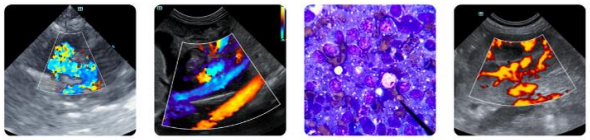




**PATIENT**

Hugo Starling

**SPECIES**

Feline

**BREED**

DLH

**SEX**

MN

**AGE**

18

**WEIGHT**

7.7

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Melissa Pascucci

**HOSPITAL NAME**

American AH

**REFERRING VET**

Michelle Arculli

**INVOICE**

10669

**DATE**

3/12/26

## PRESENTING CLINICAL SIGNS

History:

- weight loss
- hyporexia
- vomiting this morning
- diarrhea for few wks

Abnormal PE/Chem/CBC/UA Results: superchem and CBC WNL; TT4=6.0-- > started tapazole 2.5mg PO BID on 3/4/26

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Particulate, minor, nondependent 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.

No evidence of pathology in the area of the aortic trifurcation.

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. Loss of corticomedullary distinction was also present. Mild medullary mineral was noted in both kidneys. The left kidney measured 3.4 cm in length. The right kidney measured 3.6 cm in length.

### *Adrenal Glands*

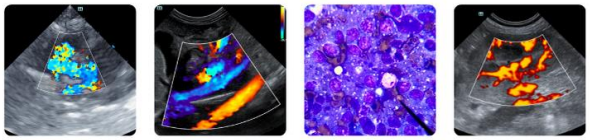
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm width. No obvious pathology was noted in the area of the right adrenal gland.

### *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. Normal hepatic vascular volume was present. 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 containing primarily anechoic content with mild, gravity-dependent, nonorganized gallbladder debris. The cystic and common bile ducts were normal.





**PATIENT**

Hugo Starling

**SPECIES**

Feline

**BREED**

DLH

**SEX**

MN

**AGE**

18

**WEIGHT**

7.7

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Melissa Pascucci

**HOSPITAL NAME**

American AH

**REFERRING VET**

Michelle Arculli

**INVOICE**

10669

**DATE**

3/12/26

## *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

The intestinal walls demonstrated intact mildly thickened intestinal wall with mildly altered wall layer ratio and propensity for mildly thickened mucosa and muscularis layer. The duodenum wall measured 0.35 cm width. The jejunum wall measured 0.29 cm width.

The colon walls presented intact yet mild to variably thickened wall. Generalized nondistended colon containing soft non formed fecal matter was noted. The descending colon wall width measured 0.29 cm.

## *Pancreas*

The pancreas was prominent in size with capsule asymmetry and nonhomogeneous remodeled mildly hypoechoic parenchyma. Mildly prominent pancreatic duct was noted.

## *Free Abdomen*

Intermittent, minor, nonhomogeneous mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). A mid-ventral abdomen, thinly walled structure containing anechoic fluid was present, which may indicate omental or potentially distal pancreatic cyst or cystic lymph node and was subjectively benign, measuring 1.9 cm in diameter. No evidence of peritoneal effusion was noted.

## ULTRASONOGRAPHIC FINDINGS

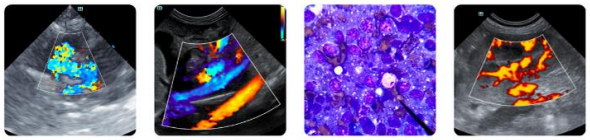
- Chronic enterocolopathy
- Chronic / chronic active pancreatitis
- Mild urine sediment
- Chronic renal changes exhibiting mild medullary mineral
- Mild gallbladder debris
- Intermittent mild mesenteric lymphadenopathy and small midabdomen cyst – subjective benign

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic IBD or other inflammatory enterocolopathy in combination with chronic / chronic active pancreatitis and gallbladder debris with potential for triaditis, favored. Mild potential for emerging occult or low-grade enterocolic neoplasia is not definitively excluded, yet thought less likely.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Cobalamin supplementation, dietary trial, +/- fiber supplementation, and high colony count probiotics such as Proviable, empirical deworming if clinically indicated, with as-needed gastroprotectants and consideration for empirical IBD / Triaditis protocol may prove beneficial. Sonographic monitoring is recommended if evidence of continued gastrointestinal signs or weight loss. Urinary workup is recommended if not done.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

