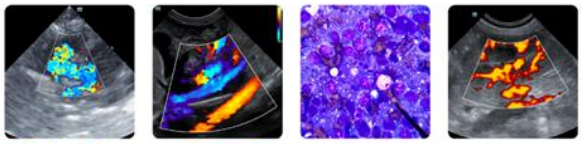


PATIENT

Maximus Ball

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12yr

WEIGHT

13lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Heather Platzer

HOSPITAL NAME

Hershire Animal Hospital

REFERRING VET

Susan Zhang DVM

INVOICE
24190

DATE
03/13/2026

PRESENTING CLINICAL SIGNS

Seen for hyporexia and weight loss. cbc/chem/t4--HCT 23.4 nonregenerative, creatinine 2.7 mg/dL (RI upper limit 2.3 mg/dL), BUN normal. Hyponatremia, hypokalemia 3.4, and hypochloremia 107 present. Marked hypoalbuminemia noted at 1.8 g/dL (RI low normal 2.6 g/dL). TP 14.8 and glob 13. hx 2/6 HM unchanged.

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 renal size with mild 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 adequate. The left kidney measured 4.2 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

The spleen exhibited mild enlargement with maintained symmetrical contour and mild non-homogenous splenic parenchyma. No visualized masses or nodules were present. The spleen measured 1.2 cm in width at the level of the mid spleen.

Liver/Gallbladder

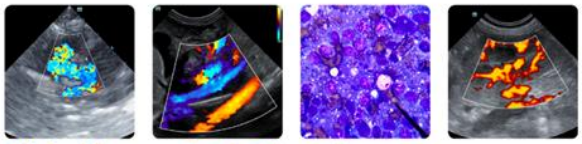
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Normal vascular volume. The hepatic and portal vasculature were normal in 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 stomach contained non-shadowing gastropyloric fluid without evidence of mural pathology or obstruction to pyloric outflow. The pylorus wall measured 0.24 cm in width.

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 mechanical/metabolic ileus, obstruction or foreign material. The small intestine wall measured 0.24-0.25 cm in width. The ileocolic wall measured 0.36 cm in width.

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



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Pancreas

The left pancreas was prominent in size with capsule asymmetry and non-homogenous, mildly hypoechoic parenchyma. Mildly prominent pancreatic duct.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

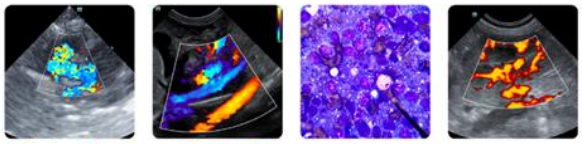
Primary

- Sonographically normal gastrointestinal tract with mild non-obstructive gastric stasis
- Chronic active pancreatitis
- Mild chronic renal changes
- Overtly normal adrenal glands
- Mildly enlarged non-homogenous spleen- sedation, hyperplasia, hematopoiesis given anemia, splenitis, emerging to occult splenic neoplasia potentials

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a splenic FNA for screening cytology is warranted to assess for occult disease. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to correlate with the pancreas and assess for non-structural intestinal disease given weight loss. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. A UA is recommended if not recently done.

Gastrointestinal support and empirical therapy for chronic active pancreatitis pending additional diagnostics is recommended.



