

## PATIENT

Loki Mancino

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

14 Years 2 Months

## WEIGHT

8 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Melinda Persson

## HOSPITAL NAME

At Home Veterinary

## REFERRING VET

Dr. Melinda Persson

## INVOICE

14477

## DATE

03/19/26

## PRESENTING CLINICAL SIGNS

- Chronic diarrhea
- Significant weight loss
- Elevated liver enzymes
- CBC and T4 normal

Abnormal PE/Chem/CBC/UA Results: AST 155 ALT 521 ALP 435 Bilirubin 2.9 PSL 143

## 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 change were noted.

Normal size and margination was 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 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 3.7 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 0.31 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 cm width.

### Spleen

The spleen presented mildly enlarged with primarily maintained symmetrical capsule contour and mild heterogeneous splenic parenchyma. No mass or nodules were evident. The spleen measured 1.3 cm width level of the mid spleen.

### Liver & Gallbladder

The liver revealed generalized mild hepatomegaly with symmetrical to mildly rounded capsule contour and nonhomogenous mild increased hepatic parenchyma exhibiting mild to moderate coarse echotexture. No mass or nodules were evident. Normal vascular volume.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### 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 segmentally thickened wall with segmental mild altered wall layer ratio most notable in the ileum with thickened ileum mucosa. The jejunum wall measured up to 0.26 cm wall width. The thickened ileum measured 0.42 cm wall width. The ileocolic junction measured 0.34 cm wall width.

The proximal colon walls presented primarily intact yet mild thickened wall layering. Generalized semi formed to soft fecal matter was present in the colon lumen.

### *Pancreas*

The pancreas presented prominent in size with capsule asymmetry and nonhomogenous hypoechoic parenchyma. Variably prominent pancreatic duct.

### *Free Abdomen*

Jejunocolic and focal medial iliac lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild perilymphatic hyperechoic omentum. An example of medial iliac lymph node size was 1.3 cm x 0.52 cm. An example of jejunocolic lymph node size was 1.8 cm x 0.70 cm.

Perilymphatic to mild peripancreatic hyperechoic omentum. No evidence of peritoneal effusion.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Mildly enlarged nonhomogenous spleen.
- Hepatopathy exhibiting mild nonhomogenous hyperechoic parenchyma.
- Mild gallbladder debris.
- Chronic to chronic active pancreatitis pattern with variably prominent pancreatic duct.
- Enteropathy exhibiting segmental thickened to altered wall layering most notable in the ileum.
- Mildly thickened proximal colon with generalized semi formed to soft fecal matter.
- Mild to variable jejunocolic and focal medial iliac lymphadenopathy.

### Secondary Findings

- Bilateral mild chronic renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary considerations in this case include may include chronic triaditis or multi-centric round cell neoplasia such as lymphoma. Further assessment may include (assuming normal clotting status and using a 25-gauge needle) hepatosplenic FNA cytology. Consideration for FNA cytology of thickened ileum wall and accessible lymph node as well as GI panel to include PLI, TLI, cobalamin and folate.

A definitive diagnosis may require biopsies for histopathology. Empirical therapy for triaditis with clinical and as needed sonographic monitoring may be considered.



