



PATIENT

Blitzen Orlando

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years 10 Months

WEIGHT

8.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sreenivasa
Maddineni

HOSPITAL NAME

West Babylon Animal
Hospital

REFERRING VET

Dr. Sreenivasa
Maddineni

INVOICE

72801

DATE

2/8/26

PRESENTING CLINICAL SIGNS

Chronic diarrhea and losing weight. Multiple accidents in the house urine and feces.

Abnormal PE/Chem/CBC/UA Results: Bw from 9/2025 attached

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 changes 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. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.9 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

No obvious visualized pathology in the areas 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. A non-capsule deforming, mildly non-homogeneous to hypoechoic mid liver intraparenchymal nodule noted measuring 1.0 cm in diameter. 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 small intestine presented intact, mildly thickened wall exhibiting propensity for mild prominent muscularis layer. Small intestinal wall measured 0.26-0.28 cm. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with semi-formed fecal matter and lumen gas.



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Pancreas

The pancreas was normal in size with asymmetrical contour and isoechoic to heterogeneous parenchyma compared to adjacent omentum. Mildly prominent pancreatic duct noted.

Free Abdomen

Intermittent, mildly prominent mesenteric nodes were present. Example measured 0.70 cm in diameter. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy with concurrent mild mesenteric lymphadenopathy – inflammatory enteropathy i.e., IBD or similar, with mild reactive lymph node hyperplasia or possible mild lymphadenitis probable. Minor potential for emerging to low-grade intestinal round cell neoplasia and early metastatic lymphadenopathy.
- Semi-formed fecal matter in colon.
- Suspect chronic pancreatitis.
- Non-specific liver nodule – hyperplasia, granuloma, emerging neoplastic nodule or tumor possible.
- Bilateral chronic renal changes.
- Normal urinary bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate and Diarrhea PCR panel are recommended.

Correlation with recheck lab work and urinalysis, primarily to assess for evidence of non-obvious hepatopathy, which may suggest potential triad disease, is suggested.

Assuming normal clotting status and using 25-gauge needle, hepatic parenchyma, and, if accessible, nodule FNA cytology warranted for further clarification, and if evidence of hepatopathy. Biopsies will likely be required for definitive diagnosis.

Gastrointestinal support, which may include dietary therapy, cobalamin supplementation pending assessment of cobalamin level, high colony count probiotic such as Provable, empirical deworming if clinically indicated, +/- empirical IBD protocol may be considered.



