



PATIENT

Pouncey George

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10.9 Years

WEIGHT

10.9 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Veterinary
Services

REFERRING VET

Dr. Rodriguez

INVOICE

12808

DATE

12/23/25

PRESENTING CLINICAL SIGNS

Weight loss. Fasted today since 11pm last night. Intermittent vomiting but not for the past 3 days

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 change were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. Mild hyperechoic cortex with mildly enhanced corticomedullary border demarcation. The left kidney measured 4.1 cm in length. The right kidney measured 4.4 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 0.46 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 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. The spleen measured 0.73 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 intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild primarily nonshadowing to focal progressively shadowing ingesta without evidence of mechanical pyloric outflow obstructive or obstructive pyloric mural pathology. Pylorus wall measured 0.21 cm wall width. The gastroesophageal junction was sonographically normal.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The duodenum wall measured 0.31 cm width. Small intestine wall measured up to 0.33 cm. Segmental similar appearing nonshadowing ingesta without obstructive pattern or overt foreign material to the level of the colon.

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



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Pancreas

The visualized pancreas presented with normal size and contour with isoechoic mildly remodeled parenchyma compared to adjacent omentum.

Free Abdomen

Mild to irregularly enlarged primarily homogenous to hypoechoic mesenteric lymph nodes were present with an example measuring 3.0 cm x 0.74 cm. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Normal stomach with primarily nonshadowing to focally shadowing mild gastric ingesta.
- Intact thickened small intestine with segmental nonshadowing ingesta.
- Intermittent mild irregular mesenteric lymphadenopathy.
- Possible mild chronic pancreatitis.

Secondary Findings

- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt gastrointestinal mechanical obstruction or definitive foreign material, IBD or other inflammatory enteropathy with mesenteric lymph hyperplasia or lymphadenitis favored with potential for emerging intestinal round cell neoplasia such as lymphoma and early metastatic lymphadenopathy may present in a similar sonographic manner. Associated metabolic gastric or gastrointestinal ileus without obstructive pattern suspected. A definitive diagnosis would require intestinal biopsies for histopathology. If accessible, FNA cytology of the mesenteric lymph nodes could be considered. A GI panel to include PLI, TLI, cobalamin and folate with screening three view chest radiographs are recommended. Gastrointestinal support and consideration for empirical IBD protocol with clinical monitoring would be appropriate. Sonographic reassessment is indicated if continued or progressive gastrointestinal signs or weight loss.