**PATIENT**

Hugo Starling

**SPECIES**

Feline

**BREED**

DLH

**SEX**

MN

**AGE**

18

**WEIGHT**

7.7

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Melissa Pascucci

**HOSPITAL NAME**

American AH

**REFERRING VET**

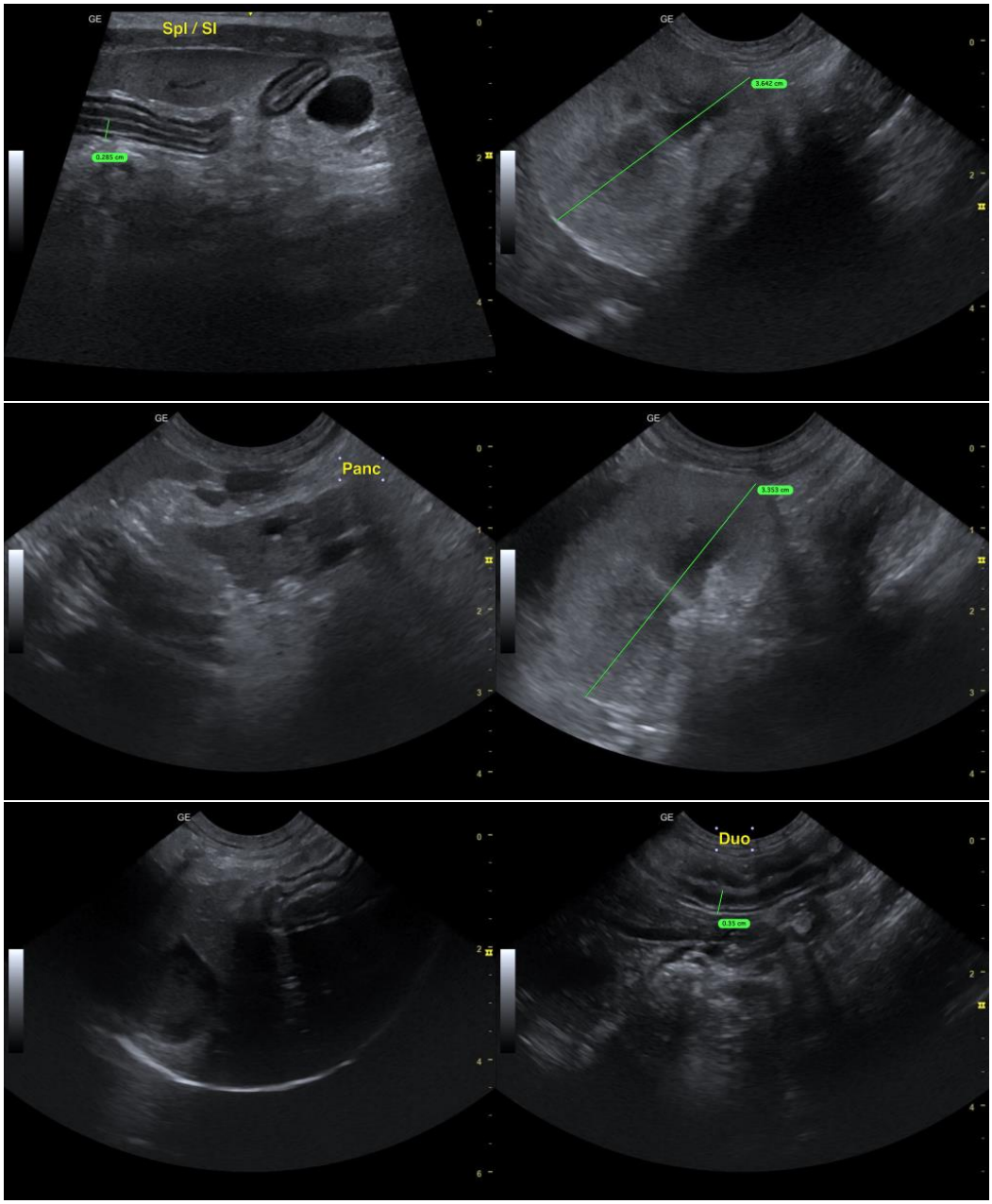
Michelle Arculli

**INVOICE**

10669

**DATE**

3/12/26



**PATIENT**

Hugo Starling

**SPECIES**

Feline

**BREED**

DLH

**SEX**

MN

**AGE**

18

**WEIGHT**

7.7

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Melissa Pascucci

**HOSPITAL NAME**

American AH

**REFERRING VET**

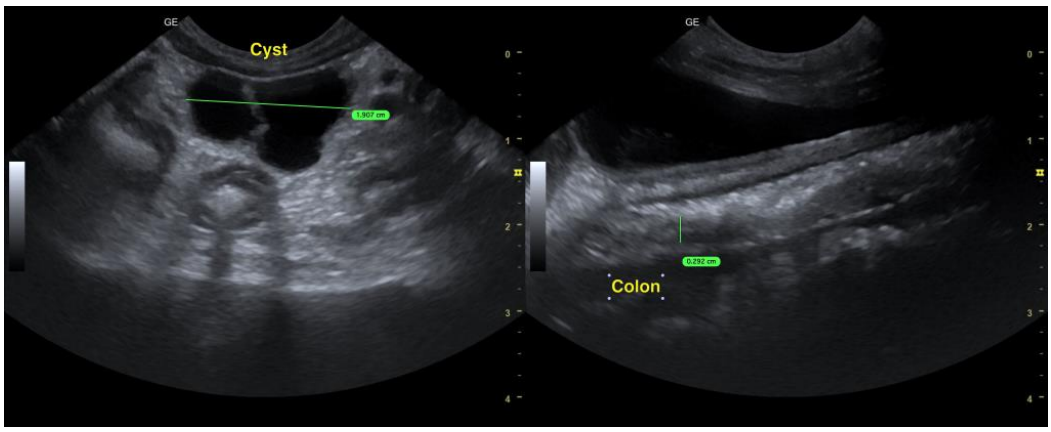
Michelle Arculli

**INVOICE**

10669

**DATE**

3/12/26




**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