



PATIENT

Sally Torres

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

7.62 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Westmoreland
Animal Hospital

REFERRING VET

Dr. Bugarovich

INVOICE

15018

DATE

04/10/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: dehydration 7 %, weight loss of 4 lbs in 1 yr, dx of HOCM but stable. ABNORMAL Labwork Values. CKD stage 2 - see records. Current Medications: Atenolol for HOCM - 1/4 tab SID

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The area of the aortic trifurcation was free of pathology.

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. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.36 cm width. The right adrenal gland measured 0.36 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 proximal common bile duct was dilated and mild tortuous without overt post hepatic obstruction.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, nonshadowing ingesta consistent with food echogenicity without signs of obstruction or foreign material.

The small intestine presented intact thickened wall exhibiting mild altered wall layer ratio owing to propensity for mildly thickened mucosa and muscularis layer to the level of the colon. The duodenum



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wall measured 0.42 cm wall width. The jejunum wall measured 0.37 cm wall width. The ileocolic wall measured 0.39 cm wall width.

The colon presented intact borderline thickened descending colon wall measuring 0.20 cm to 0.25 cm wall width. The colon contained semi formed fecal matter and lumen gas.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No visualized significant or swollen mesenteric lymphadenopathy was present, yet mild colic lymphadenopathy is suspected. No evidence of peritoneal effusion.

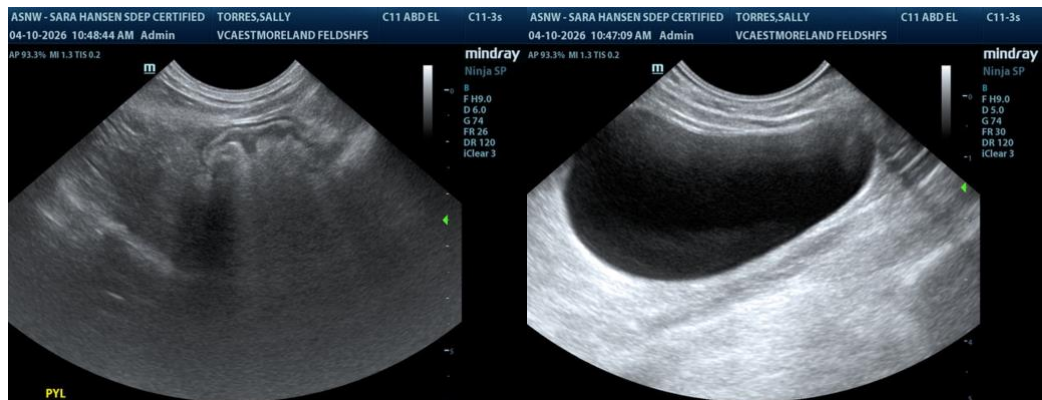
ULTRASONOGRAPHIC FINDINGS

- Nonshadowing gastric ingesta.
- Generalized intact thickened small intestine wall.
- Sonographically normal pancreas.
- Mild chronic renal changes.
- Borderline thickened colon containing semi formed fecal matter.
- Normal gallbladder with proximal common bile duct dilation- age-related variant, possible low-grade cholangitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine is consistent with infiltrative enteropathy criteria with IBD or other inflammatory enteropathy favored given lack of significant or swollen mesenteric lymphadenopathy. Emerging to occult intestinal round cell neoplasia i.e. lymphoma or other may present in similar sonographic manner.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A definitive diagnosis would require intestinal biopsies for histopathology. Gastrointestinal support and empirical IBD protocol with clinical and sonographic monitoring would be reasonable. Sonographically, the bilateral kidneys are consistent with mild chronic renal disease.





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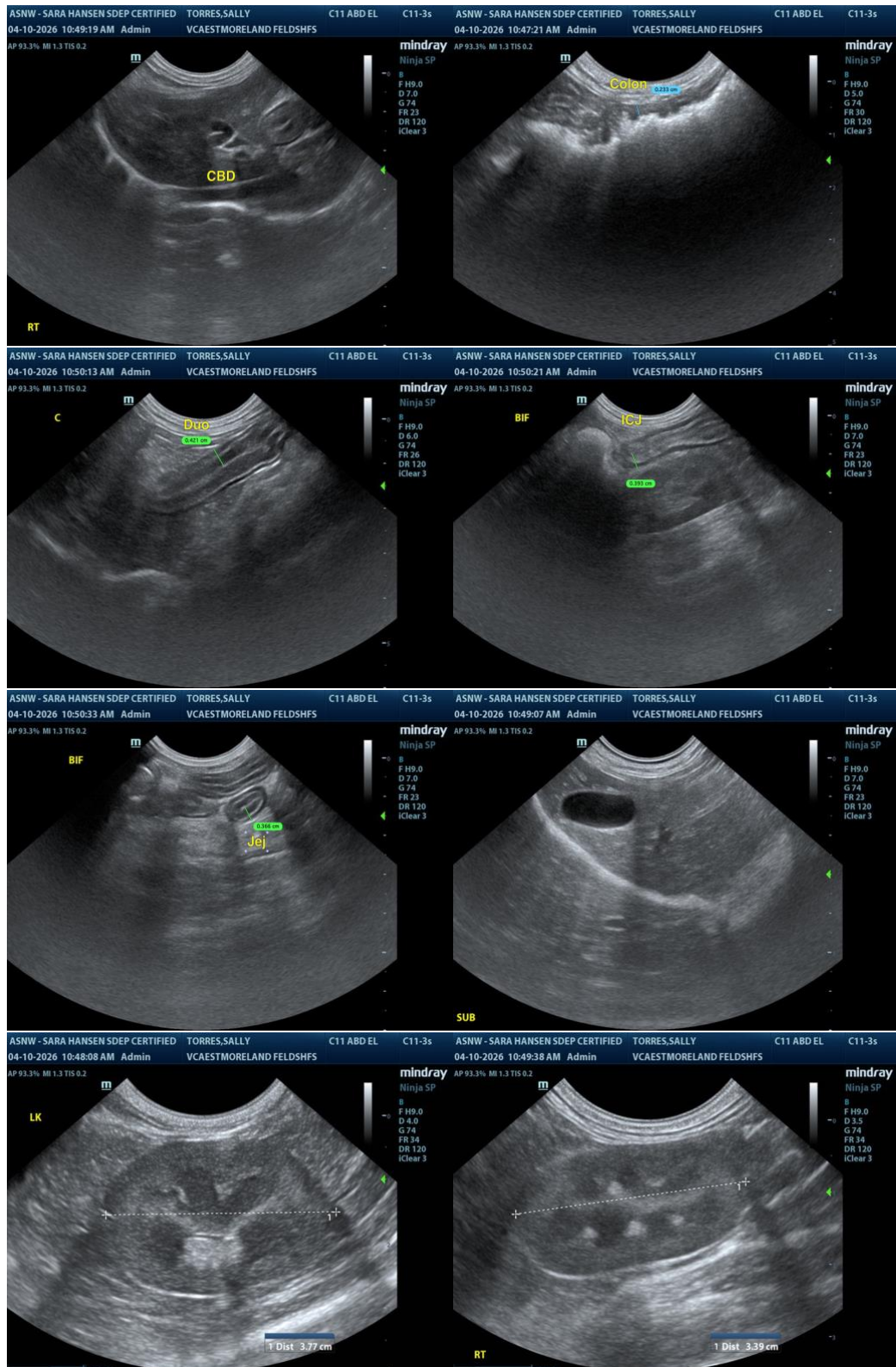
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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