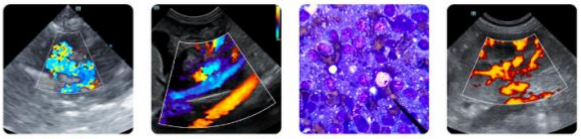


PATIENT

Flynn Mascorro

SPECIES

Feline

BREED

Ragdoll

SEX

Neutered Male

AGE

12 Years

WEIGHT

14.6 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

IMAGING PERFORMED BY

Kristi Whitten

HOSPITAL NAME

North Fork Veterinary Clinic

REFERRING VET

Dr. Katherine Jordan

INVOICE

14404

DATE

03/17/26

PRESENTING CLINICAL SIGNS

- History: Chronic (greater than a year) duration of intermittent vomiting and diarrhea. P is indoor only. He has hyperthyroidism, which is well controlled on methimazole, however P has lost 1.5 lbs since Nov 2025.

Normal PE. Senior screen submitted March 2, 2026 which showed CBC: Mild neutropenia 2.297 K/ul, rest WNL, borderline leukopenia. CHEM: BG 213 mg/dl, rest WNL UA: USG 1.047, 2+ proteinuria, 3+ glucose, trace ketones. Occ. fine granular casts. T4 WNL 2.1 ug/dl Fructosamine 394 umol/L Discussed AUS vs. hydrolyzed diet trial. Spec fPL not submitted yet.

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. Echogenic to particulate nondependent mild 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 kidneys presented borderline prominent to mildly enlarged in size with symmetrical contour. Mildly prominent to hyperechoic cortex with mildly enhanced corticomedullary border demarcation and adequate medullary volume. No evidence of pyelectasia was evident. The left kidney measured 4.5 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

No obvious pathology in the area of the left adrenal gland.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width at the caudal pole.

Spleen

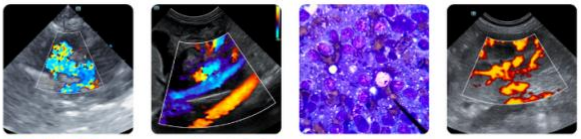
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. 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



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained fluid and gas with no evidence of obstruction to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Subjective borderline prominent to thickened small intestinal wall with mild segmental nonobstructive intestinal ileus to the level of the colon. The duodenum wall measured 0.29 cm wall width. The jejunum wall measured 0.25 cm wall width.

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

Pancreas

The parenchyma of the right pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

The left pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal stomach with mild nonobstructive gastric stasis.
- Intact borderline prominent to thickened small intestine wall with mild nonobstructive intestinal ileus.
- Right limb chronic pancreatitis pattern versus fibrosis.
- Left pancreatic limb remodeling.
- Nonspecific mild chronic renal changes exhibiting borderline prominent renal size.
- Mild urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract is non-specific yet given the history of chronic intermittent vomiting and diarrhea, suggestive of underlying mild chronic gastroenteropathy with non-specific inflammatory criteria favored. No overt suspicion of gastrointestinal neoplastic criteria, which is thought less likely. Chronic pancreatitis as a contributing factor is suspected.

Correlation with a full GI panel to include PLI, TLI, cobalamin and folate is recommended. Gastrointestinal support, which may include a hydrolyzed diet, as needed gastroprotectants and high colony count probiotic +/- cobalamin supplementation (pending assessment of cobalamin level) and empirical deworming may prove beneficial.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Monitoring of serum glucose level +/- fructosamine, if clinically indicated, may be considered.

