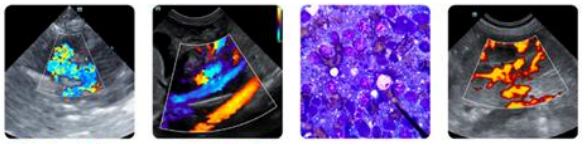


PATIENT

Mau Jackson

SPECIES

Feline

BREED

Bengal

SEX

MN

AGE

15yr

WEIGHT

10.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Laux

HOSPITAL NAME

Rondout Valley Veterinary Associates

REFERRING VET

Kathleen Laux

INVOICE
23799

DATE
2/4/2026

PRESENTING CLINICAL SIGNS

- Patient has been losing weight and not eating as well. Wouldn't eat kibble, but would eat wet and now is not as interested in wet either. Hct has slowly been decreasing and very low end of normal now.

Abnormal PE/Chem/CBC/UA Results: Hct 30.6% Chem NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Possible cortical microinfarction. The left kidney measured 3.7 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm width.

Spleen

The spleen was not definitively visualized.

Liver/Gallbladder

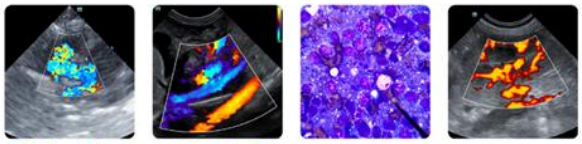
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended 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 was empty with no signs of ileus, obstruction or foreign material.

The intestinal walls demonstrated generalized intact mild to variably thickened wall with mild to variably altered wall layer ratio owing to mild to variably thickened muscularis layer. The small intestinal wall measured 0.30 cm in width. The ileocolic wall measured 0.46 cm in width.

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



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Pancreas

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

No evidence of peritoneal effusion was present.

Multiple mild to variably enlarged swollen hypoechoic mid abdomen mesenteric lymph nodes and surrounding hyperechoic perilymphatic omentum. An example measured 2.6 cm x 1.1 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal empty stomach
- Enteropathy with associated hypoechoic to swollen mesenteric lymphadenopathy - IBD or other inflammatory enteropathy with mesenteric lymphadenitis, intestinal round cell neoplasia such as lymphoma with early metastatic lymphadenopathy are primary considerations
- Bilateral mild chronic renal changes
- Non-visualized spleen - splenic volume contraction or displacement, assuming no previous splenectomy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with history is recommended. Assuming normal clotting status, accessible lymph node FNA cytology +/- C/S is recommended for initial clarification. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. A definitive diagnosis may require intestinal and lymphatic biopsies for histopathology.

Gastrointestinal support and empirical IBD protocol with clinical and as needed sonographic monitoring may be considered as a conservative approach.

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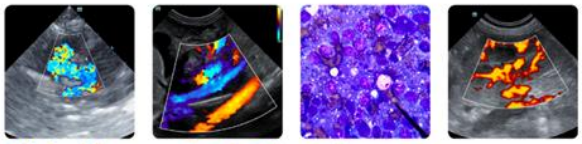

