



PATIENT

Leo McKinney

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

10y 10m

WEIGHT

10.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

VCA Northside

REFERRING VET

Dr. Fusselman

INVOICE

13282

DATE

3/17/26

PRESENTING CLINICAL SIGNS

History:

- Weight loss
- Vomiting after eating
- NSF on exam

Abnormal PE/Chem/CBC/UA Results: N/A

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. Primarily anechoic urine was present in the lumen. Mild, echogenic to particulate non-dependent 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.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.1 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.51 cm. The right adrenal gland measured 0.37 cm.

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. 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.



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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. Duodenum wall measured 0.28 cm and jejunum wall measured 0.20 cm.

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

Pancreas

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The left pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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PRIMARY FINDINGS

- Chronic active pancreatitis pattern – subjective mild
- Sonographically unremarkable gastrointestinal tract

WEIGHT

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SECONDARY FINDINGS

- Mild urine sediment
- Mild adrenal dystrophic mineralization – normal age-related variant of cat

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to correlate with the pancreas and assess for non-structural gastrointestinal disease as a contributing factor. Screening 3-view chest radiographs and correlation with lab work and urinalysis suggested, if not recently done. No evidence of neoplastic criteria. Empirical therapy for chronic active pancreatitis which may include dietary trial and as needed gastro protectants with clinical monitoring and sonographic reassessment if progressive gastrointestinal signs or weight loss is recommended.

