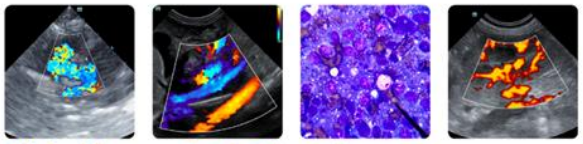


PATIENT

PLUGG COTTER

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

7yr

WEIGHT

8.75

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Veterinary Clinic

REFERRING VET

Dr Laura Green

INVOICE
24092

DATE
03/02/2026

PRESENTING CLINICAL SIGNS

First time we're seeing patient, but per owner patient has lost a significant amount of weight (perhaps as much as half her body weight). P nibbles at food, seems less active. PE wnl.

Abnormal PE/Chem/CBC/UA Results: Neuts 20k, Alb low 2.0, mild elev Ca++ 11.4, Lytes off.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/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.

Normal size and mild asymmetrical margination were 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. Mild left kidney pyelectasia was present. Non-obstructive right kidney medullary mineral to small renoliths were present. The left kidney measured 3.3 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width at the caudal pole.

Spleen

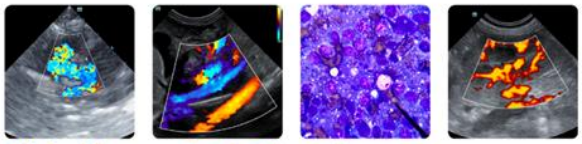
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver presented mild to moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild non-organized 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 contained non-obstructive shadowing pyloric content measuring ~ 1cm in diameter.



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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 mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.20 cm width. The jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.25 cm width.

Normal visible colon wall layers were present with apparent 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. Probable small thinly walled left pancreatic cyst medial to the spleen, measuring ~ 0.7 cm diameter, potential for focal peripancreatic cystic lymph node consistent with the benign criteria possible.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically normal gastrointestinal tract with mild non-obstructive shadowing pyloric content
- Mild heterogeneous pancreas with probable small benign left pancreatic cyst
- Nonspecific hepatomegaly
- Mild gallbladder debris
- Mild left kidney pyelectasia with non-obstructive mild right kidney medullary mineral /small renolith

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Definitive pathology as an obvious cause of the patient's weight loss was not obvious. Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may correlate with chronic pancreatitis is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

Given short half-life of hepatic enzymes in cats, assuming normal clotting status and using 25ga needle, a hepatic FNA cytology is warranted to assess for emerging or occult disease as a potential contributing factor. Assessment of caloric plane and/or competitive eating environment may be considered if clinically applicable.

