

PATIENT

Milo Christian

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

8.84 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lucas Budden

HOSPITAL NAME

Frontier Veterinary
Hospital

REFERRING VET

Dr. Lucas Budden

INVOICE

14756

DATE

03/30/26

PRESENTING CLINICAL SIGNS

- Clinical signs: Intermittent vomiting
- History: History of hyperthyroidism and suspect IBD.
- Current medications: Methimazole 2.5 mg PO q12h, Budesonide 1 mg PO q24h, Gabapentin and Butorphanol to facilitate imaging

Physical exam: BCS 3/9, MCS 2/3, grade 2/6 parasternal systolic HM (potentially first time noted today), arrhythmia (first time noted today), moderate dental tartar, no obvious organomegaly or pain on abdominal palpation, peripheral LNs normal Lab work: cbc/chem 3/1/26 White blood cell high 24.12 Monocytes high 1.31 Neutrophils high 21.4 RBC low 6.67 Hematocrit low normal 33.98 Amylase high 1285 Potassium low 3.5 T4 3/1/26 high 6.4 ECG today: Heart Rhythm: Sinus tachycardia with APCs and atrial couplets/triplets Recheck hyperthyroid panel and GI panel pending FNA mesenteric LN 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 no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint medullary mineral was present bilaterally. The left kidney measured 3.7 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 0.33 cm width.

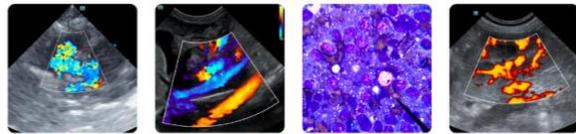
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width at the caudal pole.

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 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.



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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 was empty with no signs of ileus, obstruction or foreign material.

The intestinal walls demonstrated intact wall layers with mildly thickened walls and mild altered 1:3 muscularis / mucosa ratio with propensity for mildly thickened muscularis and submucosa layer. The small intestine wall measured 0.28 cm wall width. The ileocolic wall measured 0.45 cm wall width. The duodenum wall measured 0.27 cm wall width.

The colon presented intact mildly thickened proximal colon wall measuring 0.35 cm wall width with formed fecal matter.

Pancreas

The pancreas was normal in size with capsule asymmetry and isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Intermittent mild to variably enlarged nonhomogenous to focally cystic jejunocolic lymph nodes were present with an example measuring 1.7 cm x 0.90 cm. Mild surrounding perilymphatic hyperechoic omentum with no evidence of effusion.

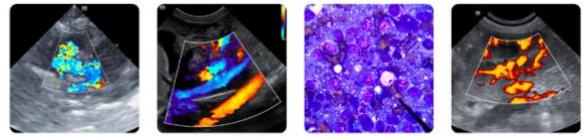
ULTRASONOGRAPHIC FINDINGS

- Chronic enteropathy with concurrent mildly thickened colon wall.
- Chronic pancreatitis with remodeling.
- Mild gallbladder debris.
- Mild to variable nonhomogenous to focally cystic jejunocolic lymphadenopathy.
- Chronic renal changes exhibiting pinpoint medullary mineral.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic IBD or other inflammatory enteropathy associated chronic to jejunocolic reactive hyperplasia or lymphadenitis in conjunction with chronic pancreatitis and potential for triad disease given mild gallbladder debris is suspected. Low-grade intestinal round cell neoplasia i.e. lymphoma and metastatic lymphadenopathy is thought less likely.

Correlation with pending diagnostics including lymph node cytology, +/- culture/sensitivity is recommended. Gastrointestinal support and continued empirical therapy for probable chronic IBD would be reasonable. Biopsies may be required for a definitive diagnosis.



