



PATIENT

Kirk Burroughs

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

13 Years

WEIGHT

8 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

River's Edge Pet
Medical Center

REFERRING VET

Dr. Shelby Young

INVOICE

12737

DATE

12/18/25

PRESENTING CLINICAL SIGNS

Long hx of inappetence & weight loss. 2/8/25 13.6lbs, 9/22/25 9.66lbs, 8lbs today. Occasional vomiting. Tentative dx on 9/22/25 was triaditis. Started B12 inj once weekly & hydrolyzed diet. Pt continues to lose weight and is inappetent. Otherwise is BAR and acting wnl. Mildly jaundiced on presentation today. No heart murmur ausculted. BCS 3/9, doughy abdmn, no masses or pain palpation. Significant dental tartar, otherwise PE is unremarkable. P receives b12 injection once weekly.

Abnormal PE/Chem/CBC/UA Results: See attached labs: CBC - HCT 31% (wnl), retic 8.3k, leukogram wnl, plt >150k Chem 17 - TP 9.1 (prev 8.7), glob 6.2 (prev 5.7), ALT 635 (prev 560), alp 385 (prev 249), ggt 10 (prev 10), bilirubin 5.1 (prev 1.0), chol 377 (prev 255). all else wnl Lytes - all wnl Panc Lipase - 3.4 (rr 0.0-4.4), wnl

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 particulate mild 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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the left kidney. 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 pelvic dilation was present. The left kidney measured 4.0 cm in length.

The right kidney was subnormal in size compared to the left kidney with asymmetrical margination. 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. Moderate loss of corticomedullary border demarcation was also present. The renal medullary volume was subjectively reduced. The right kidney measured 3.3 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 0.42 cm width.

No obvious pathology in the area of the right adrenal gland.

Spleen

The spleen presented normal in size with subjective elongated presentation with symmetrical contour and homogenous mildly hypoechoic parenchyma measuring 0.92 cm width level of the mid spleen.

Liver

The liver presented enlarged in size with symmetrical contour and mild nonhomogenous hypoechoic parenchyma. A solitary ventrocaudal noncapsule deforming mixed echogenic intraparenchymal liver



