

PATIENT

Pip Foran

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years 3 Months

WEIGHT

3.13 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Royal Loop Vet Clinic

REFERRING VET

Dr. Heather

INVOICE

14023

DATE

03/03/26

PRESENTING CLINICAL SIGNS

- The patient is presenting for evaluation of lethargy, hiding, and weight loss, dehydration and with a possible mass effect noted on physical examination. Clinical signs reported include lethargy, hiding behavior, and weight loss. A physical examination revealed a potential mass effect vs kidney vs open. A diagnostic workup is underway, with blood work and urinalysis results currently pending.

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 mild nondependent particulate urine sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

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. Loss of corticomedullary distinction was also present. Cortical infarcts were present. The left kidney measured 4.0 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The adrenal glands were borderline prominent in size with normal contour and a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width. The right adrenal gland measured 0.55 cm 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. 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact nonthickened wall layering with a normal wall layer ratio. Mild retained gastric fluid without evidence of obstruction to pyloric outflow and mild lumen gas.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. A mild primarily generalized duodenal and segmental jejunal ileus pattern is present without obstruction



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or foreign material. Mild duodenal corrugation. The duodenum wall measured 0.24 cm wall width. The jejunum wall measured 0.21 cm wall width. The ileocolic wall measured 0.30 cm wall width.

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

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation.

Free Abdomen

Intermittent mildly prominent jejunocolic lymph 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). An example of the lymph nodes measured 0.68 cm in diameter. No evidence of peritoneal effusion. Mild surrounding perilymphatic hyperechoic omentum.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Structurally normal gastrointestinal tract with mild nonobstructive gastrointestinal ileus.
- Intermittent mild jejunocolic lymphadenopathy- suspect mild lymphadenitis secondary to inflammatory bowel episode.
- Bilateral nonspecific subjective chronic nephropathy with cortical infarcts.
- Mild urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending lab work and urinalysis with urine culture and sensitivity of inflammatory sediment or UPC level if non-inflammatory proteinuria is recommended. No evidence of intra-abdominal mass or mechanical gastrointestinal obstruction. The gastrointestinal tract may indicate acute or subacute gastroenteritis, IBD, infectious disease, metabolic gastroenteritis, secondary to renal disease, pending lab work or other. Emerging to occult renal or gastrointestinal or lymphatic neoplasia is thought less likely at this stage. Gastrointestinal support, empirical therapy for pancreatitis pending assessment of renal parameters is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.





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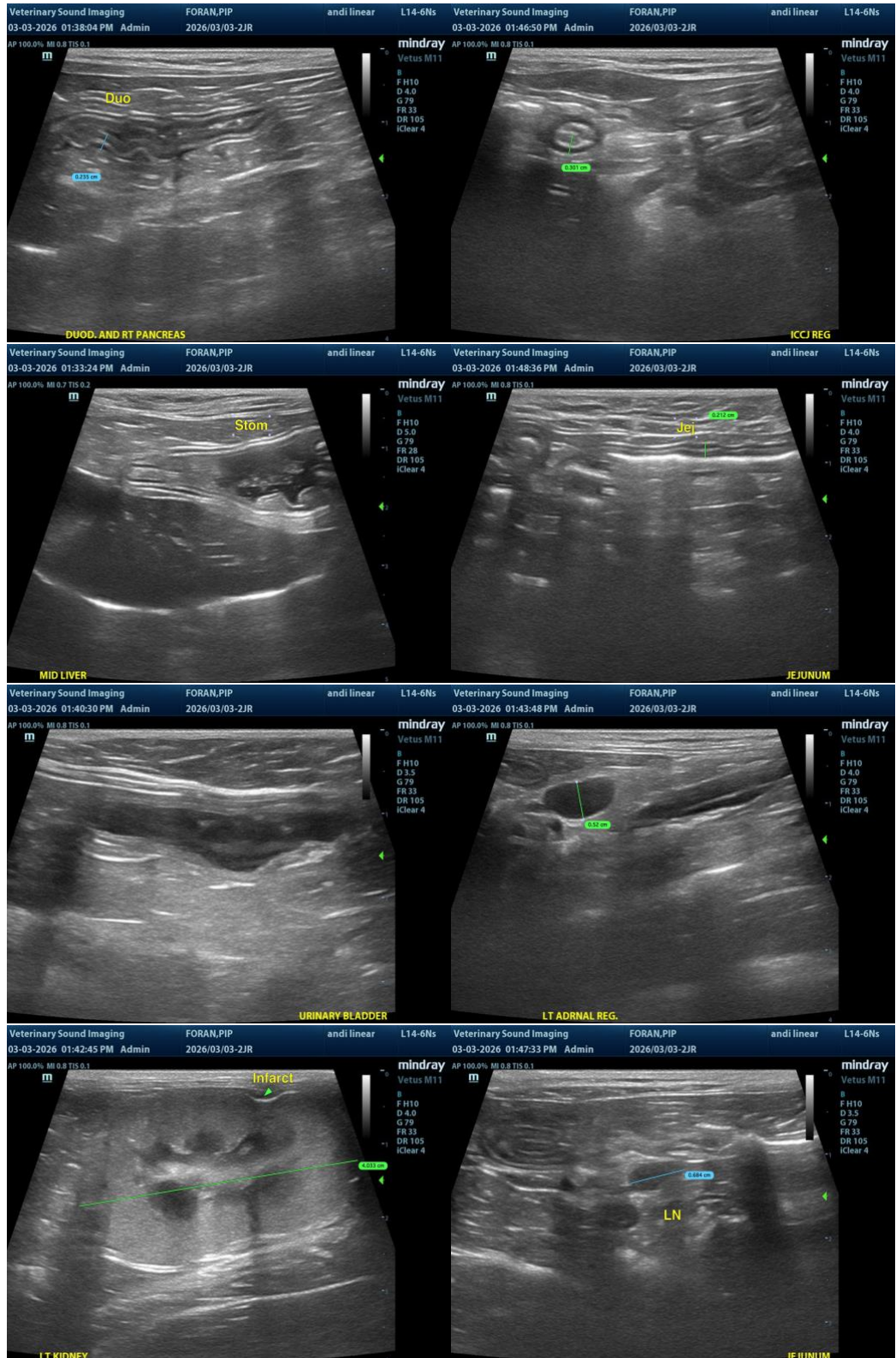
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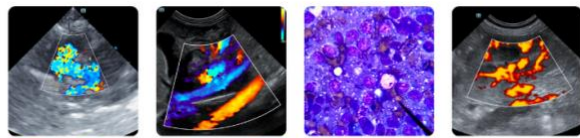
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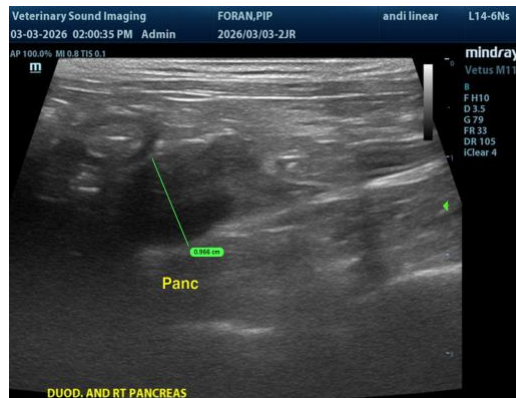
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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