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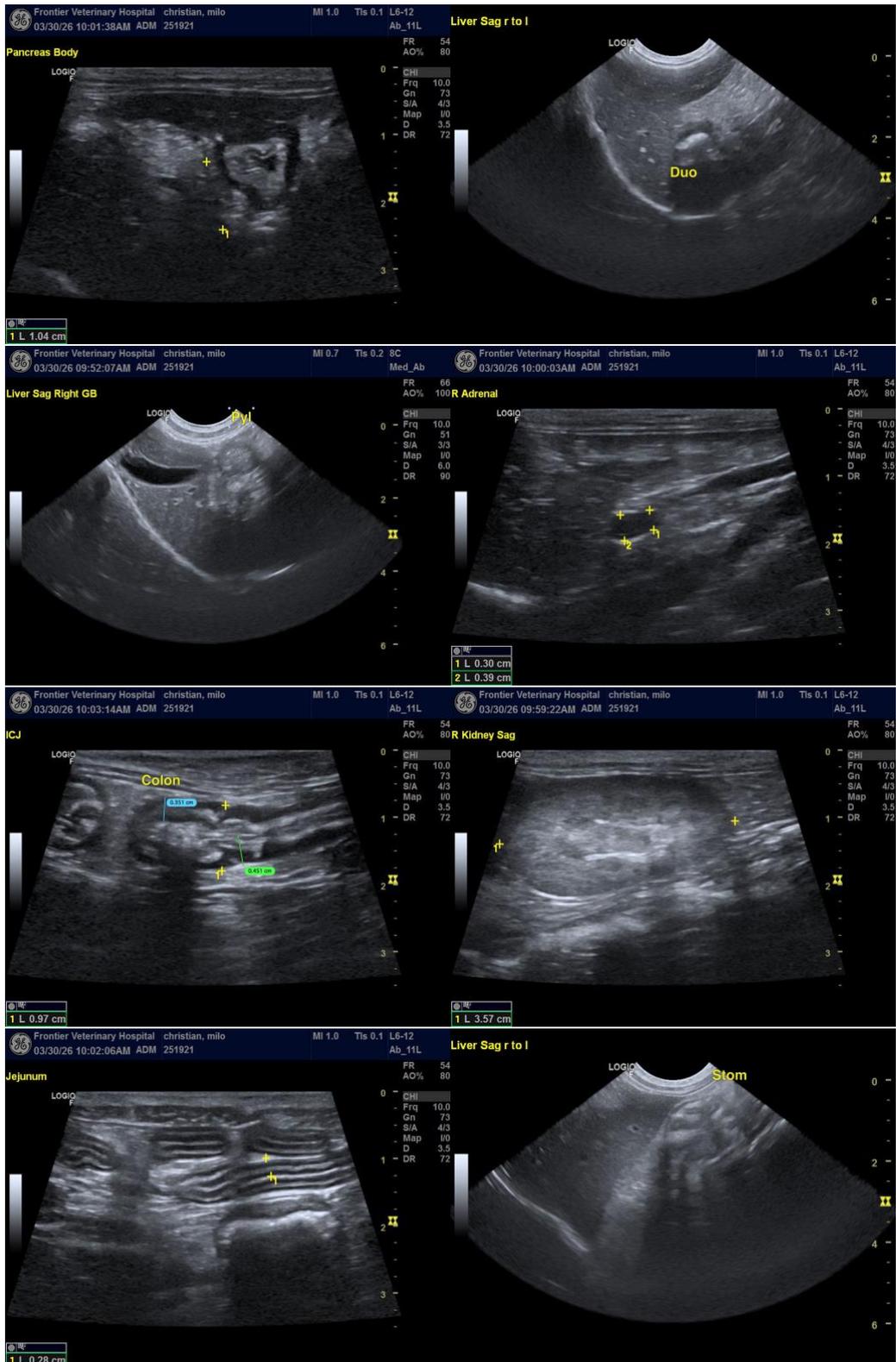
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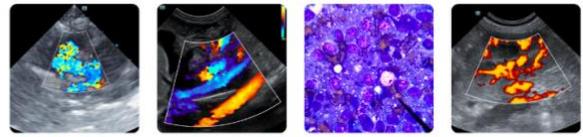
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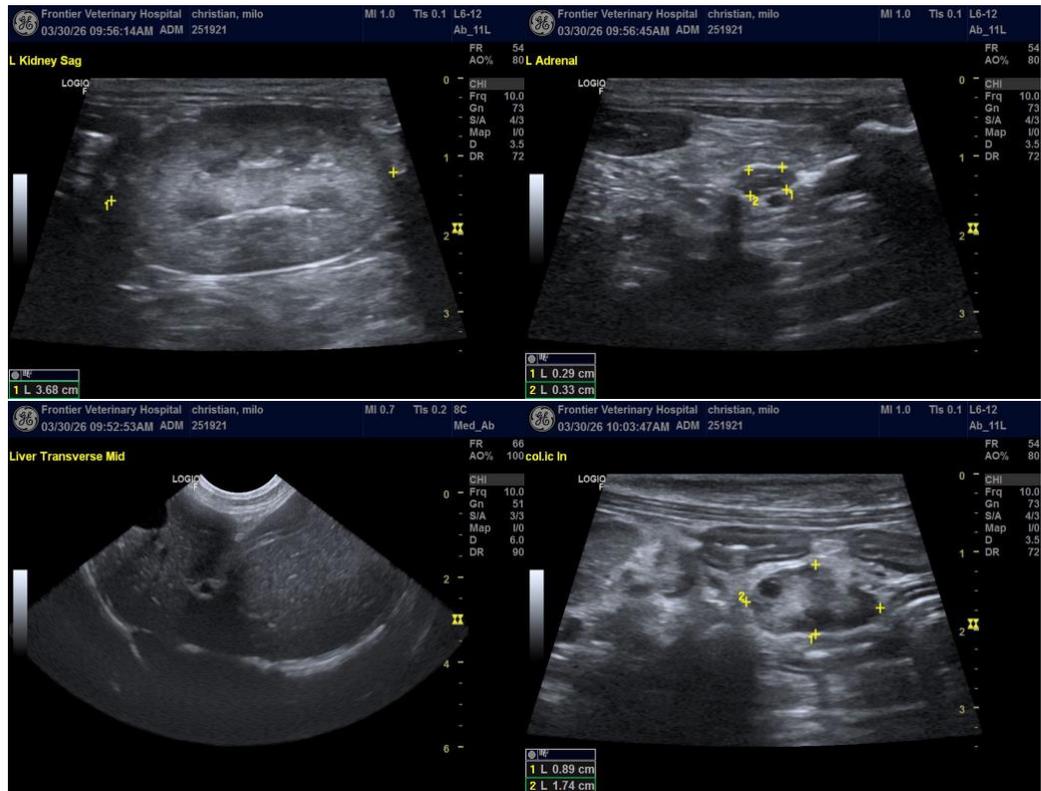
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com