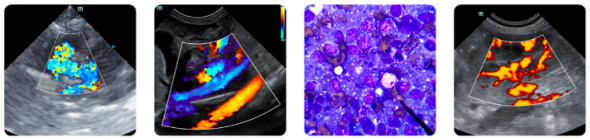

PATIENT

Mr. Poon Doyle

SPECIES

Feline

BREED

Sphinx

SEX

Male Neutered

AGE

12y 2m

WEIGHT

3.96 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Westland VH

REFERRING VET

Dr. Poulsen

INVOICE

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DATE

3/31/26

PRESENTING CLINICAL SIGNS

History: Mr. Poon presented for evaluation of weight loss despite a concurrent increase in appetite. The patient has a known history of irritable bowel syndrome (IBS), often caused by dietary indiscretion. In Aug 2025, was diagnosed with early HCM based on an echo performed. Because it's mild, the plan to is to monitor for now and repeat an echo in 12 months. Drinking/Urination, no concerns. Bowel movements are normal. Has occasional vomiting - no change in frequency from before. Breathing is reported as normal.

Diet/Appetite: The owner reports that he is extremely hungry and is actively asking for more food. In response to his increased appetite, the owner has been increasing the quantity of food provided, however he's continued to lose weight. He is currently on an allergenic diet and HP treats, and no other changes have been made to his food.

Abnormal PE/Chem/CBC/UA Results: CBC Non-regenerative anemia (30.1%) Inflammatory leukogram - WBC 22.4 (H), Neu 17.53 (H), Mono 0.77 (H) Serum chemistry SDMA 15 (H) Creatinine 30 (L) - secondary to muscle-wasting T4 20 - normal UA Collected by cystocentesis. Straw, slightly cloudy. USG 1.034, pH 6.0, protein 1+ (secondary to RBC), >50 RBC/hpf (hit SQ vessel on exit from bladder so suspect iatrogenic/contamination), 1 WBC/hpf Assessment: Non-regenerative anemia. Inflammatory leukogram.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, echogenic to particulate non-dependent 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.

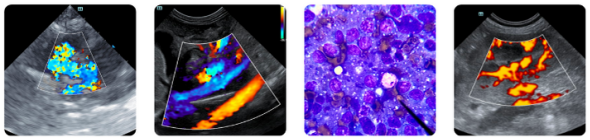
Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Loss of corticomedullary distinction was also present. The left kidney measured 4.5 cm in length. The right kidney measured 4.5 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 0.45 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm.

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.



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Liver

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 wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained gastric fluid.

The small intestine presented overall intact wall layering exhibiting thickened primarily jejunal wall. Mild altered jejunal wall layer ratio owing to propensity for mildly thickened mucosa and muscularis layer. Jejunum wall measure dup to 0.34 cm, duodenum wall measured 0.28 cm, and ileocolic wall measured 0.39 cm.

Normal visible colon wall layers were present with generalized non-formed to focally hypoechoic non-shadowing fecal matter.

Pancreas

The pancreas was mildly prominent in size with mild capsule asymmetry and mild non-homogeneous parenchyma exhibiting mildly prominent pancreatic duct.

Free Abdomen

Intermittent, mildly prominent to enlarged mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Scant peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal stomach with minor retained gastric fluid
- Chronic enteropathy pattern
- Soft to focally hypoechoic non-shadowing fecal matter in colon
- Chronic pancreatitis
- Mild chronic renal changes
- Scant peritoneal effusion
- Mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic IBD or other inflammatory enteropathy in conjunction with chronic pancreatitis is favored. Potential for low-grade intestinal round cell neoplasia such as lymphoma may present in a similar sonographic manner and not definitively excluded.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Screening 3-view chest radiographs recommended if not done. Definitive diagnosis would require intestinal biopsies for histopathology. Gastrointestinal support with empirical IBD/chronic pancreatitis therapy protocol with clinical monitoring and sonographic reassessment if progressive weight loss would be reasonable. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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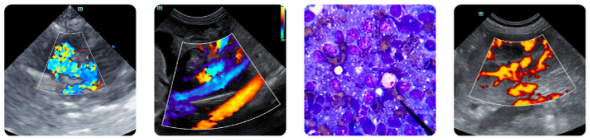

