

## PATIENT

Lucy Wicks

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

17Y

## WEIGHT

3.8kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Loetitia Saint-Jacques,  
LVT

## HOSPITAL NAME

Brighton Greens  
Veterinary Hospital

## REFERRING VET

Dr Janeway

## INVOICE

74020

## DATE

3-2-26

## PRESENTING CLINICAL SIGNS

- Not eating well, wt loss. Grade 2-3/6 systolic murmur. small intestine palpates slightly ropey. Renel disease
- R/O neoplasia, IBD
- Mirtazapene
- BP 170

Abnormal PE/Chem/CBC/UA Results: HCT 28%, BUN 50mg/dL, CREA 2.8mg/dL

## 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 evidence of lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Moderate pyelectasia was present without visualized evidence of left or right hydroureter. The left kidney measured 3.1 cm in length. The right kidney measured 3.6 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 0.41 cm width

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

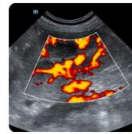
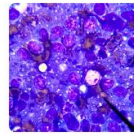
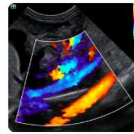
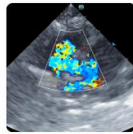
### *Spleen*

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 mildly nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. A solitary visualized small hypoechoic intraparenchymal nodule was seen measuring 0.37 cm diameter.

The gallbladder was normal in size with thin walls and containing anechoic bile. The cystic and common bile ducts were normal. Suspect focal to intermittent small gallbladder polyps, example measures 0.5 cm diameter.



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***Gastrointestinal***

The stomach exhibited segmental mildly thickened wall exhibiting indistinct mural detail. Concurrent intact mildly thickened stomach wall. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. Mildly thickened stomach wall measured 0.5 cm wall width. Normal appearing stomach wall measured 0.3 cm wall width. No evidence of obstruction to pyloric outflow.

The small intestine presented primarily intact wall layering with maintained wall layering ratio and non-thickened wall. Non-thickened small intestinal wall measured 0.25 cm wall width. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. A solitary nonobstructive jejunal lumen mass lesion measuring approximately 1.1 cm diameter was visualized. Concurrent focal ileocolic in transverse colon mural lesions were present with colon mural lesion measuring approximately 1.1 cm and ileocolic mural lesion measuring 0.57 cm.

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

***Pancreas***

The pancreas presented mildly prominent size capsule asymmetry with mildly heterogeneous hypoechoic parenchyma. Mild surrounding hyperechoic peripancreatic omentum was present. No signs of active inflammation or neoplasia.

***Free Abdomen***

Intermittent mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Example of lymph node measured 1.8 x 0.5 cm width.

No evidence of peritoneal effusion.

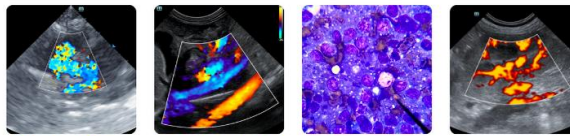
**ULTRASONOGRAPHIC FINDINGS**

- Segmental mildly thickened stomach wall exhibiting indistinct mural detail.
- Nonobstructive jejunal lumen mass lesion.
- Mild ileocolic and transverse colon mural lesions.
- Chronic/chronic active pancreatitis pattern.
- Small nondisruptive liver nodule.
- Suspect gallbladder polyps, minor potential for emerging gallbladder masses.
- Chronic renal changes exhibiting moderate pyelectasia.
- Intermittent mild mesenteric lymphadenopathy.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Primary concern for emerging gastric and enterocolic neoplastic criteria is warranted with inflammatory or granulomatous etiologies thought less likely.

