



PATIENT

Zorro Tillson

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

20

WEIGHT

6.64

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ashley Gambon

HOSPITAL NAME

Lanier Animal Hospital

REFERRING VET

Dr. Ashley Gambon

INVOICE

13540

DATE

02/03/26

PRESENTING CLINICAL SIGNS

- Lifestyle: Indoor/outdoor
- Pet's Signalment: Zorro, male, feline
- History:
 - - Zorro is a 20-year-old cat presenting for an acute increase in the frequency of chronic vomiting, lethargy, and straining to defecate.
 - - The vomiting has been an issue for a couple of years, potentially related to a past diagnosis of pancreatitis.
 - - He has vomited approximately four times today.
 - - The owner notes that he stands oddly and seems to have a swollen anus when straining, sometimes dripping liquid feces, but passes normal stool otherwise.
 - - He is quieter than normal and seems generally unwell.
- Diet: A mix of a gastrointestinal prescription wet food and Friskies wet food, with dry food available at all times. He also receives treats.
- HW/ flea + tick preventative: None
- Current Medications/ supplements: None

CBC: nsf Chemistry: SDMA 16, creatinine 3.1, BUN 50, otherwise nsf UA: SG 1.020, pH 5, trace protein, otherwise nsf Urine sediment: nsf

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 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. Moderate loss of corticomedullary border demarcation was also present. The left kidney measured 3.2 cm in length. The right kidney measured 3.3 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 0.45 cm width.

The right adrenal gland was 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



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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mild / moderate 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 noncapsule deforming nonhomogenous hyperechoic intraparenchymal mass was visualized in the deep mid to right liver measuring 2.5 cm in diameter. Focal to intermittent concurrent nonhomogenous to cystic separate intraparenchymal nodules were also present with an example measuring 1.2 cm in diameter.

The gallbladder was non distended in size with mild biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with lumen gas and no signs of ileus, obstruction or foreign material.

The intestinal walls demonstrated intact thickened intestinal wall and altered to segmental borderline inverted wall layer ratio. The small intestine wall measured 0.27 cm to 0.38 cm wall width.

The visualized colon exhibited overtly normal wall, non-distended size and contained subjective semi formed fecal matter and lumen gas.

Pancreas

The pancreas presented asymmetrically enlarged exhibiting nonhomogenous hypoechoic indistinctly nodular parenchyma with mild surrounding peripancreatic hyperechoic omentum.

Free Abdomen

No overt visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Diffusely thickened small intestine exhibiting altered/inverted wall layer ratio- IBD or other inflammatory enteropathy, intestinal round cell neoplasia i.e. lymphoma are possible.
- Asymmetrically enlarged nonhomogenous indistinctly nodular pancreas- chronic/chronic active pancreatitis with parenchymal and hyperplastic remodeling. Pancreatic neoplasia is thought less likely.
- Nonhomogenous hyperechoic hepatic mass with intermittent separate nonhomogenous to cystic intraparenchymal nodules- biliary cystadenoma, nodular hyperplasia, low-grade neoplasia i.e. carcinoma are possible.
- Bilateral chronic renal changes.
- Mild gallbladder debris.
- Normal visible colon containing semi formed fecal matter.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A spec fPL or ideally, a full GI panel to include PLI, TLI, cobalamin and folate to correlate with the pancreas and small intestine is suggested. Sampling is required for further clarification and differentiation between inflammatory neoplastic or combined etiologies. Non-visualized distal descending colon or colorectal mural lesion obscured by fecal matter is not definitively excluded.



