



## PATIENT

Scooter Tinch

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

2.5yr

## WEIGHT

12lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Trae Cutchin

## HOSPITAL NAME

Friendship Springs  
Veterinary Care

## REFERRING VET

Trae Cutchin

## INVOICE

24345

## DATE

03/30/2026

## PRESENTING CLINICAL SIGNS

Unplanned weight loss over 4 months but could be due to diet change at least in part. BCS 5/9. Mild gingivitis. Exam otherwise normal. Patient began having sporadic vomiting over the weekend. No diarrhea. Patient seems to want to eat but won't.

Abnormal PE/Chem/CBC/UA Results: Borderline low albumin, globulin. Low total protein. Mild hypocalcemia. USG 1.029. CBC wnl. Chems otherwise wnl. Indoor only cat.

## 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 margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.8 cm in length. The right kidney measured 4.3 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 0.45 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 0.39 cm width at the caudal pole.

### Spleen

The spleen exhibited mild enlargement with 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. The spleen measured 1.1-1.2 cm in width at the level of the mid spleen.

### 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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

### Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing pyloric ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

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The intestinal walls demonstrated intact wall layers with diffusely thickened walls most notable in the jejunum exhibiting altered wall layer ratio owing to propensity for mildly thickened jejunum muscularis layer. Segmental mild non-shadowing intestinal ingesta and lumen gas was present. The small intestine wall measured 0.3 to 0.36 cm wall width. The duodenum wall measured 0.24 cm in width.

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

### **Pancreas**

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MN

Homogenous mildly hypoechoic parenchyma compared to adjacent non-reactive or inflamed omentum. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal.

### **Free Abdomen**

## AGE

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No overt peritoneal effusion was present.

Intermittent mildly enlarged jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 1.8 cm x 0.55 cm.

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## ULTRASONOGRAPHIC FINDINGS

### **Primary**

- Intact thickened small intestinal wall with mild gastrointestinal ingesta-most suggestive of food echogenicity
- Non-enlarged mildly hypoechoic pancreas
- Mild gallbladder debris
- Intermittent mild jejunocolic lymphadenopathy
- Mild splenomegaly

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IBD or other inflammatory enteropathy with associated mild jejunocolic reactive hyperplasia or lymphadenitis probable. Potential for emerging to occult intestinal round cell neoplasia and metastatic lymphadenopathy i.e. lymphoma thought less likely yet may present in similar sonographic manner. Concurrent mild pancreatitis or potential triaditis given short half-life of hepatic enzymes in cats also potentials. Dietary trial, cobalamin supplementation, as needed gastric protectants +/- empirical IBD /triaditis protocol with clinical and sonographic monitoring would be reasonable. Definitive diagnosis would require intestinal biopsies for histopathology.

Mild incidental splenomegaly owing to sedation if clinically applicable, hyperplasia, hematopoiesis or inflammation favored. Potential for emerging occult splenic round cell neoplasia thought less likely. If normal clotting status and using 25ga needle, splenic FNA cytology is warranted for further

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clarification given weight loss and if non-sedated.