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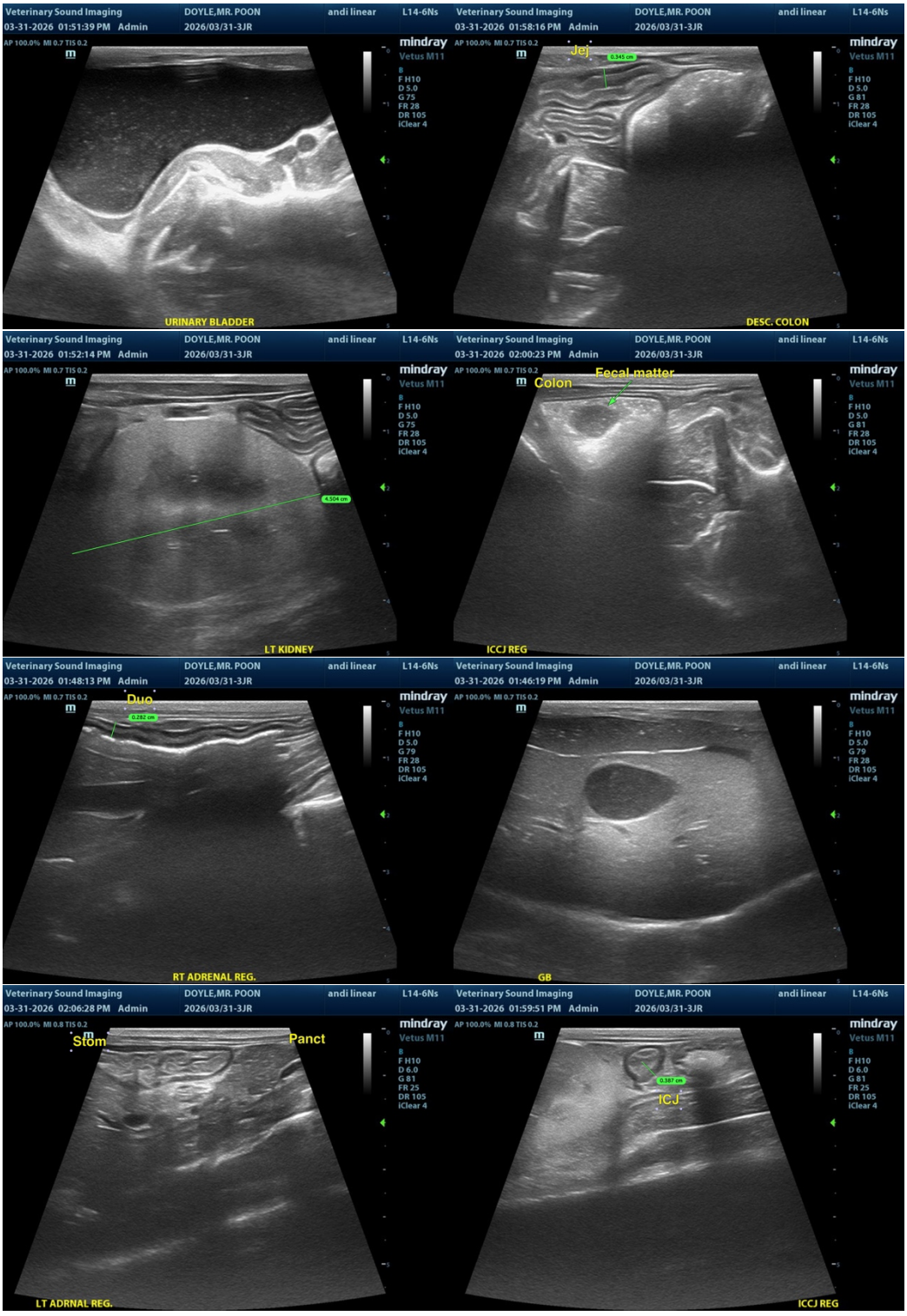

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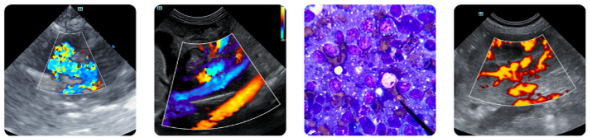

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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