



**PATIENT**

Hutch Carter

**SPECIES**

Feline

**BREED**

8.1 lbs.

**SEX**

M/N

**AGE**

14 years

**WEIGHT**

8.1 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Trae Cutchin

**HOSPITAL NAME**

Friendship Springs  
VC

**REFERRING VET**

Dr. Trae Cutchin

**INVOICE**

16376

**DATE**

3/14/23

**PRESENTING CLINICAL SIGNS**

BCS 4/9, unkempt appearance, weight loss, chronic upper respiratory signs, dental disease.  
Abnormal PE/Chem/CBC/UA Results: CBC, chems, T4, UA are unrevealing of any abnormalities.

**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 was noted.

The area of the aortic trifurcation was free of pathology.

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. The left kidney measured 3.6 cm in length. The right kidney measured 3.9 cm in length. No evidence of nephritis or renal neoplastic criteria was noted.

**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. No overt 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. The spleen measured 0.87 cm width at the level of the hilus.

**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. 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 gastric body wall width measured 0.25 cm.

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. The jejunum wall measured 0.22 cm width. The ileocolic wall measured 0.25 cm width.



**PATIENT**

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

Hutch Carter

**Pancreas**

**SPECIES**

The left pancreatic limb was normal in size with mild capsule asymmetry exhibiting heterogeneous parenchyma compared to adjacent nonreactive peripancreatic omentum. No signs of active inflammation or neoplasia.

Feline

**BREED**

**Free Abdomen**

8.1 lbs.

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

M/N

- Expected bilateral chronic renal changes
- Sonographically unremarkable gastrointestinal tract
- Mild heterogeneous left pancreas

**AGE**

14 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

8.1 lbs.

Sonographically, no evidence of overt or significant abdominal visceral pathology was noted with largely expected age-related changes. A definitive cause of the patient's weight loss was not obvious. No evidence of Intraabdominal neoplastic criteria was noted.

**INTERPRETED BY**

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

A GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs and neurological / musculoskeletal examination, are recommended to assess for or rule out occult disease which may cause weight loss.

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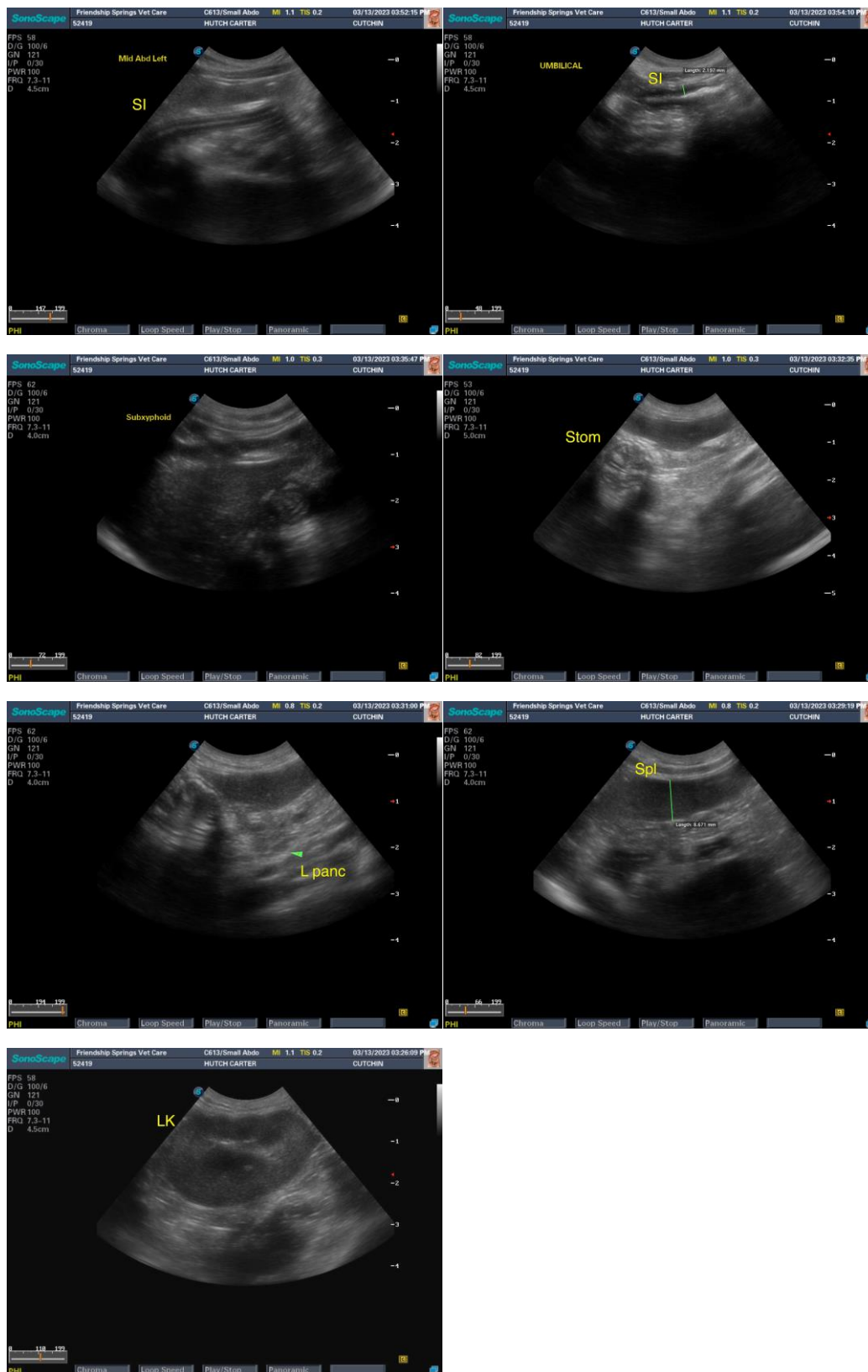
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

**SPECIES**

Feline

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.

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info@SonoPath.com

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