



PATIENT

Scoops Pimler

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

17 y

WEIGHT

9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Alison Cornwall

HOSPITAL NAME

Onion River AH

REFERRING VET

Alison Cornwall

INVOICE

10705

DATE

3/19/26

PRESENTING CLINICAL SIGNS

History:

- Weight loss 10 months duration about 1.5 lbs.
- Perhaps making swallowing noises, but o not positive.
- Hx GI issues managed with ID and Biome.

Abnormal PE/Chem/CBC/UA Results: CR 2.1, BUN 51 CBC/Chem otherwise unremarkable. BP 235/180 average (petmap) UA 1.020 on USG otherwise unremarkable. Rads NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 were noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal renal size with 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. Indistinct corticomedullary border demarcation was also present. The left kidney measured 3.6 cm in length. The right kidney measured 3.8 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 0.47 cm width.

The right adrenal gland was normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age related finding and not pathological. The right adrenal gland measured 0.53 width.

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. Normal hepatic vascular volume was present. 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



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gallbladder was non-distended in size containing primarily anechoic content with minor gallbladder debris. 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 without evidence of retained ingesta or foreign material. Minor retained pyloric fluid was noted.

The intestinal walls demonstrated intact, mildly thickened wall with mild altered wall layer ratio and propensity for mildly thickened muscularis layer with slight jejunal muscularis segmental undulation. The jejunum wall measured 0.27-0.28 cm width. The ileocolic wall measured 0.36 cm width.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. A left limb pancreatic cyst was noted caudal to the stomach, measuring 1.1 cm in diameter.

Free Abdomen

No significant omental lymphadenopathy was visualized. No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal stomach with mild nonobstructive gastric ileus
- Chronic enteropathy pattern
- Possible chronic pancreatitis with left limb pancreatic cyst
- Bilateral chronic renal changes
- Pinpoint right adrenal dystrophic mineralization – normal age-related variant in a cat
- Minor gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic IBD or other inflammatory enteropathy in conjunction with chronic pancreatitis is suspected. Mild potential for low-grade intestinal round cell neoplasia, such as low-grade lymphoma, is thought less likely yet may present in a similar sonographic manner. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Screening three-view chest radiographs is suggested if not done. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

Concurrent gastroprotectants in conjunction with dietary therapy +/- empirical IBD protocol may prove beneficial. Intestinal biopsies are required for a definitive diagnosis.