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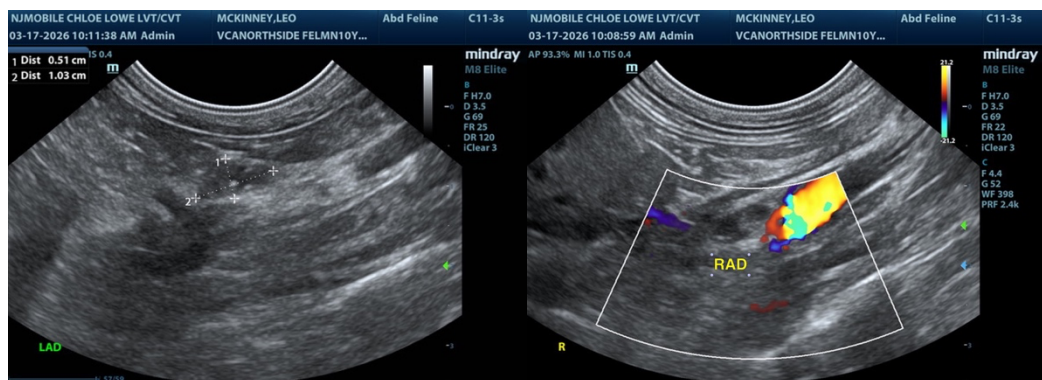
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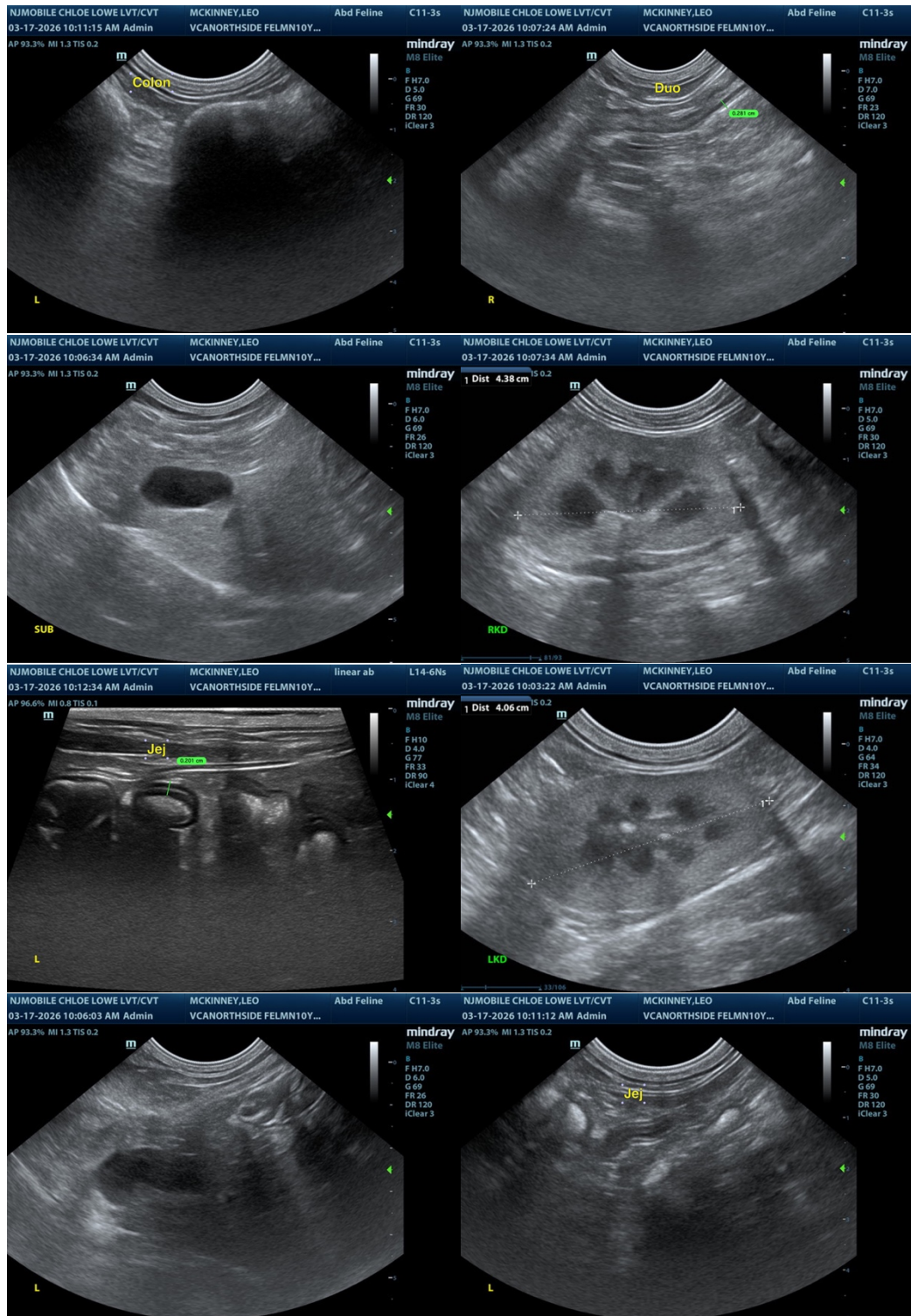
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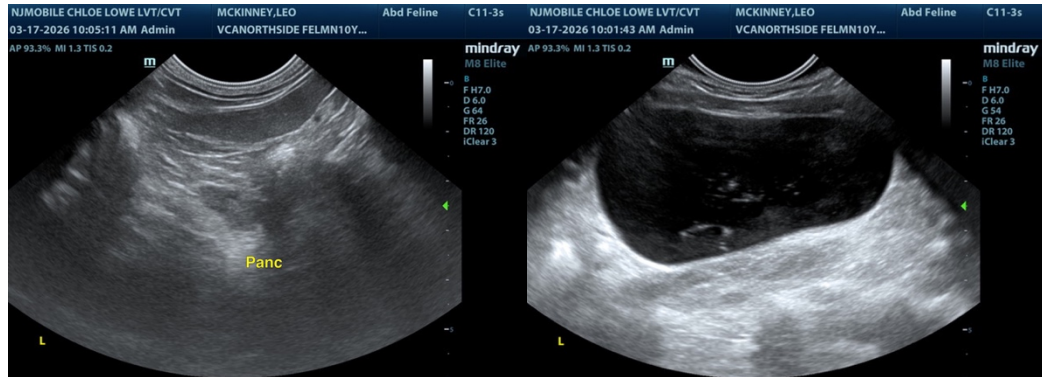
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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