PATIENT	mass was visualized measuring approximately 2.5 cm in diameter. The mass could indicate benign versus neoplastic criteria i.e. hyperplasia, granuloma, carcinoma or other.
Kirk Burroughs	
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Feline	Gastrointestinal
BREED	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and no signs of ileus, obstruction or foreign material.
DLH	The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Small intestine wall measured 0.30 cm width. The ileocolic wall measured 0.50 cm width.
SEX	
Neutered Male	Normal visible colon wall layers were present with apparent formed feces in lumen.
AGE	Pancreas
13 Years	The left pancreas presented asymmetrically prominent in size with nonhomogenous mildly hypoechoic parenchyma. Mildly dilated tortuous left pancreatic duct.
WEIGHT	Free Abdomen
8 pounds	No obvious visualized significant omental lymphadenopathy or peritoneal effusion was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP	Primary Findings
IMAGING PERFORMED BY	<ul style="list-style-type: none">• Normal empty stomach.• Enteropathy- IBD or other inflammatory enteropathy, intestinal round cell neoplasia i.e. lymphoma possible.• Chronic/chronic active pancreatitis.• Hepatopathy with small mixed echogenic intraparenchymal mass.• Nondistended gallbladder with minor congealed bile debris.
Jasmine Palacios	Secondary Findings
HOSPITAL NAME	<ul style="list-style-type: none">• Variable chronic renal changes more prominent in the right kidney.• Mild urine sediment.
River's Edge Pet Medical Center	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
REFERRING VET	Chronic triaditis with intestinal and emerging hepatic neoplasia are primary potentials. Further assessment may include (assuming normal clotting status) hepatic parenchyma and mass FNA cytology. Recheck GI panel to include PLI, TLI, cobalamin and folate and three view chest radiographs are suggested. Continued empirical therapy for triaditis would be appropriate. No evidence of posthepatic or gastrointestinal obstruction.
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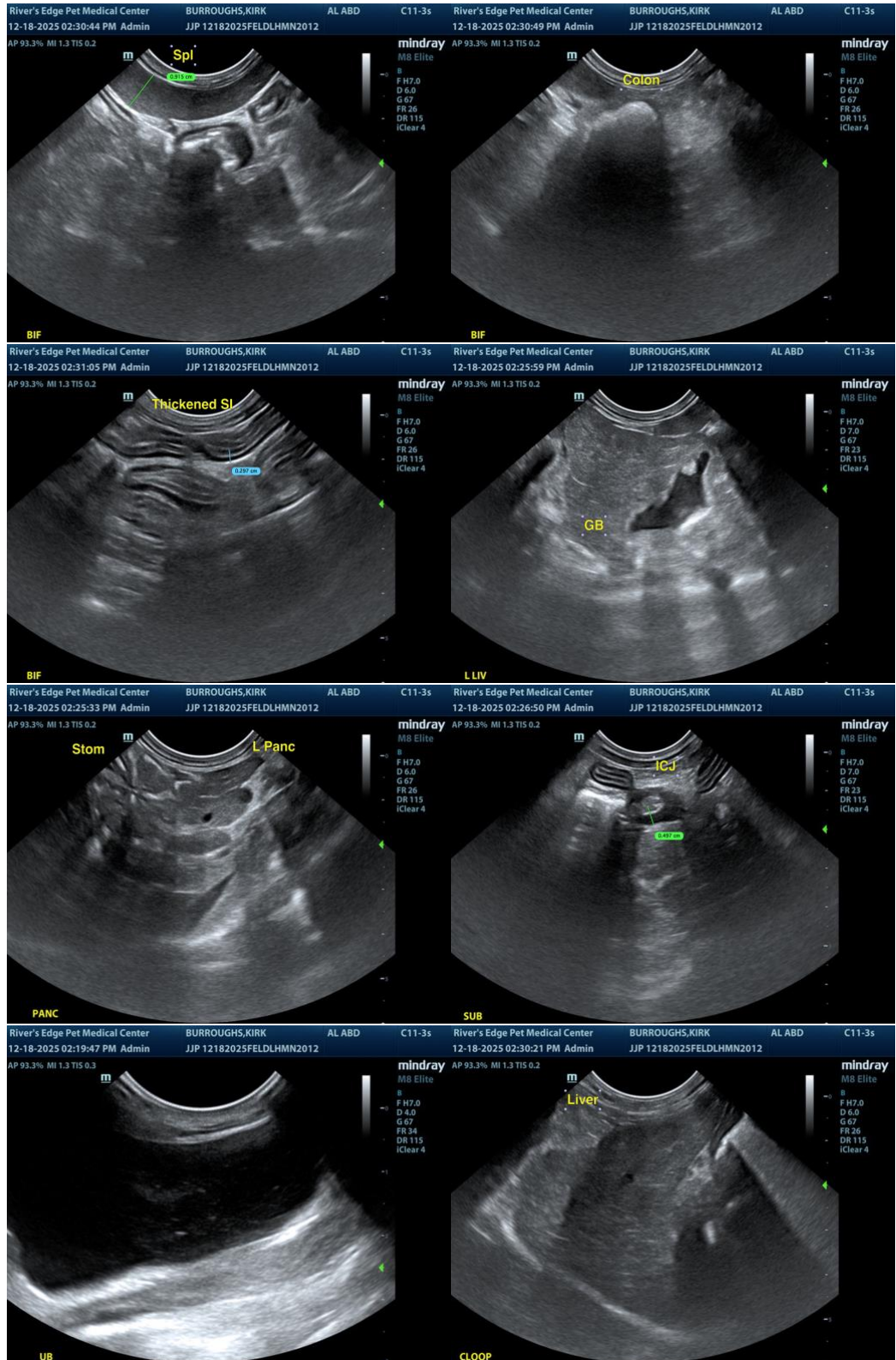
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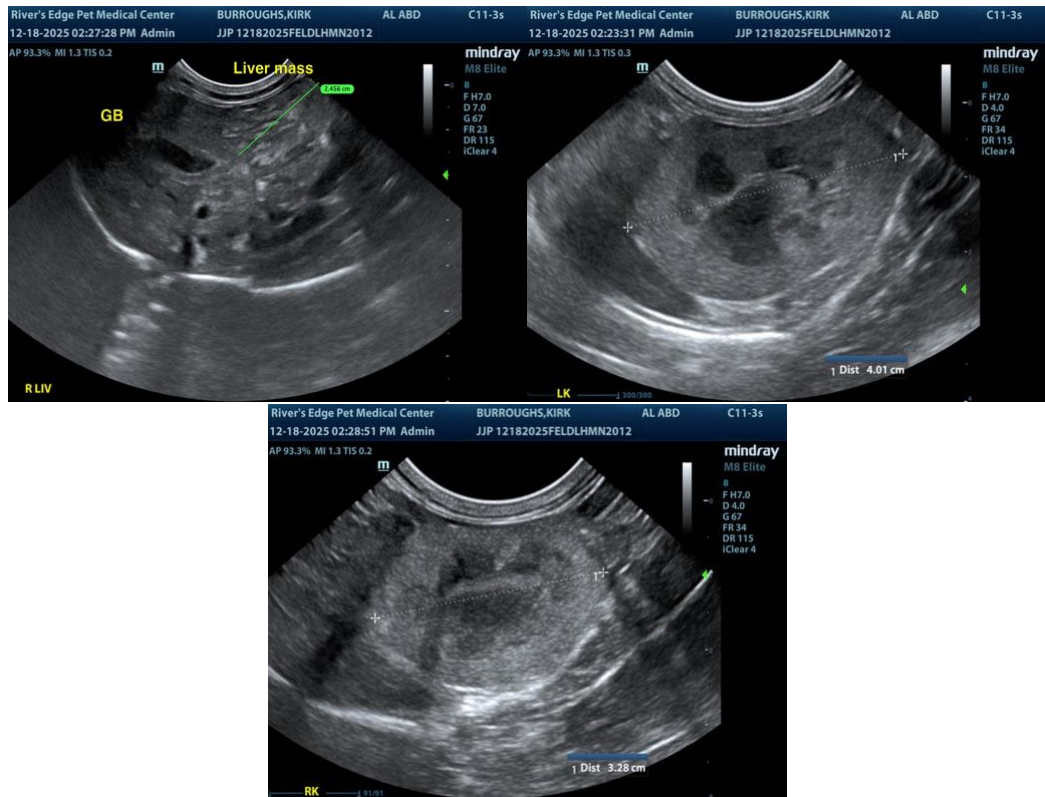
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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