinal corrugation and altered wall layer ratio owing to thickened mucosa and muscularis layers. Segments of jejunum exhibited indistinct mural detail. The small intestinal wall width measured up to 0.40 cm in the area of mild corrugation. The ileocolic wall width measured 0.36 cm.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to mildly heterogeneous remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mildly prominent pancreatic duct was noted.

Free Abdomen

Intermittent, generally mild, jejunocolic 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 was noted.

ULTRASONOGRAPHIC FINDINGS

- Mild nonshadowing gastric ingesta / gas
- Variably thickened to segmental mild corrugated small intestine exhibiting segmental indistinct mural detail
- Mildly enlarged irregular hypoechoic jejunocolic lymphadenopathy, mild surrounding peri lymphatic hyperechoic omentum
- Possible chronic pancreatitis
- Mild chronic renal changes
- Non-enlarged adrenal glands exhibiting pinpoint dystrophic mineral - normal age-related variant in a cat

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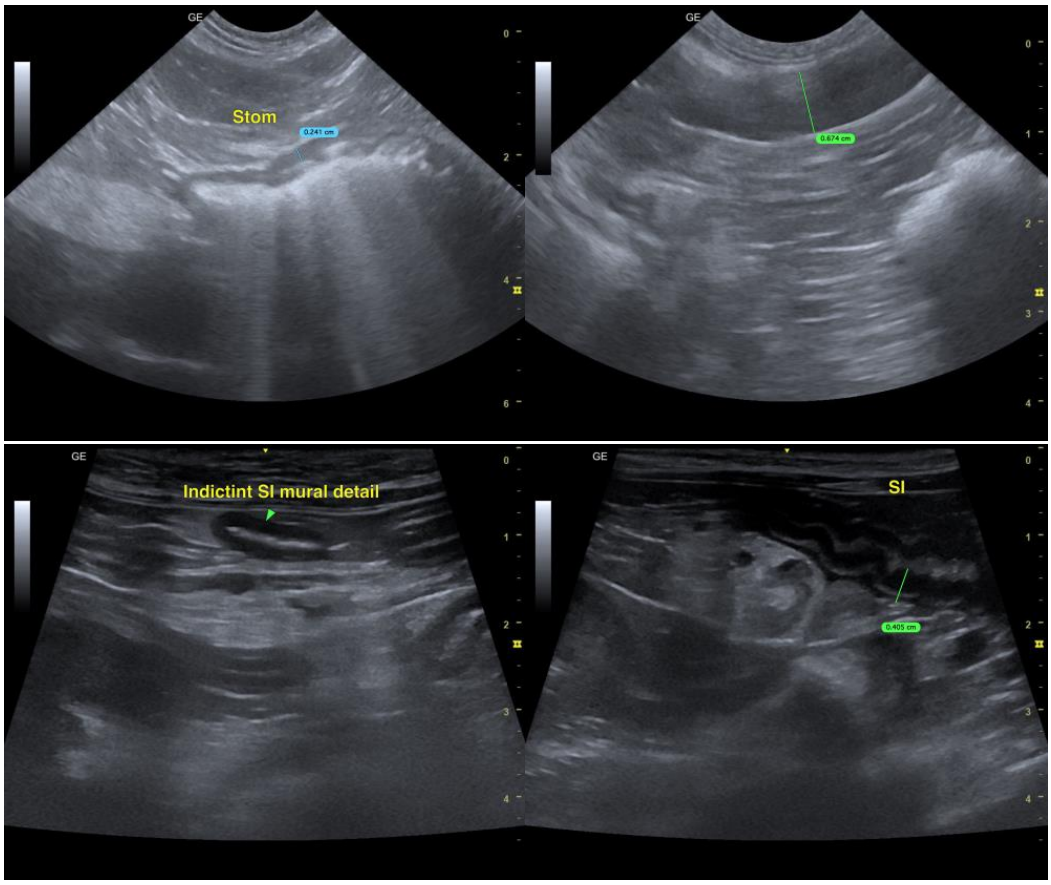
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary considerations for the small intestine and jejunocolic lymphadenopathy may include IBD or other inflammatory enteropathy with lymphatic hyperplasia / lymphadenitis or intestinal neoplastic criteria with early metastatic lymphadenopathy. Potential for combined etiologies and possible Triaditis in conjunction with potential chronic pancreatitis, and given the short half-life of hepatic enzymes in cats, is possible. A GI panel to include PLI/TLI/Cobalamin/Folate, and screening three-view chest radiographs is warranted. Definitive diagnosis would require intestinal and lymphatic biopsies for histopathology. Monitoring of renal parameters and urinalysis is recommended.



