



PATIENT

Jack Bausher

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

9.94 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Janel Schietzelt
DVM

HOSPITAL NAME

Dreaming Summit
Animal Hospital

REFERRING VET

Dr. Janel Schietzelt
DVM

INVOICE

12870

DATE

12/30/25

PRESENTING CLINICAL SIGNS

Chronic intermittent vomiting, reduced appetite, sometimes responsive to Cerenia, SQ fluids -On hill's i/d rx food -Hx of pancreatitis, elevated liver values

Abnormal PE/Chem/CBC/UA Results: Mild dehydration on exam (est. 5%); remainder of vitals and exam WNL -Grade 2-3/4 periodontal disease -Leukocytosis (path review, no overt neoplastic cells) - Historical, progressive elevated ALT, AST, GGT, ALP -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. Possible focal nonobstructive proximal urethra lumen mineral was present. Primarily anechoic urine was present in the lumen. Nondependent particulate moderate 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 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. Mild indistinct corticomedullary border demarcation was also present. The renal medullary volume was subjectively reduced. Medullary mineral to small renoliths were visualized yet more prominent in the right kidney. The right kidney revealed cortical cysts. The left kidney measured 3.5 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The area of the left adrenal gland was free of overt pathology.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width at the caudal pole.

Spleen

The spleen presented mildly enlarged in size measuring 1.1 cm width level of the mid spleen.

Liver

The liver presented with moderate hepatomegaly with symmetrical rounded hepatic contour and homogenous parenchyma. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with primarily anechoic luminal content. The common bile duct was not visualized.

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.



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The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy.

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

Pancreas

The left pancreas presented with normal size, mild capsule asymmetry and isoechoic mildly heterogeneous remodeled parenchyma with mildly prominent left limb pancreatic duct.

Free Abdomen

No obvious significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatopathy, sonographically normal gallbladder.
- Mild splenomegaly.
- Normal empty stomach.
- Intact thickened small intestine wall.
- Chronic pancreatitis.

Secondary Findings

- Chronic renal changes exhibiting medullary mineral, small renoliths and right kidney cortical cysts.
- Urinary bladder sediment with possible small nonobstructive proximal urethral lumen mineral.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IBD or other inflammatory enteropathy and triaditis are favored with potential for emerging to low-grade intestinal or multicentric round cell neoplasia are not definitively excluded yet though less likely. Further assessment may include (assuming normal clotting status and using a 25-gauge needle) hepatic FNA cytology and a GI panel (PLI, TLI, cobalamin and folate). Biopsies are required for a definitive diagnosis. Gastrointestinal support, empirical triaditis protocol with clinical monitoring would be reasonable. Urinary work up with culture and sensitivity if inflammatory sediment is recommended.





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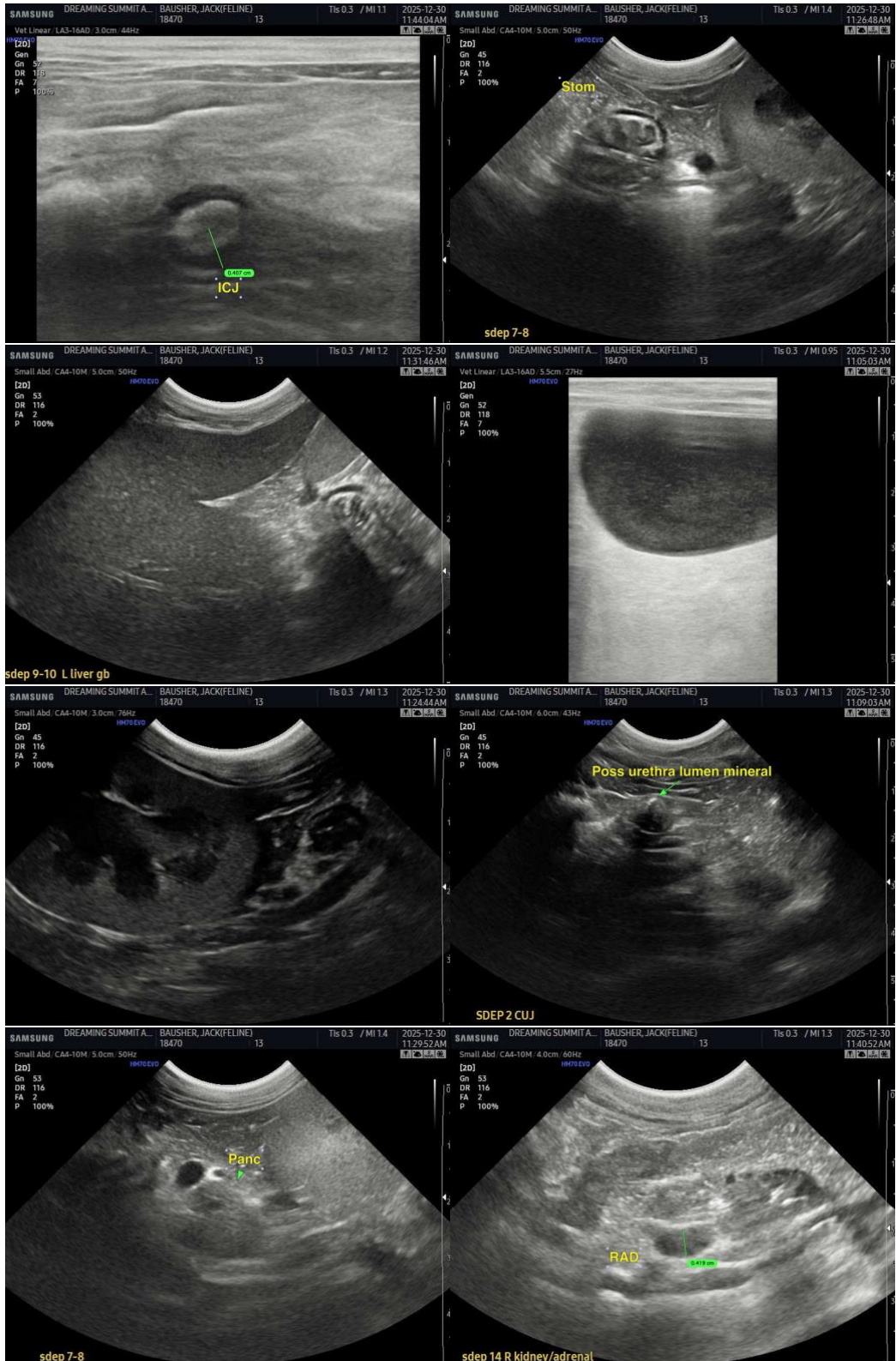
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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