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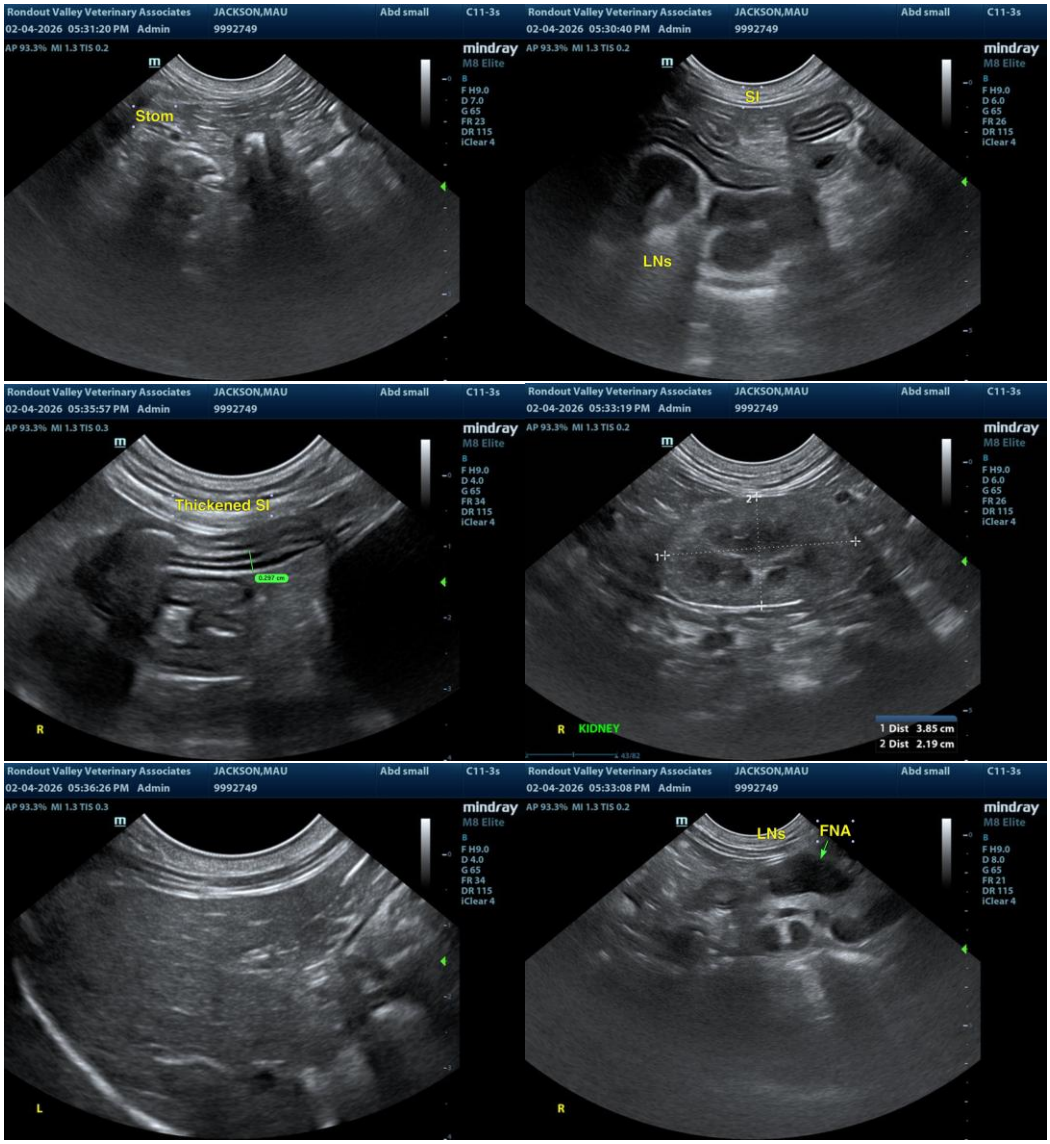

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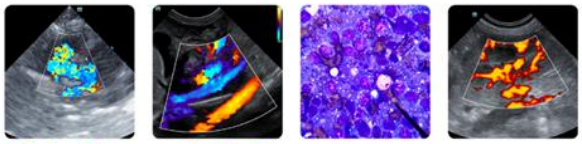

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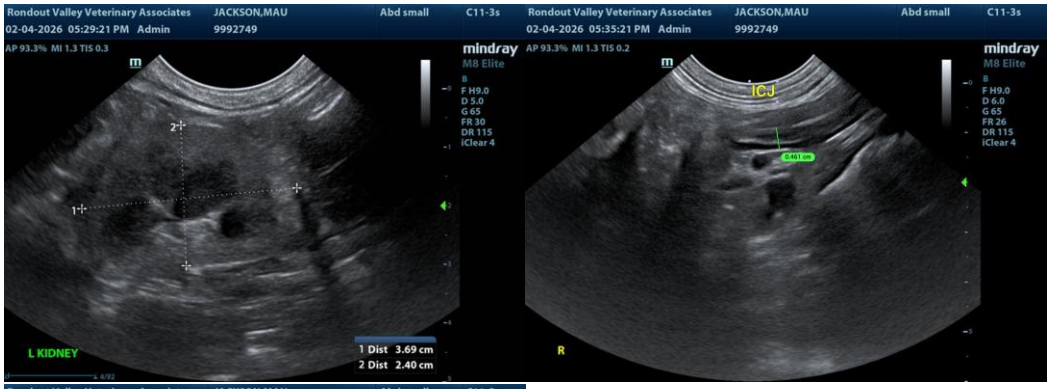

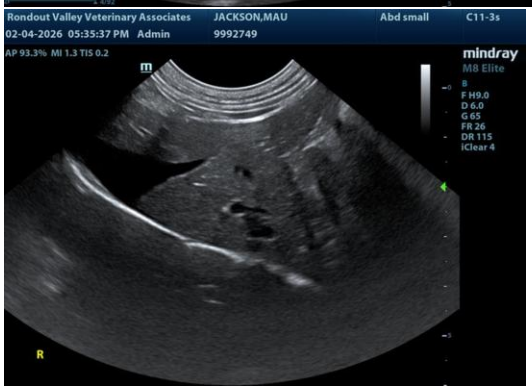

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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