A GI panel to include PLI/TLI/Cobalamin/Folate for further assessment given weight loss and correlation with pancreas is recommended. Biopsies required for definitive diagnosis yet gastrointestinal support



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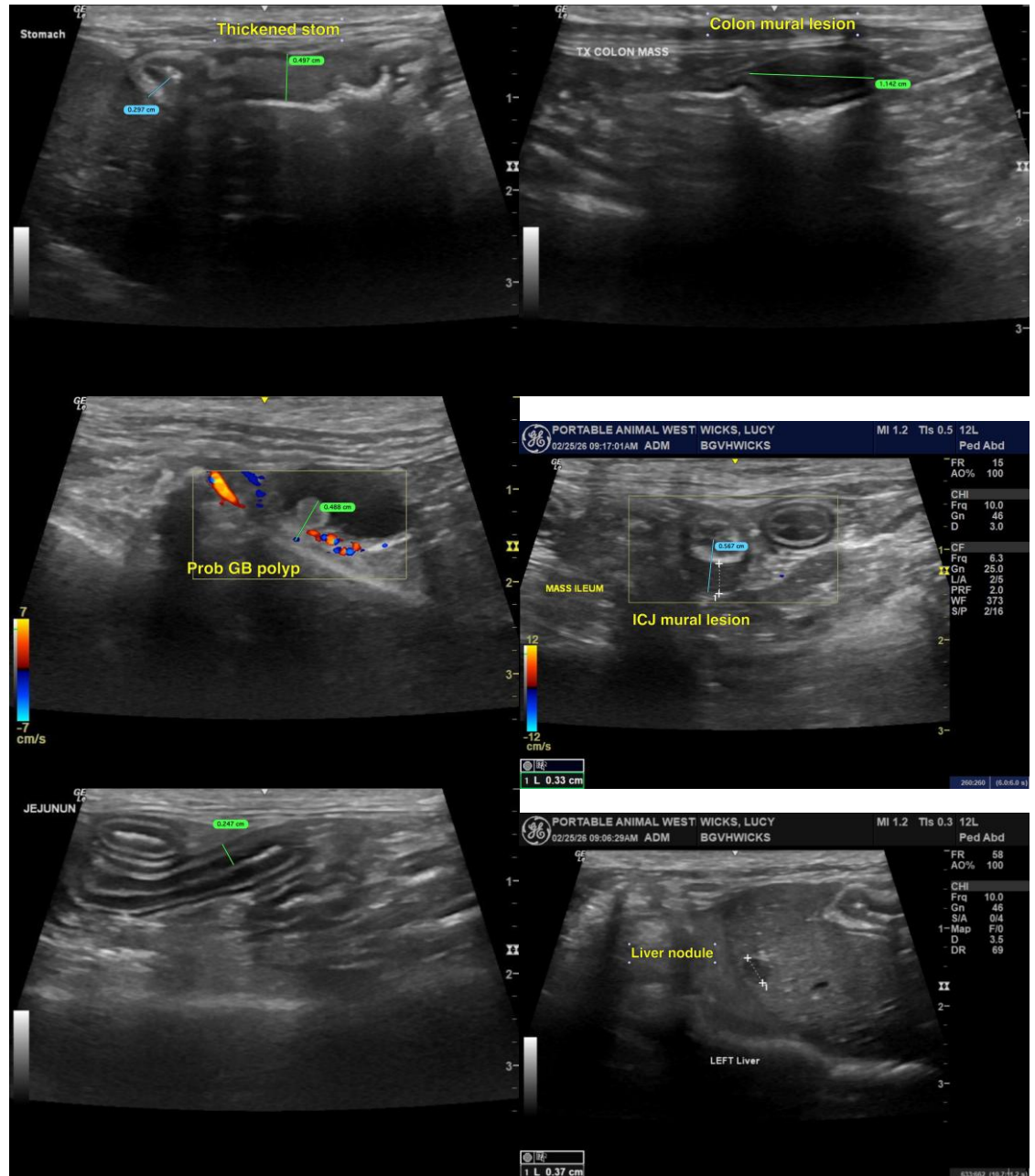
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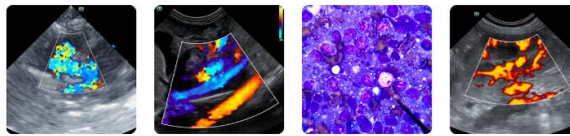
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including consideration for Cobalamin supplementation and steroid trial with clinical and sonographic monitoring would be reasonable. Correlation with full urinary workup if not done including urinalysis, culture, sensitivity +/- UPC level for renal staging is recommended.