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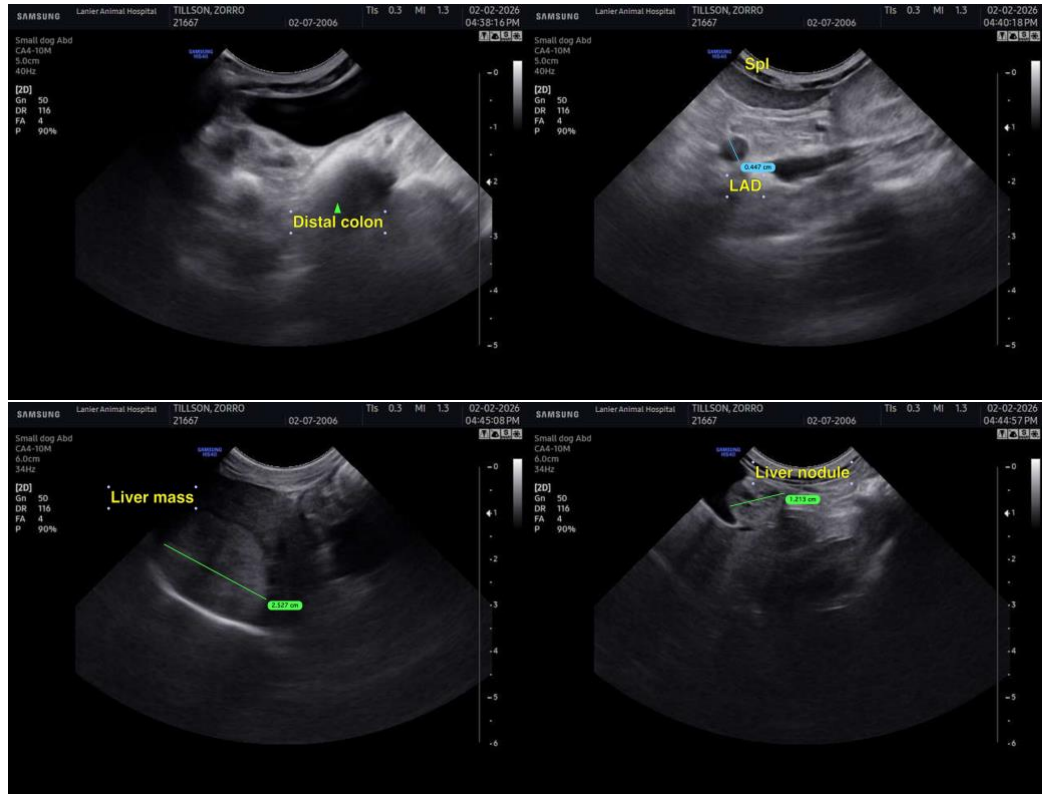
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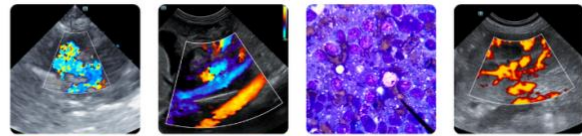
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Correlation with urinalysis is recommended. Empirical supportive care for IBD/chronic active pancreatitis with clinical and sonographic monitoring would be reasonable.





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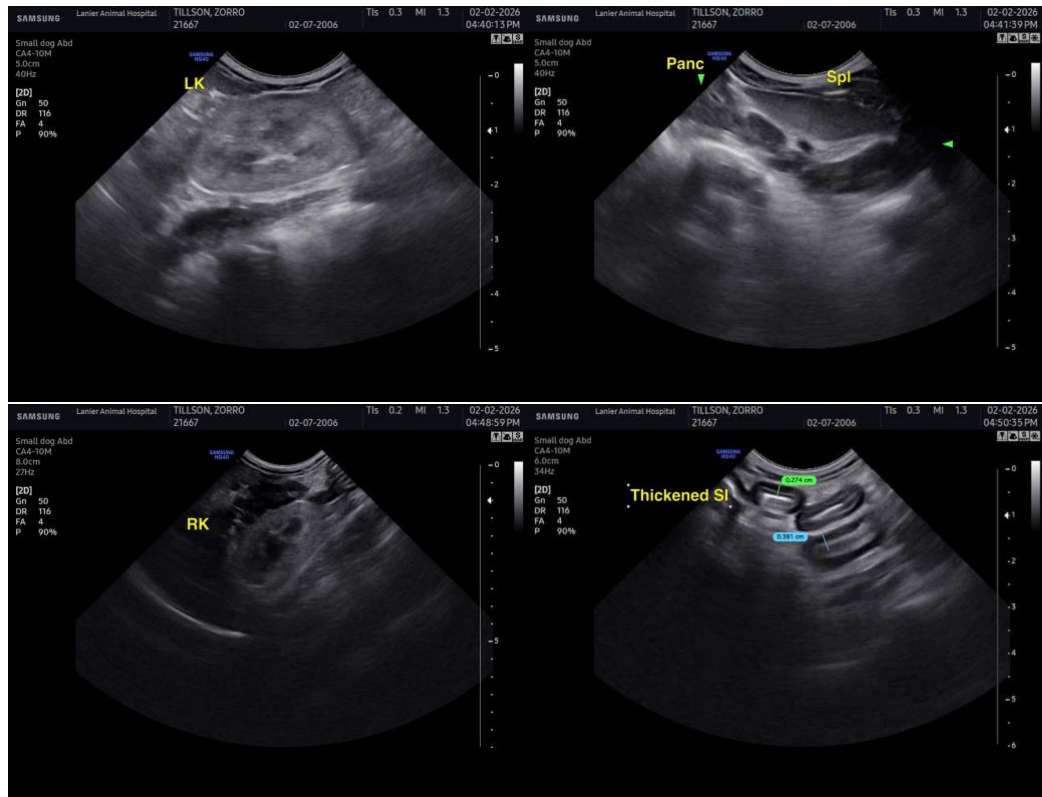
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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