



PATIENT

Chris Erk

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years 5 Months

WEIGHT

6.3 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Harmony Animal
Hospital

REFERRING VET

Dr. Eppler

INVOICE

13861

DATE

02/19/26

PRESENTING CLINICAL SIGNS

- Intermittent vomiting through medications
- BW WNL
- Currently not on medications

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.

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 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 4.1 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.41 cm width. The right adrenal gland measured 0.45 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 & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mild nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. A caudal ventral thinly walled intraparenchymal cyst was present measuring 1.7 cm in diameter.

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 was empty with no signs of ileus, obstruction or foreign material.



PATIENT

Chris Erk

The small intestine presented overall intact variably to markedly thickened small intestinal wall exhibiting variable to markedly thickened muscularis layer. The thickened small intestine wall measured up to 0.85 cm wall width. The ileocolic wall measured 0.52 cm wall width.

SPECIES

Feline

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

Pancreas

BREED

DSH

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

SEX

Neutered Male

Mild to variably enlarged swollen nonhomogenous to hypoechoic mesenteric lymph nodes were present with an example measuring 3.1 cm x 1.1 cm. Regional perilymphatic hyperechoic omentum. No evidence of peritoneal effusion.

AGE

11 Years 5 Months

ULTRASONOGRAPHIC FINDINGS

WEIGHT

6.3 pounds

Primary Findings

- Normal empty stomach.
- Variable to markedly thickened small intestine.
- Variably enlarged nonhomogenous hypoechoic mesenteric lymph nodes. With surrounding perilymphatic hyperechoic omentum.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

Secondary Findings

- Mild chronic renal changes.
- Small liver cyst.

IMAGING PERFORMED BY

Shari Reffi CVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Variable to significant IBD or other inflammatory enteropathy with reactive mesenteric lymph node hyperplasia/lymphadenitis with primary concern for intestinal neoplastic criteria, i.e. lymphoma and metastatic lymphadenopathy are primary potentials. Possible emerging jejunal mural mass without overt current loss of mural detail is possible.

HOSPITAL NAME

Harmony Animal
Hospital

FNA cytology of accessible mesenteric lymph node is warranted for initial clarification. A definitive diagnosis may require intestinal and lymphatic biopsies for histopathology. A GI panel to include PLI, TLI, cobalamin and folate is recommended. Empirical IBD protocol with clinical and serial sonographic monitoring for evidence of progressive intestinal mural changes would be a more conservative approach.

REFERRING VET

Dr. Eppler

INVOICE

13861

DATE

02/19/26



PATIENT

Chris Erk

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years 5 Months

WEIGHT

6.3 pounds

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP (Canine
 / Feline Practice)

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Harmony Animal
 Hospital

REFERRING VET

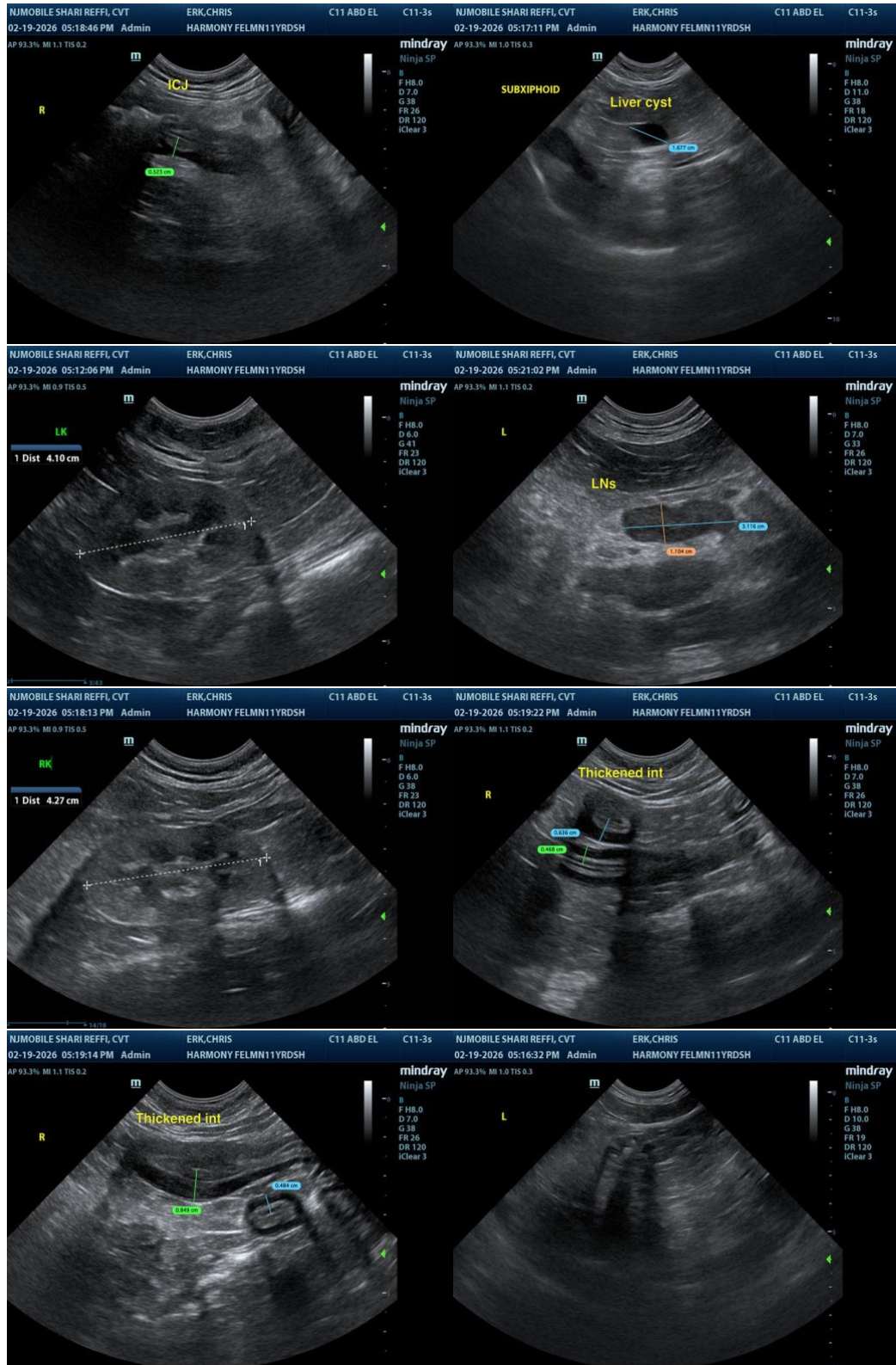
Dr. Epplé

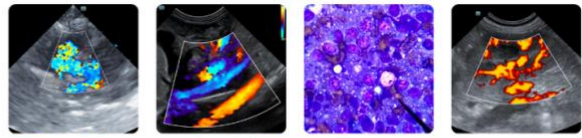
INVOICE

13861

DATE

02/19/26





PATIENT

Chris Erk

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.

SPECIES

Feline

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)

BREED

DSH

info@SonoPath.com

SEX

Neutered Male

AGE

11 Years 5 Months

WEIGHT

6.3 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

**IMAGING
PERFORMED BY**

Shari Reffi CVT

HOSPITAL NAME

Harmony Animal
Hospital

REFERRING VET

Dr. Epple

INVOICE

13861

DATE

02/19/26