



PATIENT

Jake Csencsitz

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

6

WEIGHT

6.17kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Justin Freeby

HOSPITAL NAME

Abby Road Veterinary
Hospital

REFERRING VET

Justin Freeby

INVOICE 24080

DATE
03/02/2026

PRESENTING CLINICAL SIGNS

- Patient has history of FLUTD, has been on urinary stress rx diet for years. Started having flare ups last March, started managing with Solensia and attempted to add fluoxetine to plan, but administering fluoxetine was too much of a challenge
- switched to transdermal amitriptyline in August of 2025, and patient's urinary tract disease was well managed.
- January of 2026. patient was brought in for only defecating every 2-3 days. Radiographs showed colon full of formed feces, not distended.
- Gave patient fluids, anti nausea meds, enema, and weaned off amitriptyline. Intermittent defecation continued and patient's appetite started to decrease
- Transitioned to Royal Canin fiber response diet and added cisapride to plan. Patient's appetite remained decreased, added prednisolone to treatment plan.
- Patient continues to defecate every 2-3 days and now urination has decreased to once a day (owner has litter box that monitors elimination)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with moderate non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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 4.4 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended exhibiting potential for mild partial division into two compartments or overlaying mildly



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dilated cystic duct. Mild non-organized gallbladder debris was present. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

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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 small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.23 cm in width.

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

Pancreas

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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Primary

- Moderate urine sediment
- Sonographically normal gastrointestinal tract / colon
- Mildly dilated cystic duct with mild gallbladder debris, possible partial bilobed gallbladder normal variant in a cat

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No evidence of gastroenterocolic mural pathology. Potential suppression of gastrointestinal mural changes owing to prednisolone is possible. A GI panel to include PLI/TLI/cobalamin and folate is warranted to assess for a non-structural intestinal disease or mild pancreatitis and given recent weight loss.

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The gallbladder debris may indicate non-obstructive cholestasis in conjunction with mild elevated GGT and may be associated with biliary inflammation given short half-life of other hepatic enzymes in cats. Monitoring of hepatic enzymes is recommended.

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Continued gastrointestinal support +/- empirical therapy for mild constipation if clinically indicated with monitoring is recommended. Sonographic reassessment recommended if progressive gastrointestinal signs or weight loss.

