



## PATIENT

Lucy Cody

## SPECIES

Feline

## BREED

DSH

## SEX

Female

## AGE

13

## WEIGHT

3.34 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Seyler

## HOSPITAL NAME

Wilvet South

## REFERRING VET

Dr. Seyler

## INVOICE

10414

## DATE

12/4/25

## PRESENTING CLINICAL SIGNS

PT has HX of GI upset. PT started being picky with food, O went on vacation for 4 days and came back and PT had continued to decrease the amount of solid food we were eating . On Tuesday we did try to take a couple of bites, but it seemed to cause discomfort. She does seem appetant but can't seem to tolerate eating. No BM, is leaking some urine. rDVM recommended having them come in for an exam and see if an ultrasound makes sense. HX of dental concerns

Abnormal PE/Chem/CBC/UA Results: Cardiovascular: Abnormal: tachycardia Musculoskeletal: Sarcopenia ALT 734 U/L (H) ALP < 10 U/L (L)

The submitted study contained 24 videos for review.

## 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. Mild, nondependent particulate 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.

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 pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.6 cm in length.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized.

### 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/ 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 normal intact wall layering. The stomach contained mild retained fluid and suspect small nonobstructive hairball-type density, measuring ~1.0 cm in diameter.

The visualized segments of the small intestine exhibiting intact mildly thickened wall layering with maintained mild altered wall layer ratio and propensity for mildly thickened muscularis layer. The small Intestinal wall width measured 0.26-0.28 cm. There is no evidence of an intestinal obstructive pattern.

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

### ***Pancreas***

The left pancreas was prominent in size with asymmetrical capsule contour and heterogeneous mildly hypoechoic parenchyma. Mildly prominent left limb pancreatic duct was noted. Minor peripancreatic hyperechoic omentum was present.

### ***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

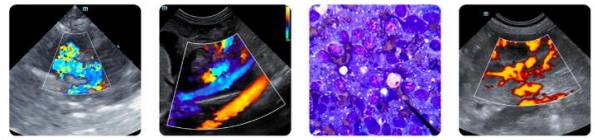
## **ULTRASONOGRAPHIC FINDINGS**

- Sonographically normal liver and gallbladder - consistent with benign hepatopathy
- Mild retained gastric fluid and suspect small nonobstructive hairball-type density
- Intact mildly thickened small intestine
- Probable left limb chronic pancreatitis
- Mild chronic renal changes
- Normal urinary bladder with mild urine sediment

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

IBD or other chronic inflammatory enteropathy in conjunction with probable left limb chronic pancreatitis and hepatopathy may suggest chronic Triad disease. Potential for emerging to low-grade intestinal neoplasia, i.e., lymphoma, is thought less likely, given the lack of concurrent visualized lymphadenopathy although not definitively excluded. Gastrointestinal support, empirical therapy for hairballs, if a clinical history of hairballs, and consideration for empirical Triaditis protocol may be considered. Biopsies are required for a definitive diagnosis.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.



