



## PATIENT

Scamp Price

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

11 Years

## WEIGHT

7.9 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Harold Mike Beard

## HOSPITAL NAME

Animal Care Veterinary  
Center

## REFERRING VET

Dr. Harold Mike Beard

## INVOICE

14565

## DATE

03/24/26

## PRESENTING CLINICAL SIGNS

- Chronic weight loss, poor appetite

Abnormal PE/Chem/CBC/UA Results: Chemistry mild increase in CK. CBC normal. T4 normal. UA proteinuria.

## 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. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were 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. Mild cortical thickening with mild nonhomogenous increased cortex echogenicity. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.1 cm in length. The left kidney was primarily visualized in the transverse plane.

### *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 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.

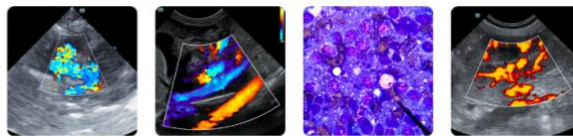
### *Liver & Gallbladder*

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was 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 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 contained mild retained anechoic fluid.



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The small intestine presented overall intact wall layering with maintained wall layer ratio. Borderline to mild thickened small intestine wall measuring 0.25 cm to 0.26 cm wall width. The ileocolic wall measured 0.37 cm wall width.

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

### *Pancreas*

The left pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mildly prominent left limb pancreatic duct.

### *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Normal stomach with mild nonobstructive gastric ileus.
- Nonspecific chronic enteropathy pattern.
- Suspect mild chronic pancreatitis.
- Mild gallbladder debris.
- Mild chronic renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although potential for patient variant, the small intestine exhibited borderline to minor mural changes which suggest chronic enteropathy in conjunction with gastrointestinal signs and weight loss. Chronic triaditis could be a consideration despite lack of hepatic enzyme elevations given short half-life of hepatic enzymes in cats. No overt evidence of neoplastic criteria.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs and musculoskeletal/neurological exam is suggested to rule out additional pathology as a contributing factor. Gastrointestinal support, empirical therapy for chronic enteropathy +/- triaditis may prove beneficial. Recheck sonogram if continued or progressive gastrointestinal signs or weight loss. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