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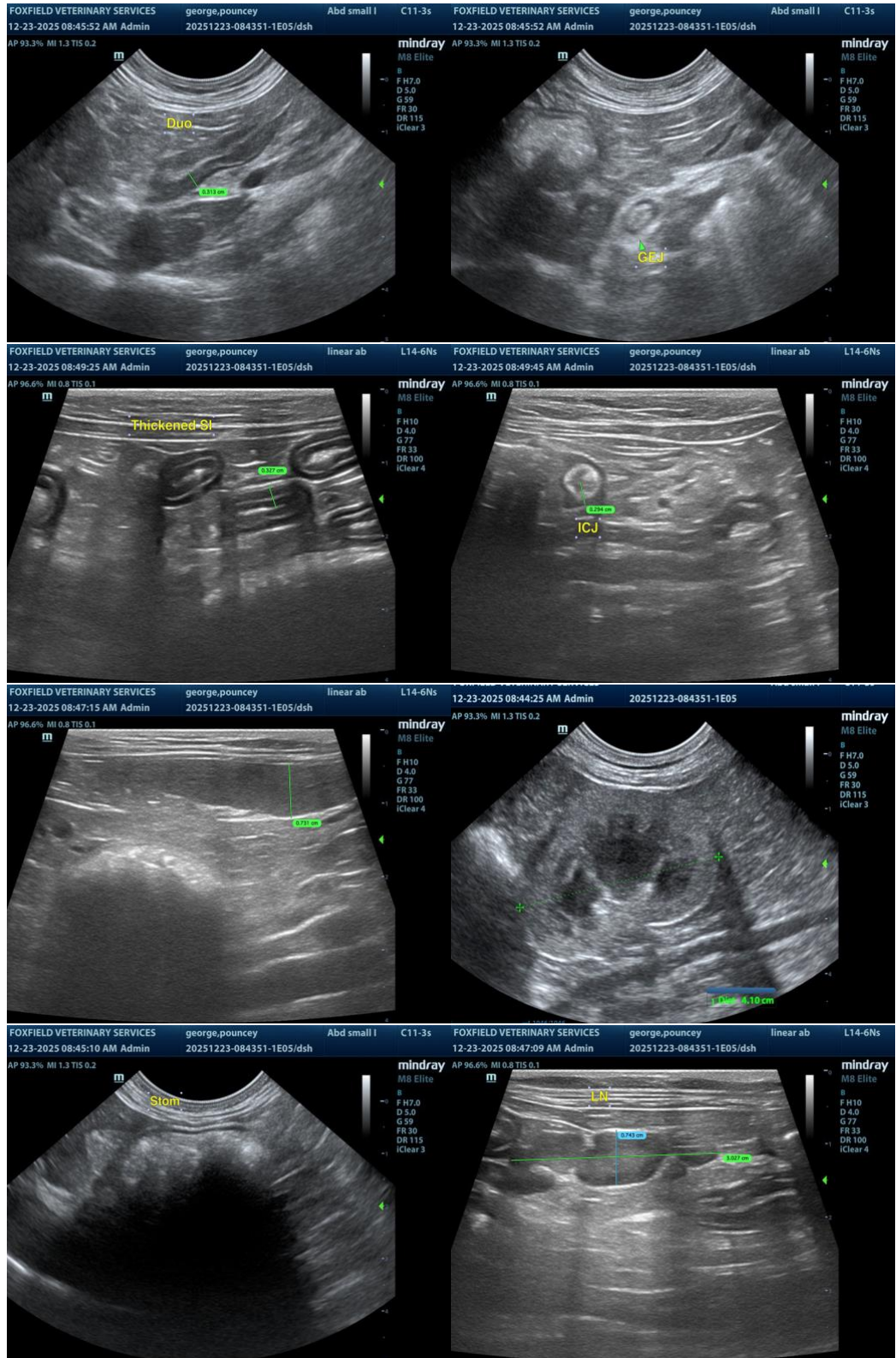
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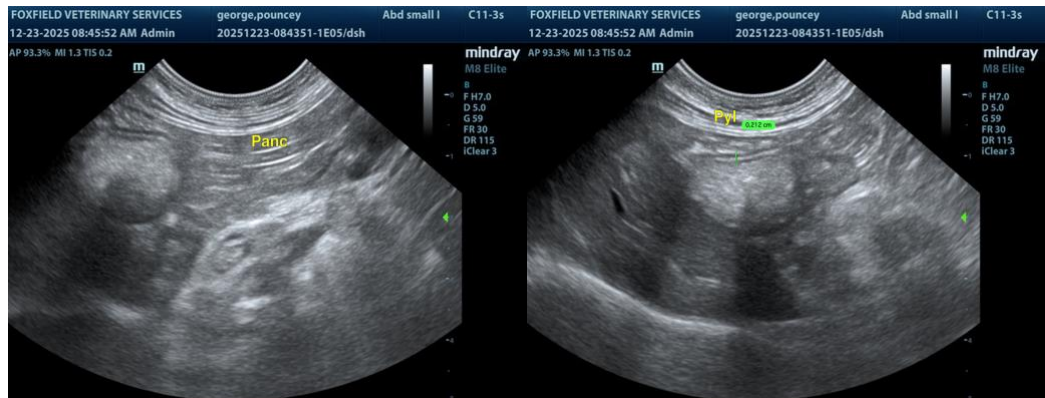
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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