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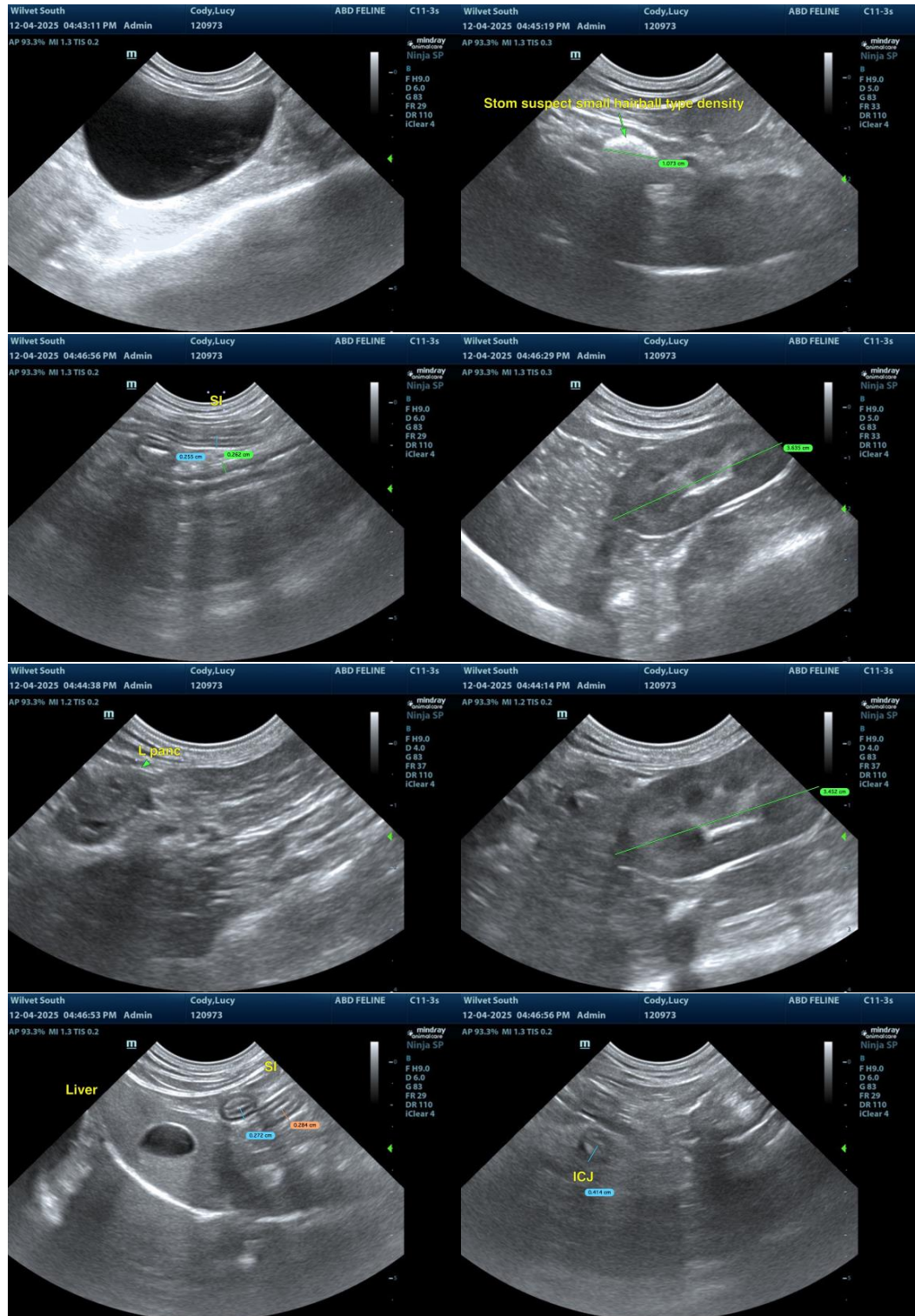
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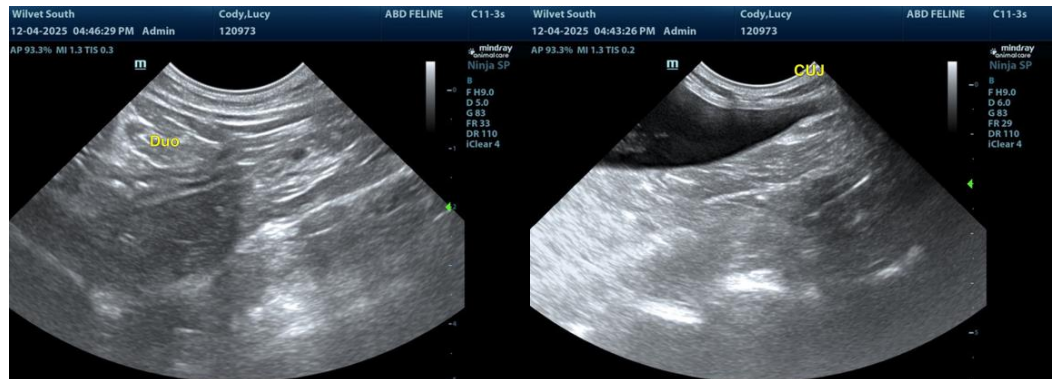
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)