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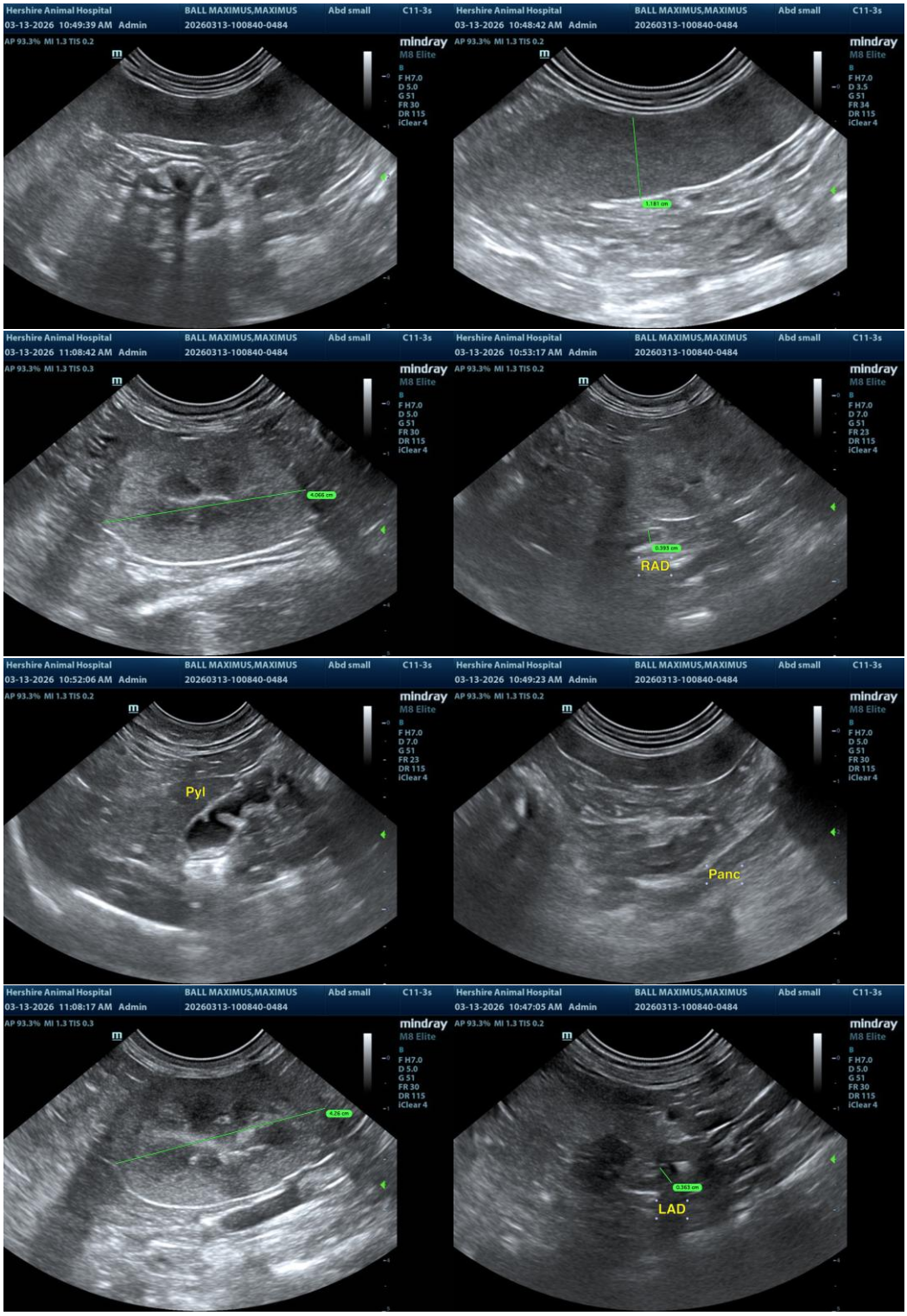

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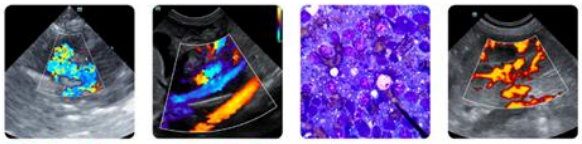

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Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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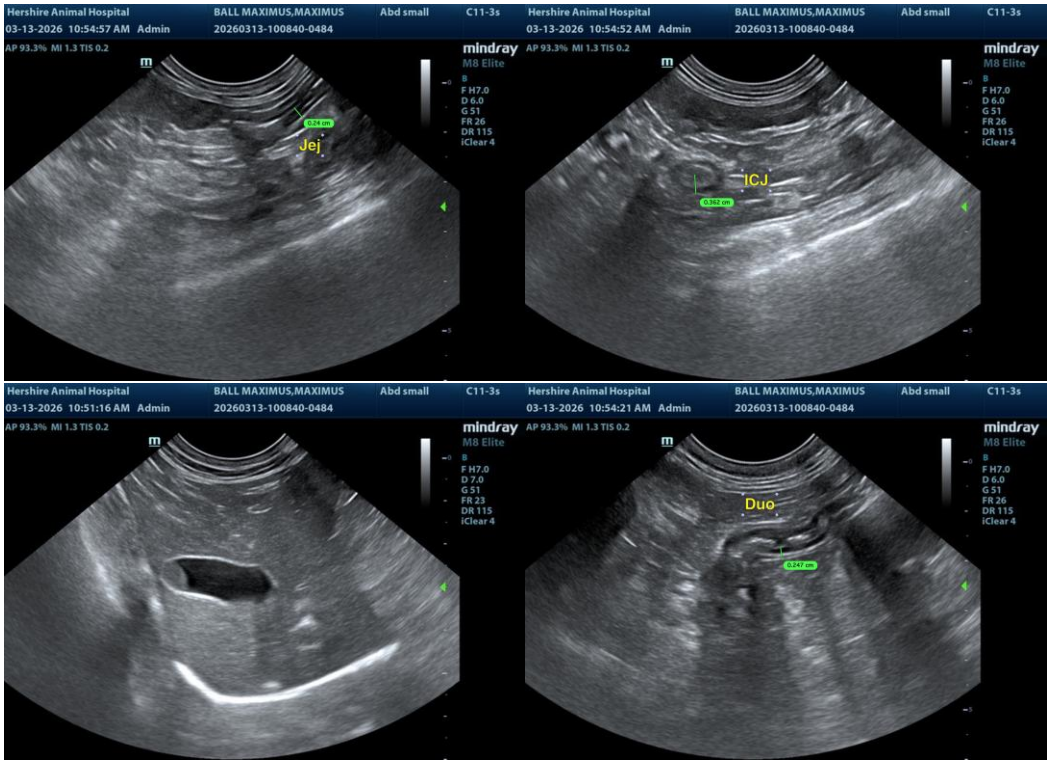

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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