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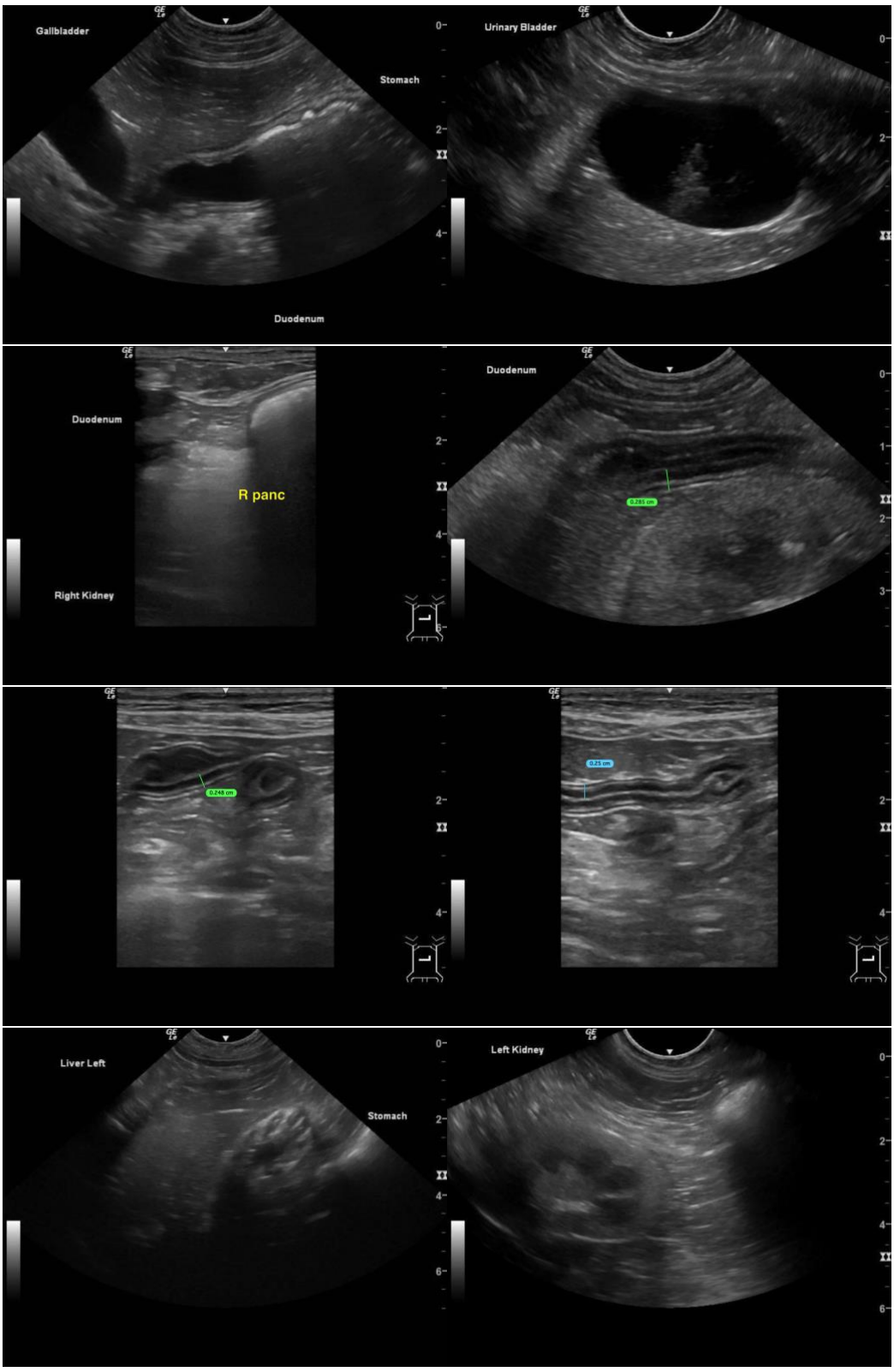

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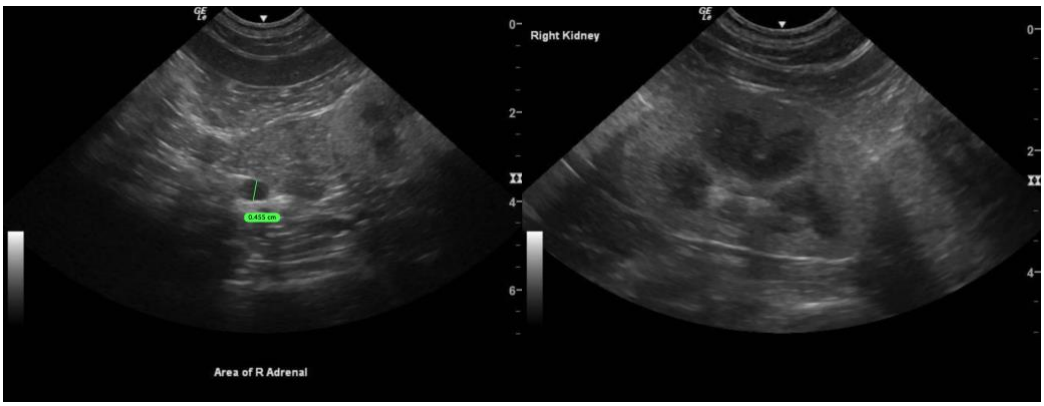

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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