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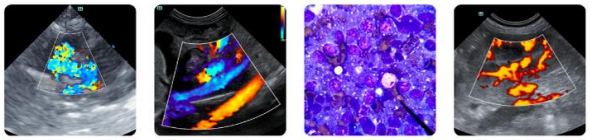

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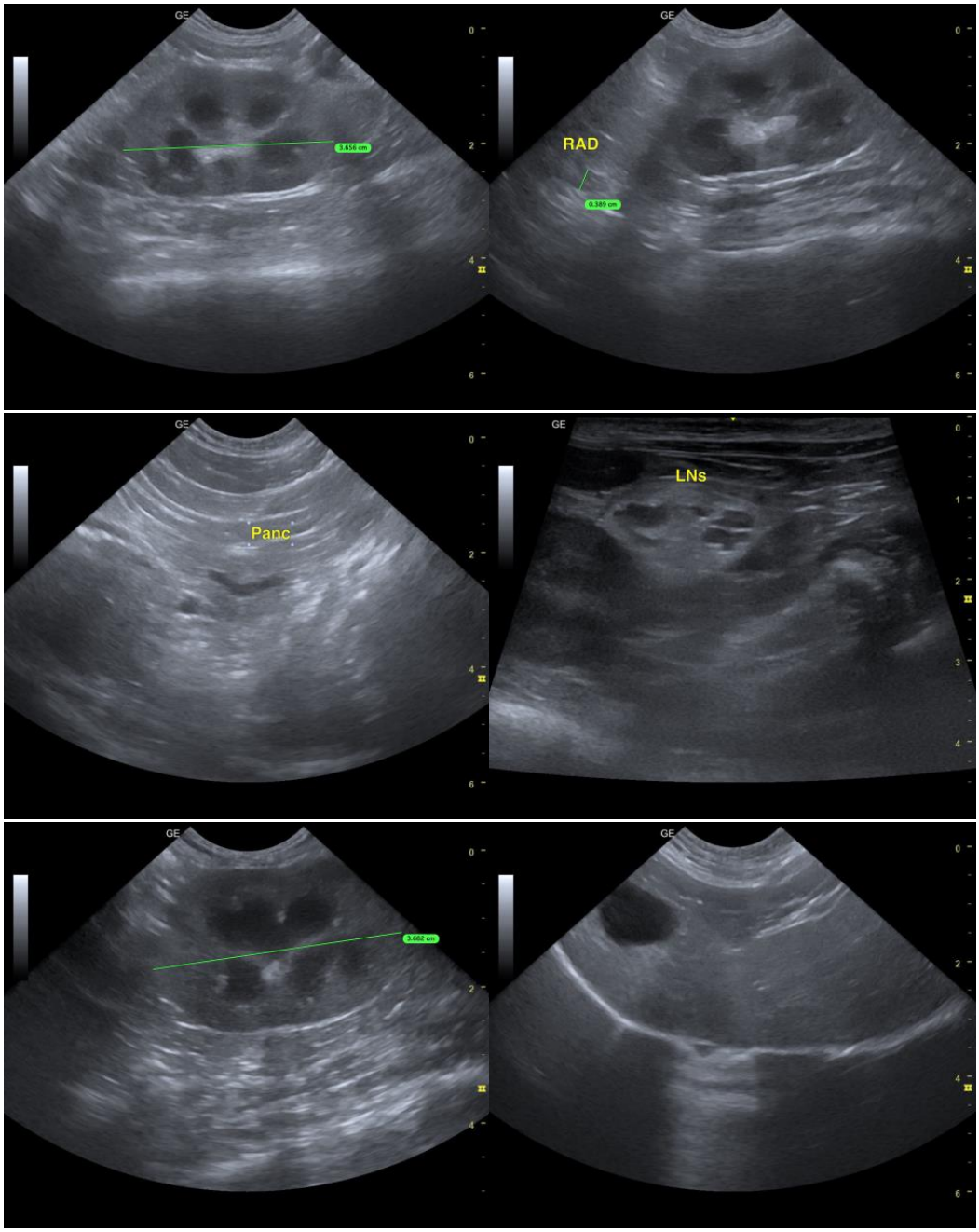

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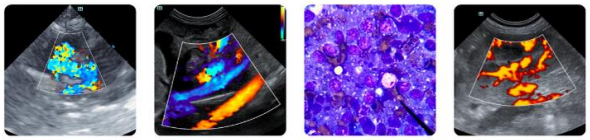

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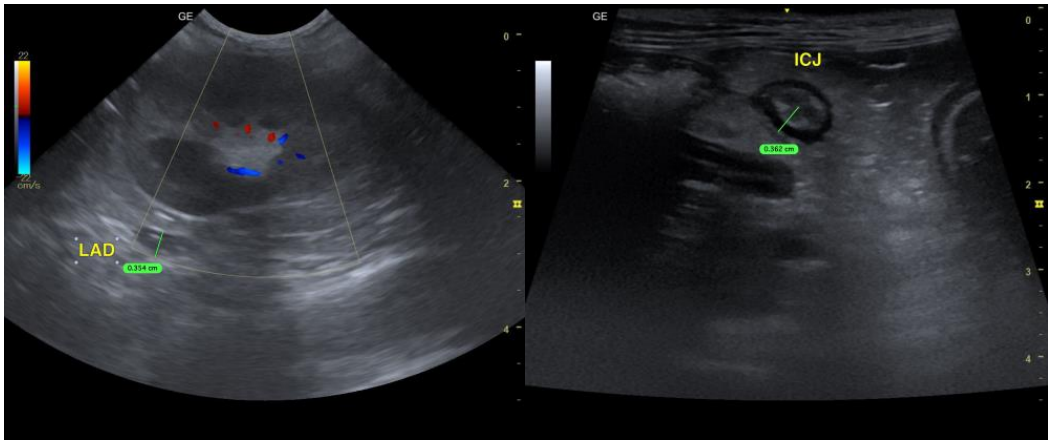

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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