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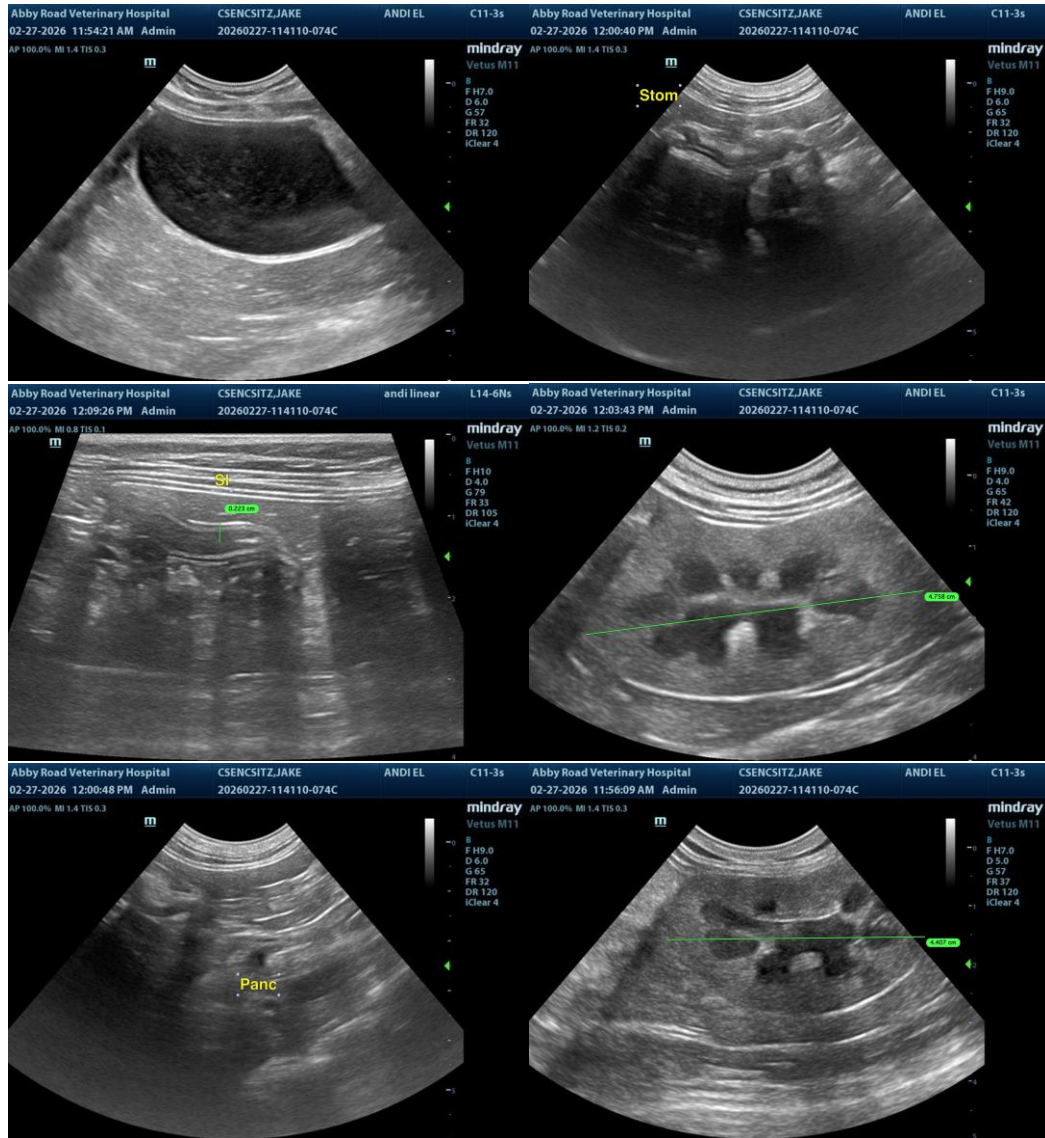
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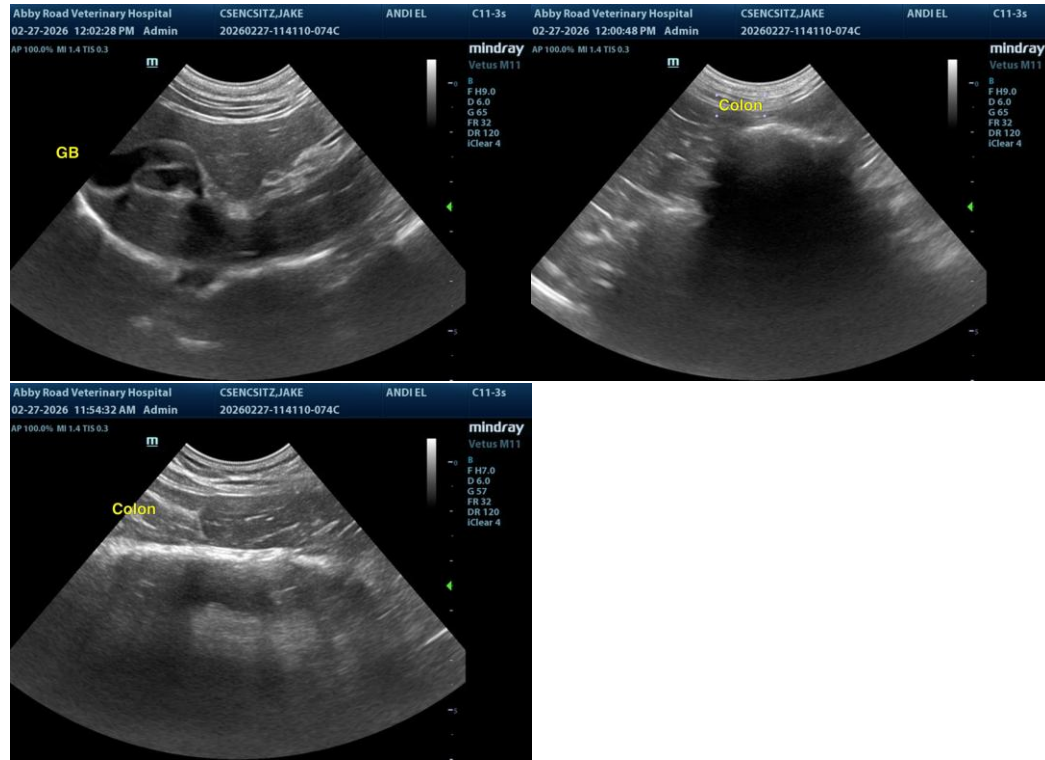
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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