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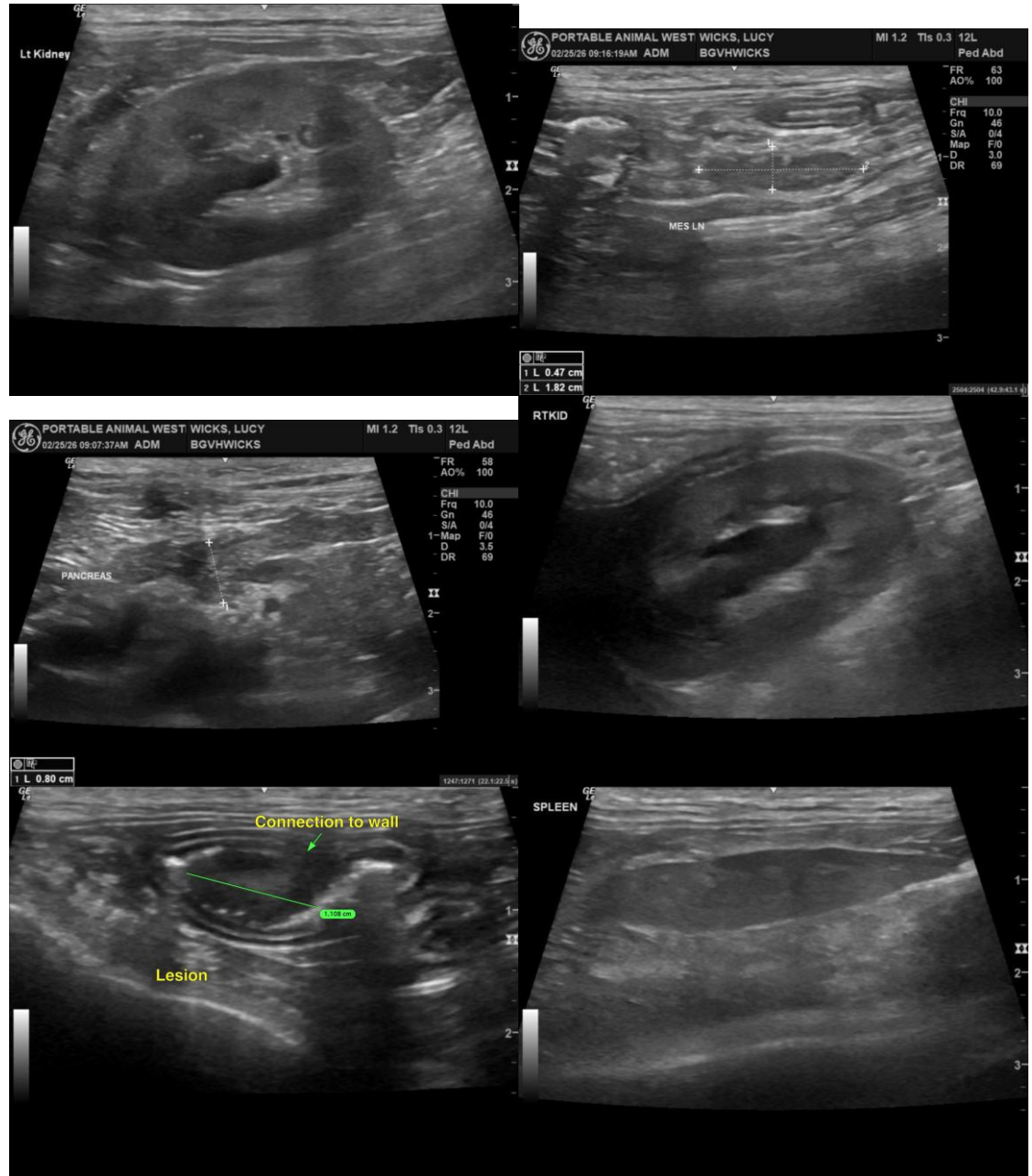
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)