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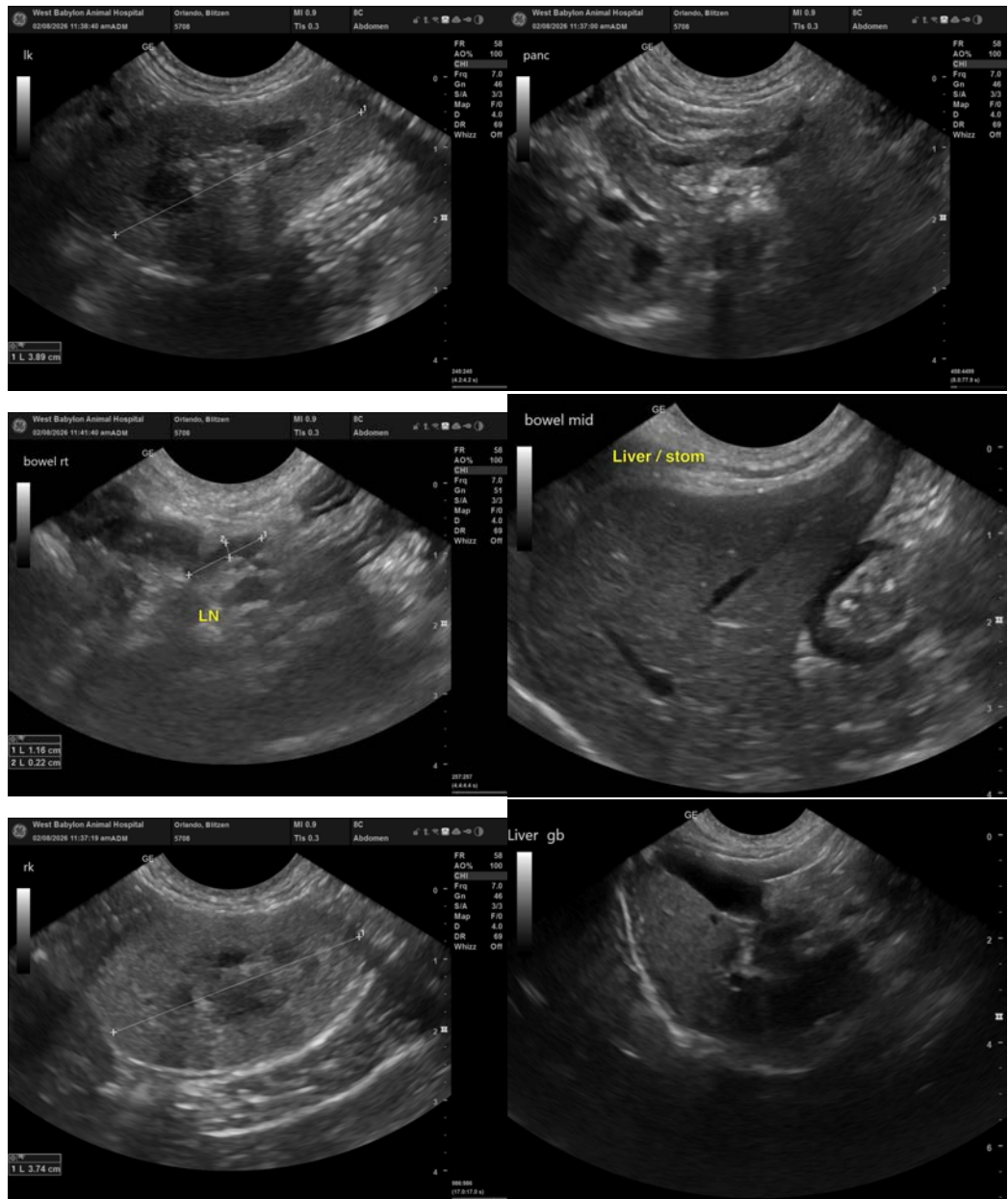
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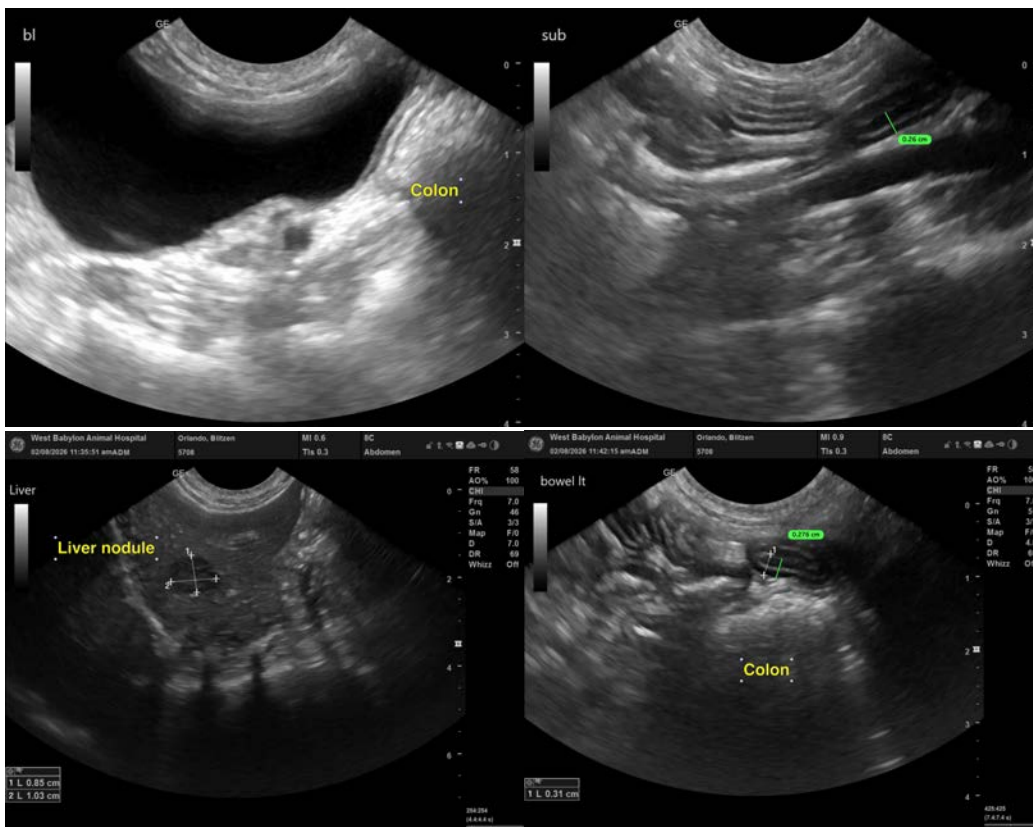
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com