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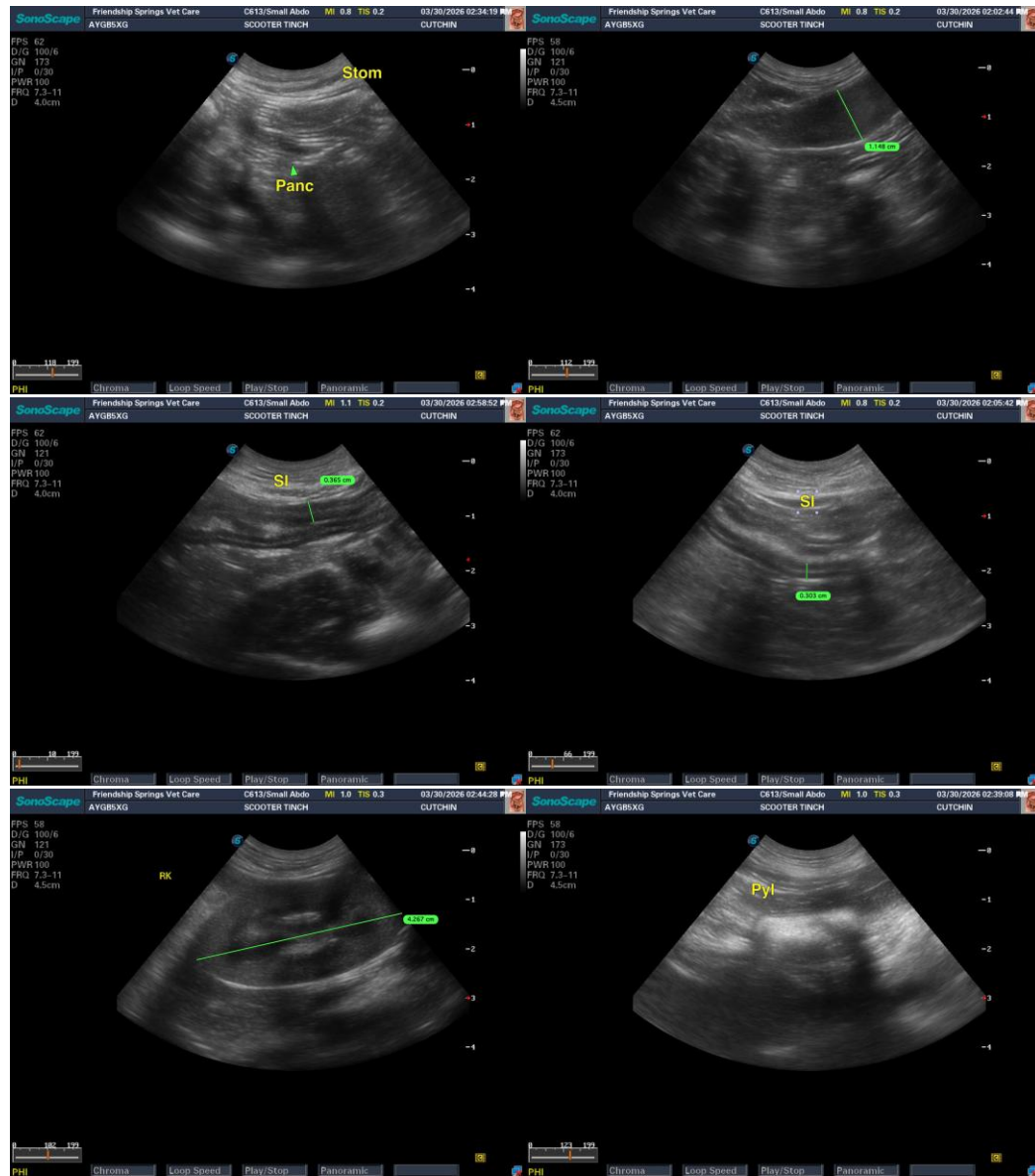
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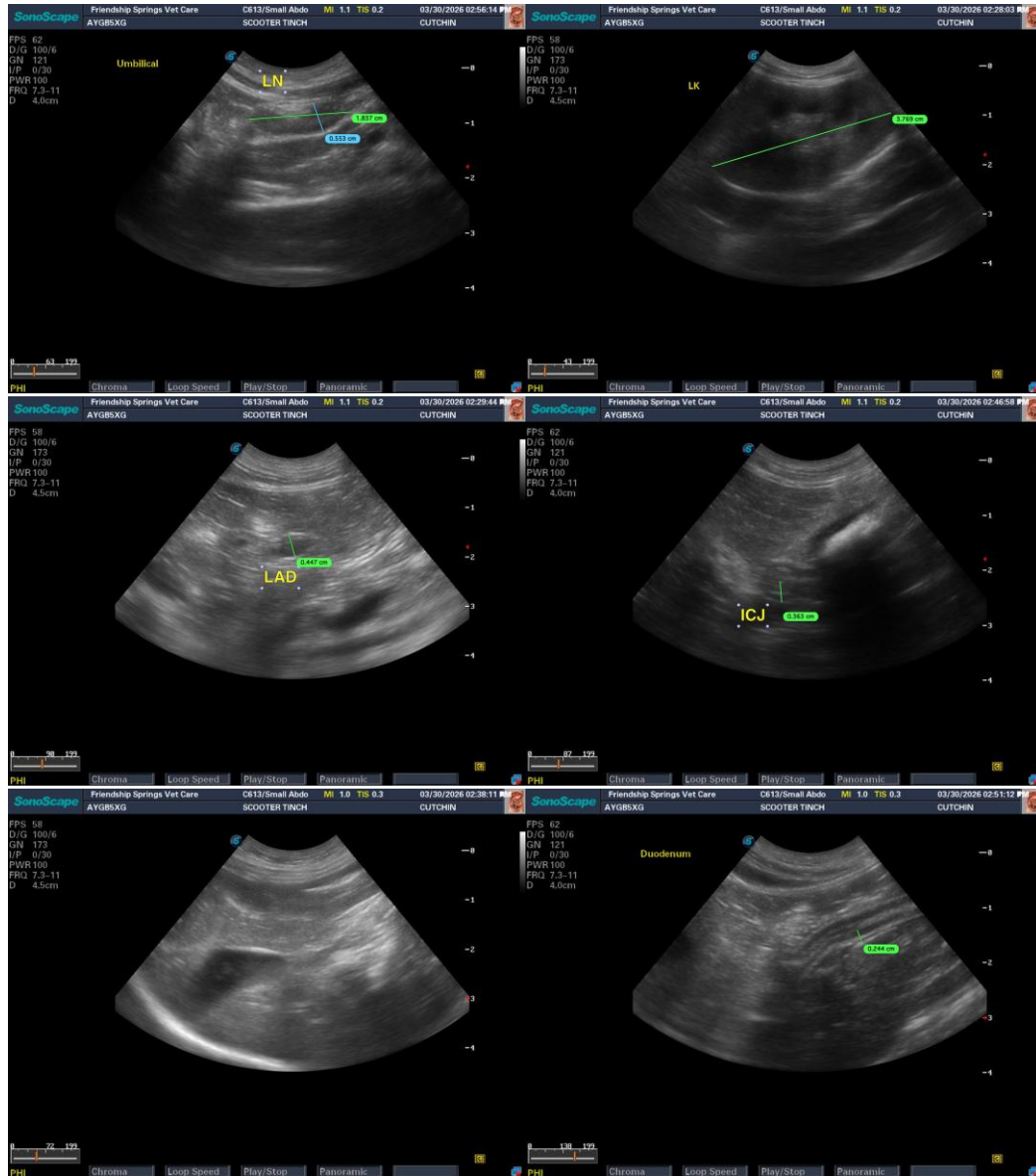
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)



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