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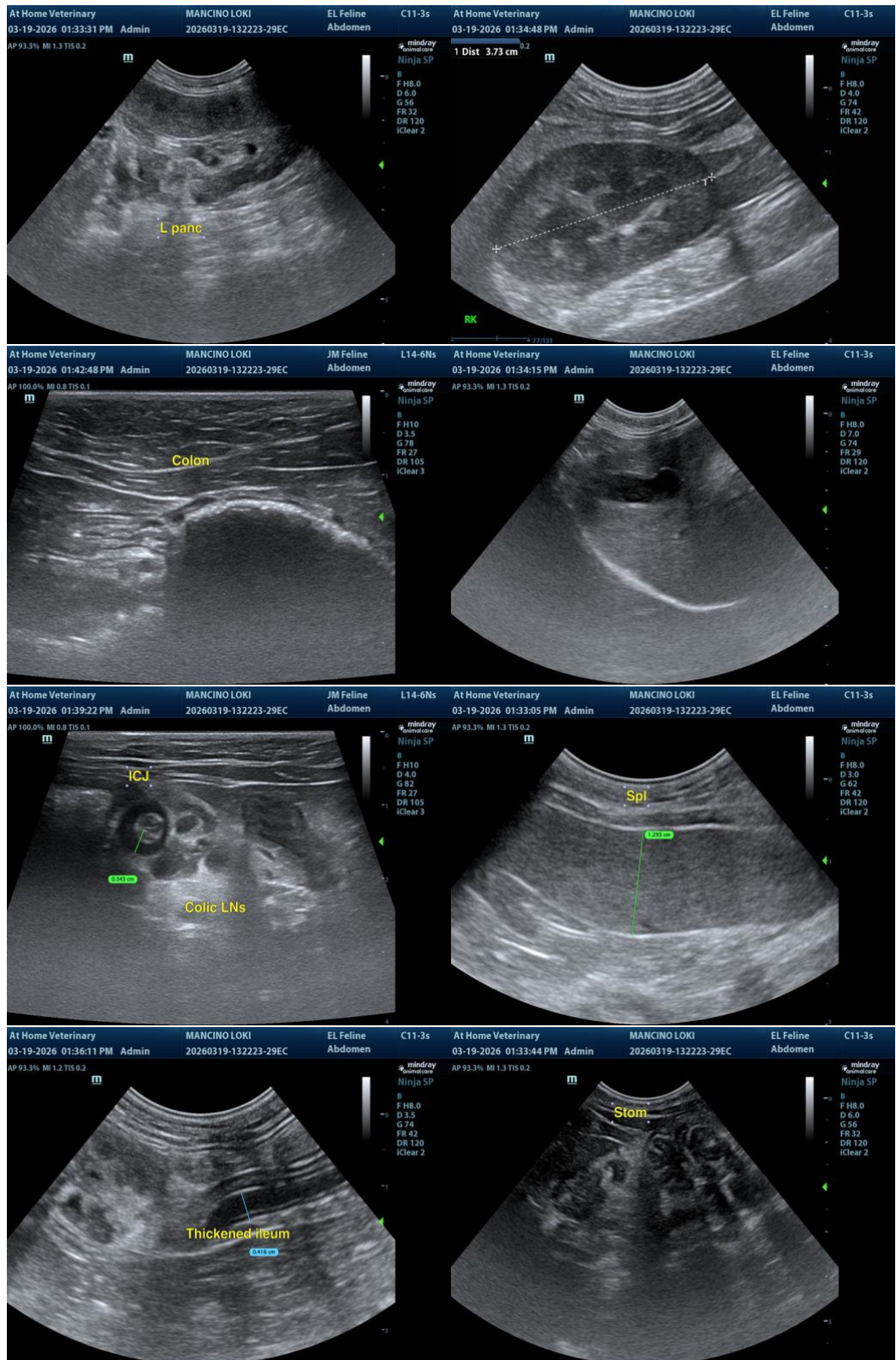
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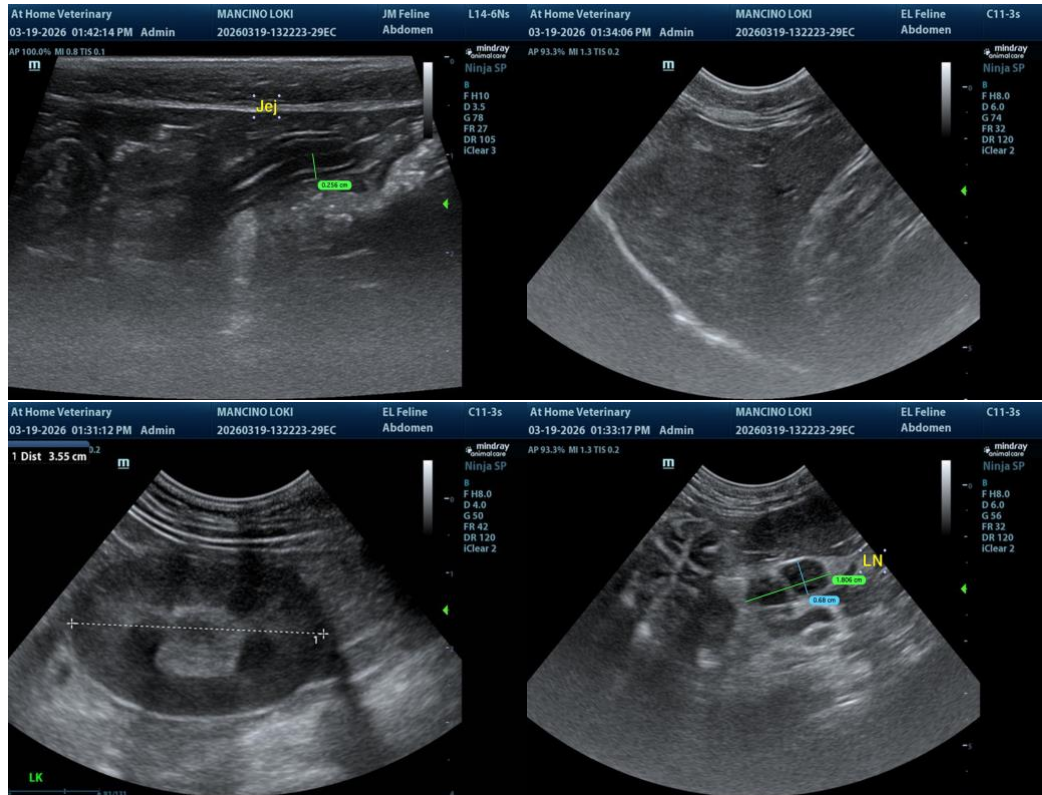
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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