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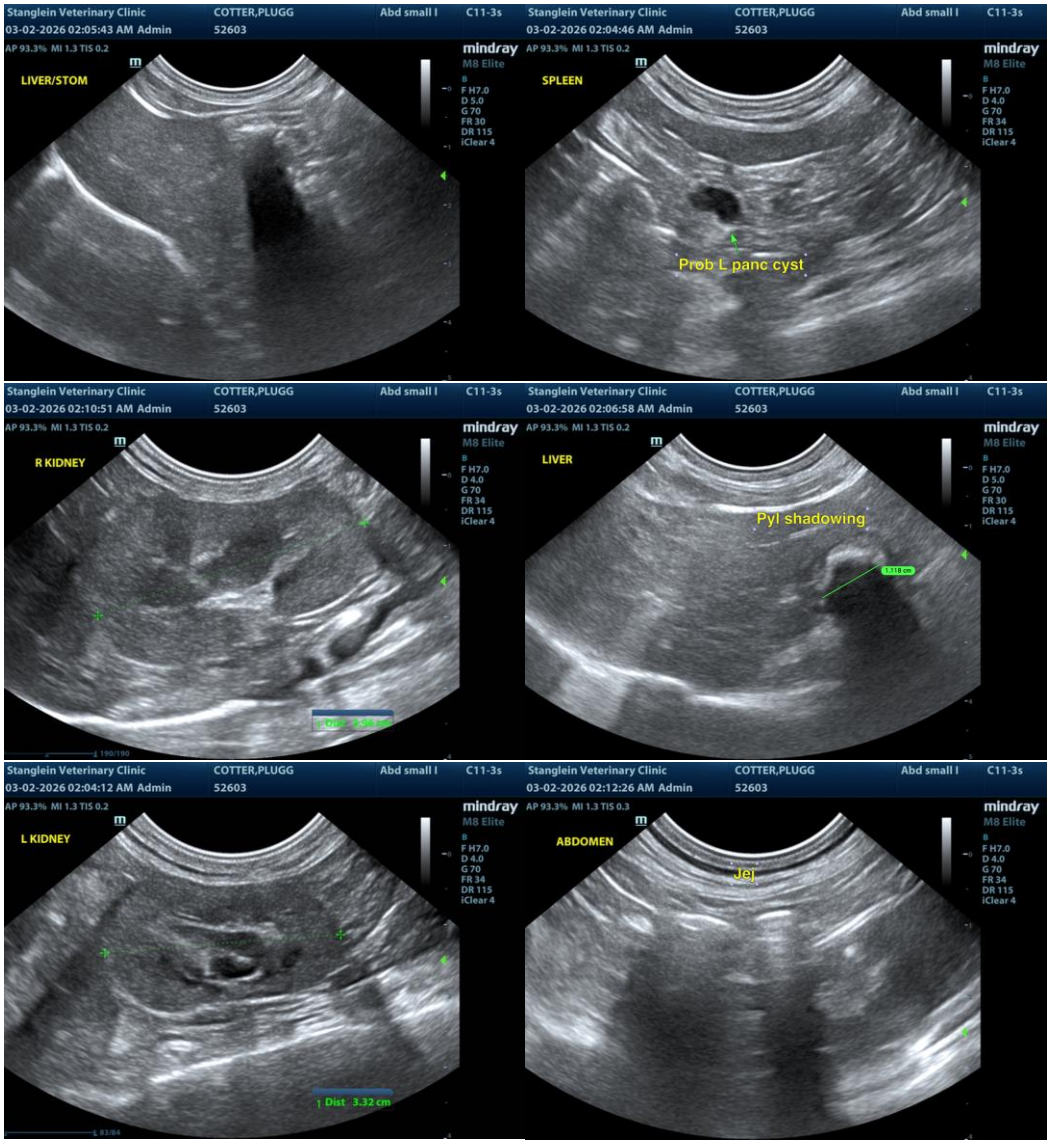

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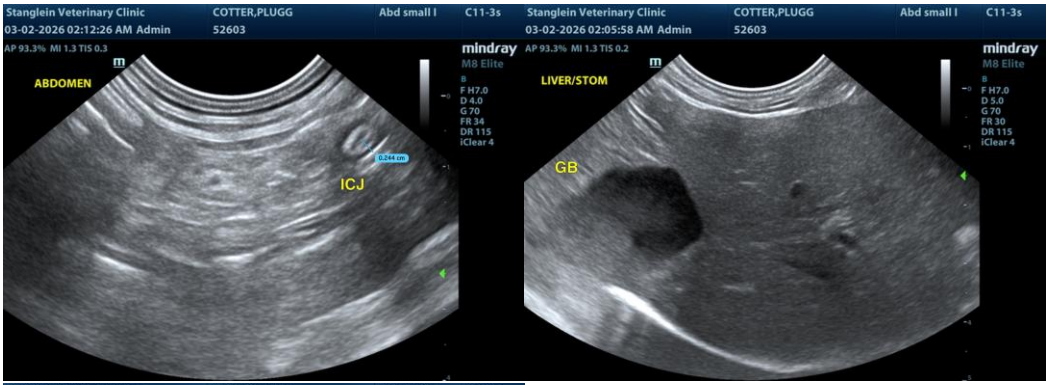

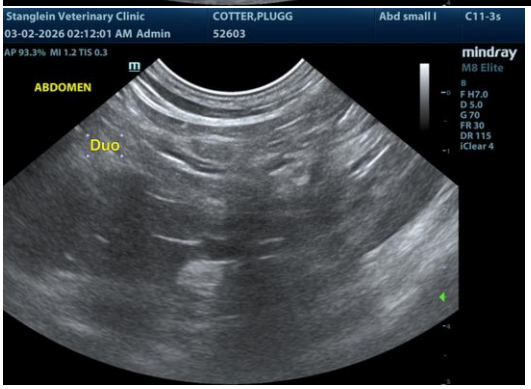

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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