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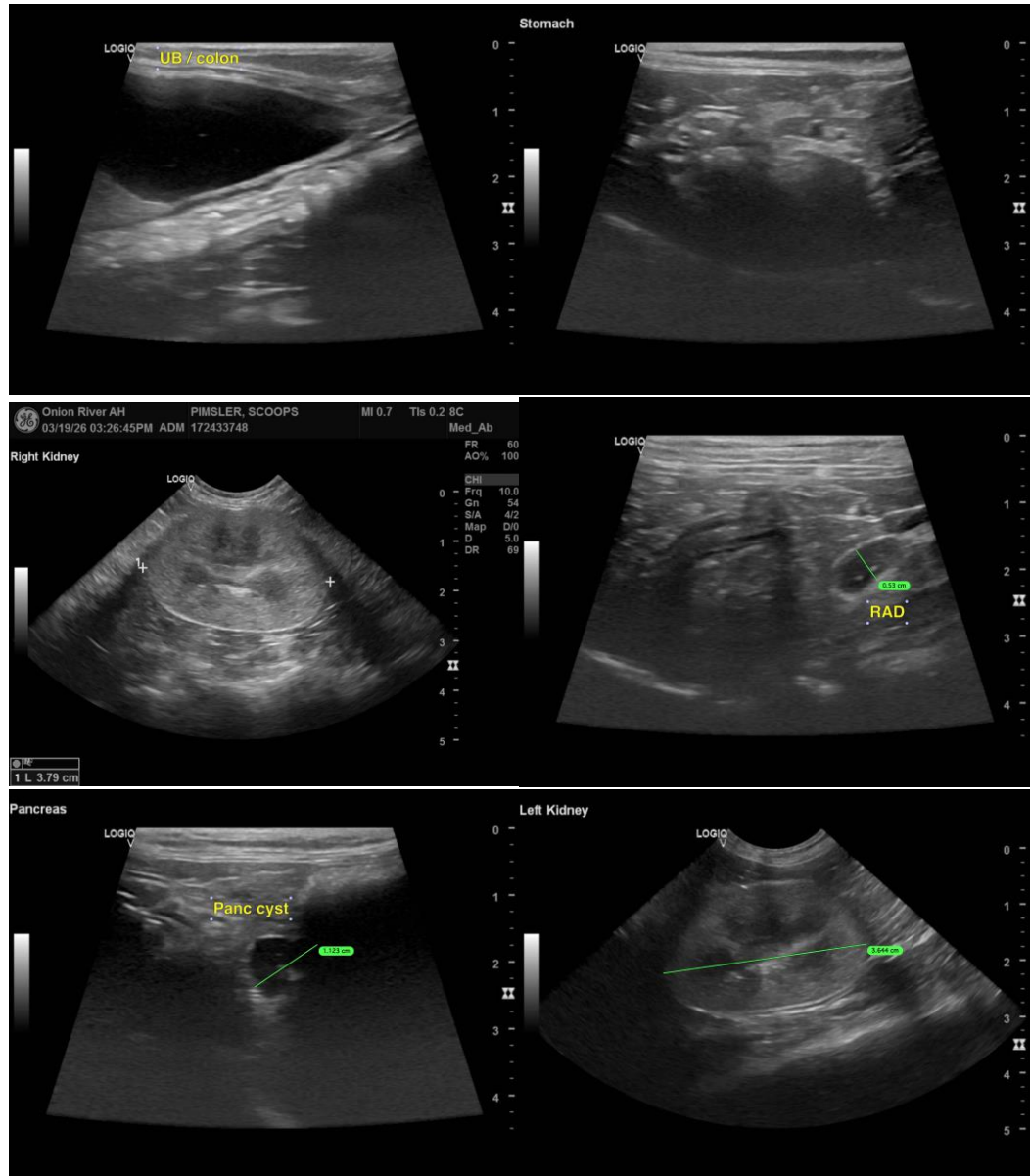
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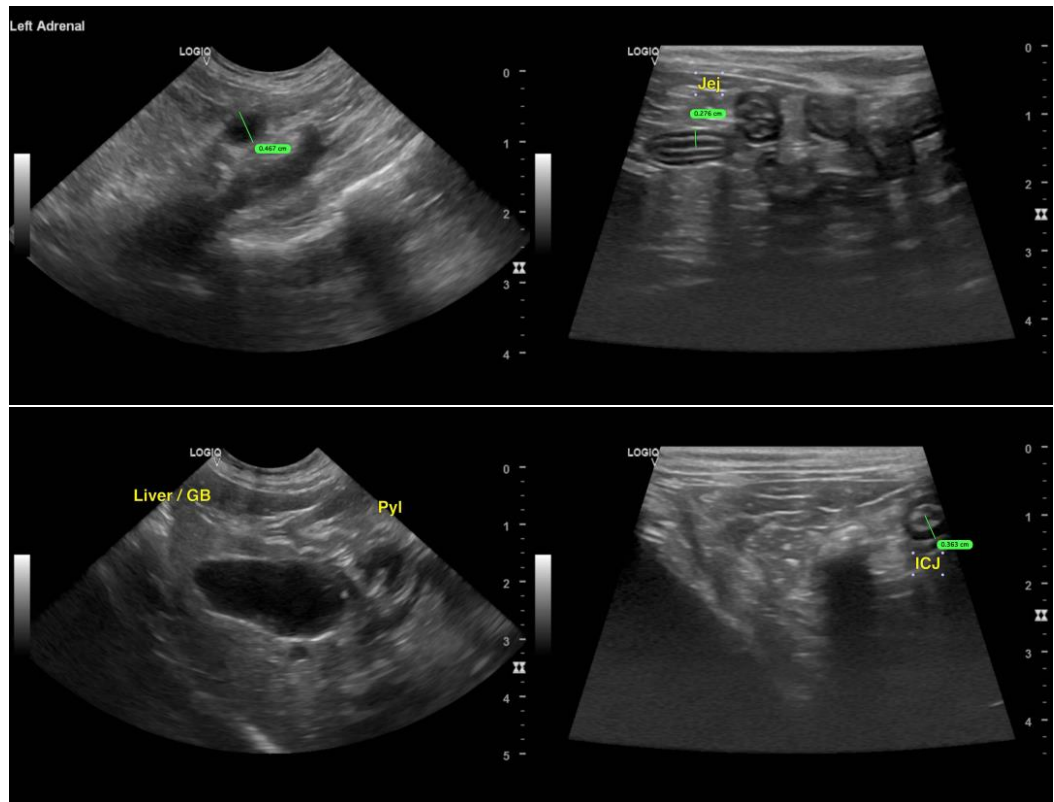
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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