



PATIENT

Jax Newhart

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years 7 Months

WEIGHT

7.4

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Veterinary
Clinic

REFERRING VET

Dr. Nathaniel Stanglein

INVOICE

12800

DATE

12/22/25

PRESENTING CLINICAL SIGNS

Chronic diarrhea and weight loss. Eating well on prednisolone but still losing weight... B12 injections 0.25mL weekly, Prednisolone 5mg SID

Abnormal PE/Chem/CBC/UA Results: mild anemia, mildly low protein, stress hyperglycemia, thyroid ok, fecal negative

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. Minor nondependent particulate sediment was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

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. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.9 cm in length. The right kidney measured 4.2 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 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 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 generalized hepatomegaly. 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 proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction.

Gastrointestinal



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The stomach presented diffusely thickened intact wall layering with altered wall layer ratio.

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The small intestine presented thickened primarily owing to thickened generalized intestinal muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Example of small intestine wall measured 0.46 cm wall width.

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Normal visible colon wall layers were present with semi formed to soft fecal matter in lumen.

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Pancreas

The pancreas presented with mildly prominent size, mild capsule asymmetry and mild nonhomogenous remodeled parenchyma with mild prominent pancreatic duct.

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Free Abdomen

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Focal, mildly prominent to enlarged mesenteric lymph 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 measured 3.0 cm x 0.87 cm. Mild volume of peritoneal effusion was visualized. Generalized mild increased omental echogenicity.

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ULTRASONOGRAPHIC FINDINGS

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- Diffusely thickened small intestine.
- Semi formed to soft fecal matter in colon.
- Generally mild mesenteric lymphadenopathy and peritoneal effusion.
- Noncongested hepatomegaly with nonobstructive proximal common bile duct dilation.
- Chronic pancreatitis.
- Nonspecific bilateral renal medullary rim sign.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic IBD or other inflammatory enteropathy, triaditis or intestinal to potential multicentric neoplasia are all potentials. Suppression of intestinal mural changes, lymphadenopathy or pathology owing to steroid therapy are possible. Further assessment may include recheck GI panel (PLI, TLI, cobalamin and folate) and assuming normal clotting status/using a 25-gauge needle, hepatic FNA cytology. In addition to current therapy, dietary trial and high colony count probiotics may prove beneficial.

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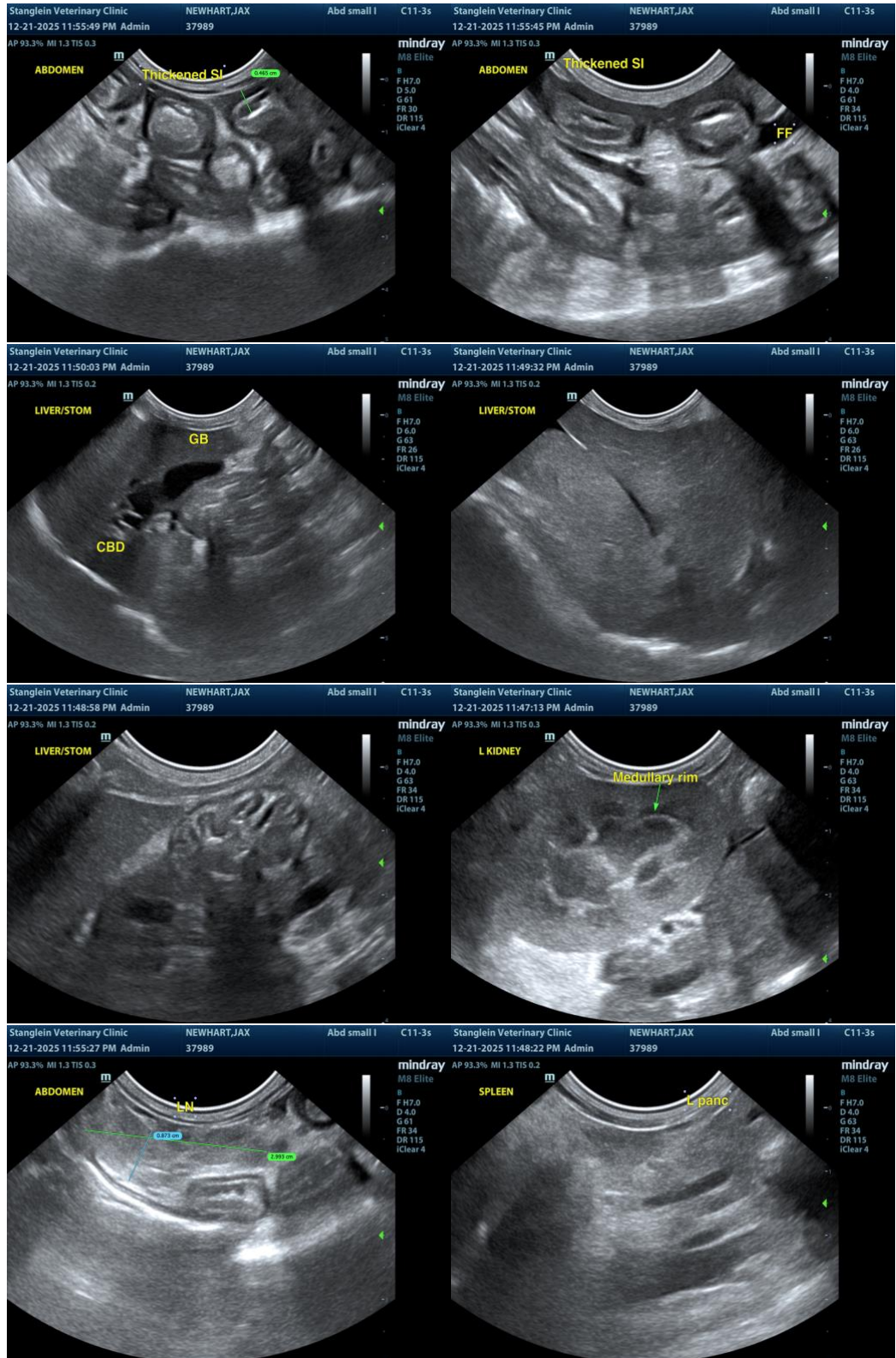
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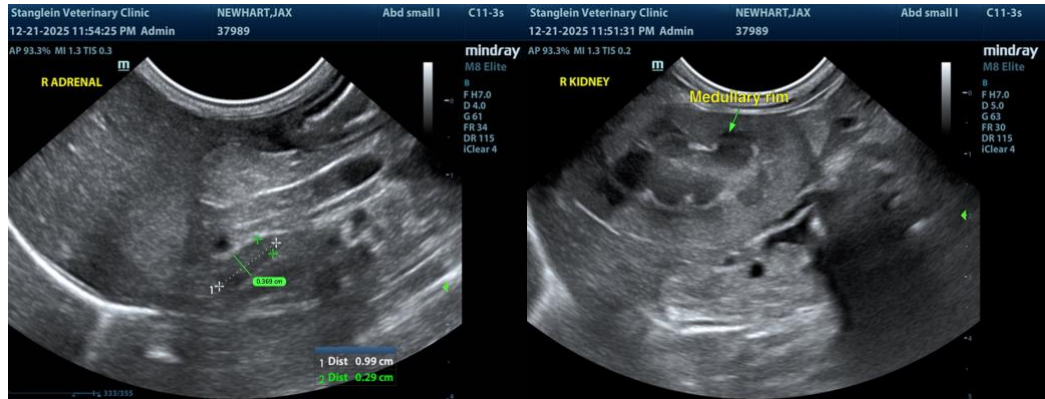
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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