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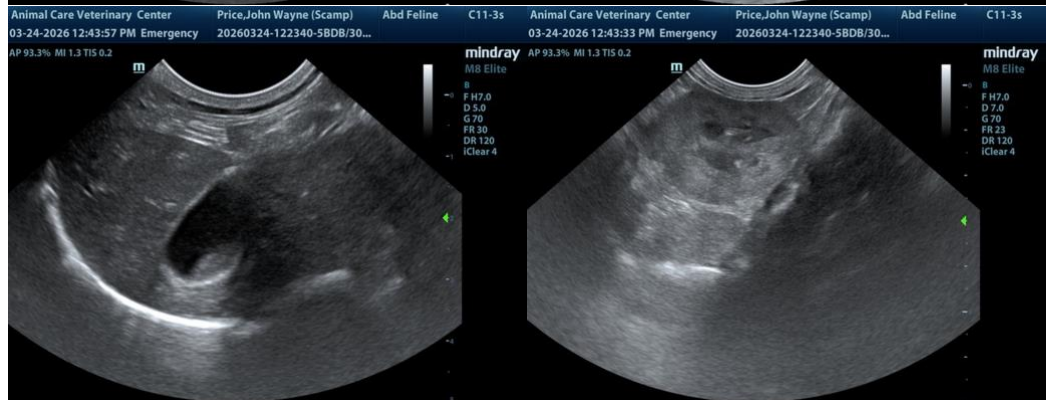
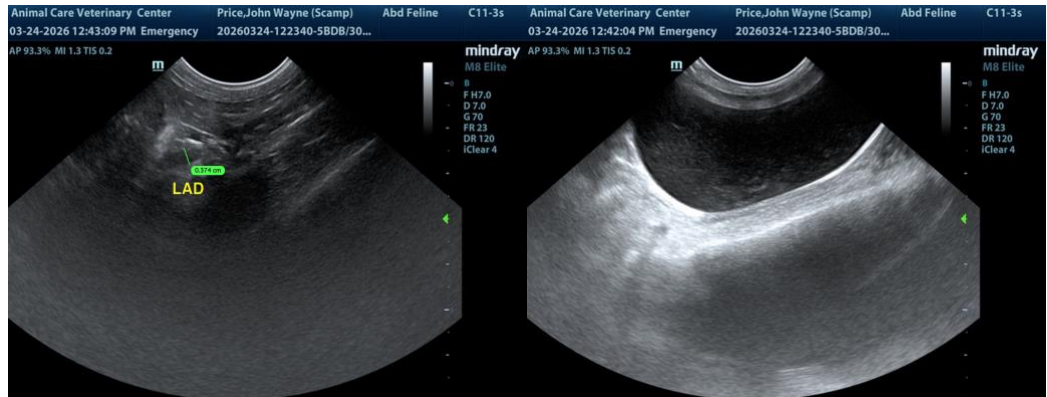
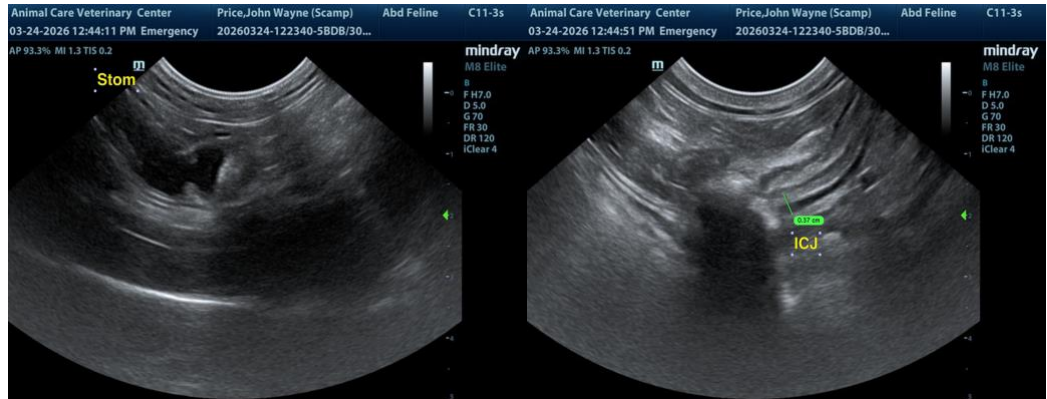
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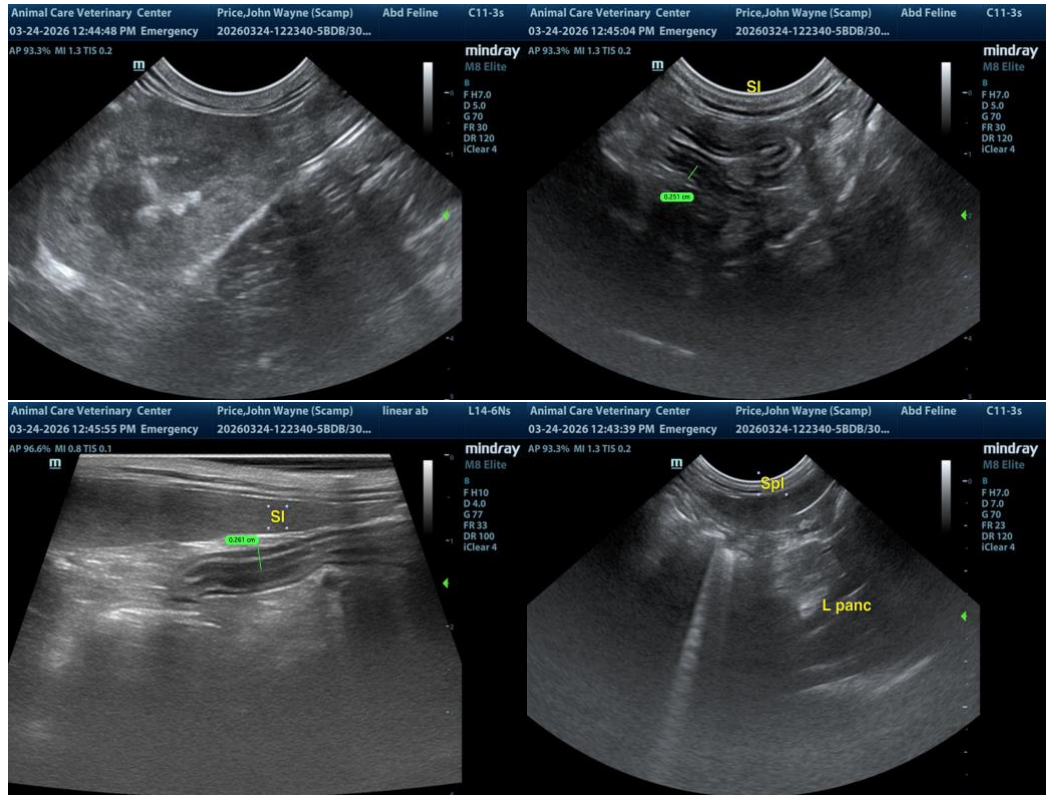
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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