



PATIENT

Timba Beck

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14yr

WEIGHT

4.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Lisa Miller

INVOICE 24348

DATE
03/30/2026

PRESENTING CLINICAL SIGNS

- P initially seen on 3/28 for vomiting, lethargy, and anorexia. Similar symptoms 6 months ago and 1 month ago. rdvm prescribed cerenia and prednisolone. prior rdvm concern for IBD or neoplasia. 9/2025 seen at rdvm for weight loss; P cobalamin low. P also gets B12 monthly injections. P was given SQ fluids and to continue medications as previously prescribed. P seen at rdvm today.
- concern for chronic anorexia; weight loss; severe dehydration; gi disease, other
- Abnormal PE/Chem/CBC/UA Results: PE: temp 94.8, HR 100; BP 120/87 Map 100; dull, depressed; BCS 3/9; hydration: 10%-12%, Persistent skin tent, dull corneas, evidence of hypovolemia; Soft on abdominal palpation, doughy; stool palpable; muscle atrophy, unthrifty, unkempt hair coat rdvm 3/30: glucose 217 H, BUN >130 H, Cl 109 L, TP 9.0 H, Glob 5.6 H, calcium 7.7 L, K+ 3.2 L; pcv 44% TP 10.4

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 moderate to significant non-dependent accumulated particulate to hyperechoic sediment. 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was not definitively visualized. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A solitary mid to ventral non-capsule deforming cystic appearing intraparenchymal nodule was present measuring 2.0 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-



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distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach presented intact visible wall. Moderate to significant distention with retained echogenic fluid /chyme. No overt obstructive pyloric mural pathology.

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The small intestine presented intact borderline to mild thickened wall, exhibiting overall maintained wall layer ratio. Empty intestinal segments with concurrent mild segmental intestinal ileus and retained non-shadowing echogenic fluid /chyme to the level of the colon was present.

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Overtly normal non-distended visible colon wall. The colon contained mild irregular shadowing fecal matter.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

WEIGHT

4.2kg

Primary

- Moderate to significant fluid/ chyme distended stomach
- Chronic enteropathy pattern exhibiting segmental intestinal ileus and empty intestinal segments
- Cystic liver nodule- suspect biliary cyst adenoma or complex hepatic cyst
- Bilateral chronic renal changes
- Moderate to significant urine sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

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The moderate to significant gastric and segmental mild intestinal ileus may indicate metabolic or functional gastrointestinal ileus owing to underlying gastrointestinal disease in conjunction with patient history. A definitive area of mechanical intestinal obstruction was not obvious, yet given concurrent empty intestinal segments is not definitively excluded. Mild chronic pancreatitis at times may present sonographically normal. Recheck GI panel to reassess cobalamin level and assess for evidence of chronic pancreatitis is warranted. Hospitalization with 24 hour gastrointestinal support including IV fluids with monitoring of gastrointestinal motility is recommended.

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Exploratory laparotomy with gastrointestinal biopsy considered essential despite exploratory findings may be indicated if persistent gastric and segmental intestinal ileus combined with gastrointestinal signs.

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Initial sonographic monitoring of the cystic liver nodule for evidence of progression is recommended.

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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.

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