



PATIENT

B2 Dill

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15 Years

WEIGHT

11.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kristi Whitten

HOSPITAL NAME

North Fork Veterinary
Clinic

REFERRING VET

Dr. Cicely Marrs

INVOICE

72795

DATE

2/7/26

PRESENTING CLINICAL SIGNS

Seen for annual exam on 2/3/26. Patient has lost 2 lb since January 2025. Owner reports he occasionally doesn't eat but no known vomiting or diarrhea. Cat is indoor only.

Abnormal PE/Chem/CBC/UA Results: Exam: abdomen was slightly tense but non-painful; no palpable organomegaly or masses. Pt has chronic conjunctivitis OU (likely viral). Mild to moderate dental disease. Mild tachycardia but no murmur or arrhythmia. Lab work on 2/3/26: snap proBNP: normal. T4 2.6 (grey zone), USG 1.017, trace protein, UPC ratio 0.1, renal values wnl (SDMA 11, creat 1.7, BUN 22), rest wnl. Add on spec fPL results pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Moderate non-dependent 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.

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 loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.8 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

No obvious pathology in the area of the left and right adrenal glands.

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

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 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.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measures 0.24 cm. Jejunum wall measures 0.24 cm.

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

Pancreas

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The area of the pancreas was sonographically normal.

Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

15 Years

- Urine sediment.
- Bilateral chronic renal changes.
- Sonographically normal gastrointestinal tract.
- Sonographically normal pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

11.5 lbs

No evidence of significant visceral pathology as a definitive cause of the patient's weight loss. Mild to low-grade pancreatitis or mild gastrointestinal disease may present sonographically normal. In addition to the mildly elevated spec fPL, assessment of serum cobalamin and folate level or full GI panel to include PLI, TLI, cobalamin and folate in conjunction with 3-view chest radiographs for evidence of occult or non-structural disease as a contributing factor may be considered.

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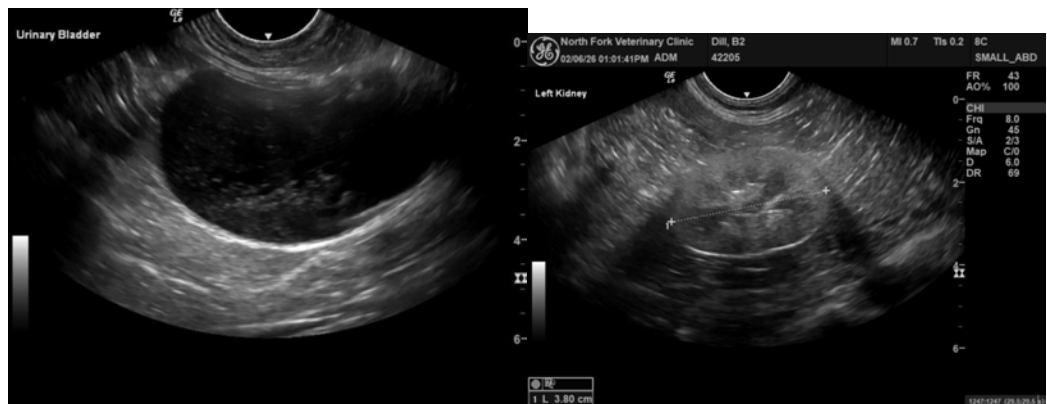
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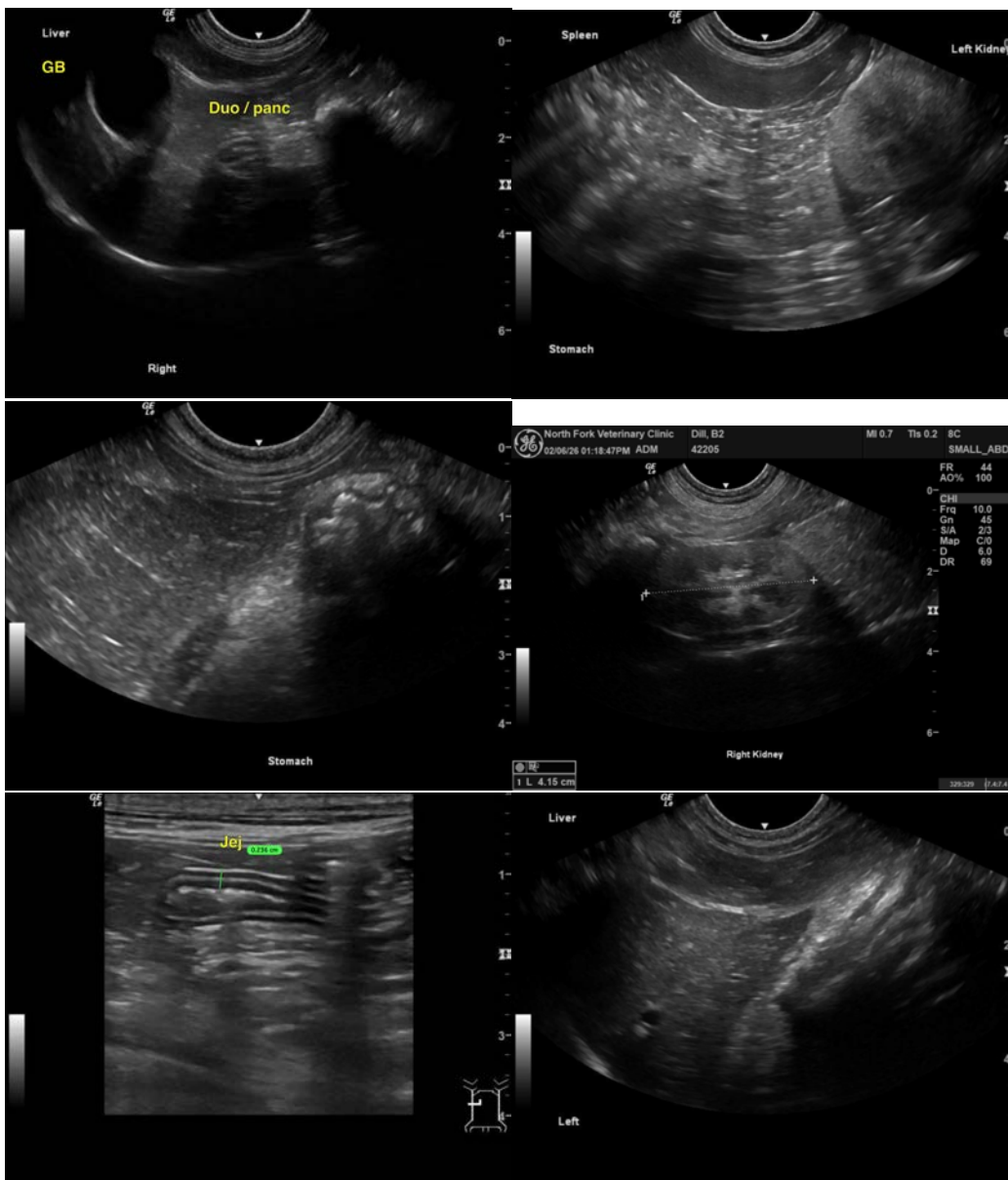
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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