



PATIENT

Squeaks Hill

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

8.2 pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Pamela Harrigan,
RDCS

HOSPITAL NAME

Norfolk County
Veterinary Service

REFERRING VET

Dr. Tami Ilovich DVM

INVOICE

15026

DATE

04/11/26

PRESENTING CLINICAL SIGNS

Weight loss. No C/V/S/D. BCS 3/9. ALT 185, amylase 1222, prescion PSL 42. *Sedated with torb/alfaxalone

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 minor sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change 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. Mild indistinct corticomedullary border demarcation was also present. The left kidney measured 4.0 cm in length. The right kidney measured 4.0 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 0.34 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 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. The spleen measured 0.78 cm width 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. Mild hepatic congestion secondary to sedation was present. A solitary noncapsule deforming nonhomogenous microcystic nodule was present measuring 1.0 cm in diameter.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The proximal to mid 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 was empty with no signs of ileus, obstruction or foreign material.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and mild altered 1:3 muscularis / mucosa ratio with primarily intact to segmentally indistinct intestinal wall layer detail.



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Segmental mild nonshadowing intestinal ingesta/chyme without obstructive pattern to the level of the colon. The jejunum wall measured 0.32 cm wall width. The ileocolic wall measured 0.36 cm wall width.

Normal visible colon wall layers were present with semi formed fecal matter.

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Pancreas

The pancreas presented normal in size with asymmetrical contour and nonhomogenous parenchyma with prominent pancreatic duct.

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Free Abdomen

Mid abdomen mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild perilymphatic hyperechoic omentum. An example of lymph node size was 3.7 cm x 0.92 cm. Scant peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Small cystic nonhomogenous liver nodule- suspect biliary cystadenoma.
- Mild gallbladder debris.
- Thickened small intestine with indistinct segmental jejunal wall layering.
- Variable mesenteric lymphadenopathy.
- Chronic pancreatitis.
- Bilateral chronic renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary considerations in this case include triaditis with some concern for emerging intestinal neoplastic criteria given segmental indistinct jejunal wall layer detail and mesenteric lymphadenopathy.

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RDCS

Further assessment may include (assuming normal clotting status and using 25-gauge needle) hepatic and accessible lymph node FNA cytology and GI panel to include PLI, TLI, cobalamin and folate.

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A definitive diagnosis would require intestinal, lymphatic +/- hepatopancreatic biopsies for histopathology. Gastrointestinal support, empirical therapy for triaditis with serial, clinical and sonographic monitoring would be more conservative. Urinalysis is recommended if not recently done.

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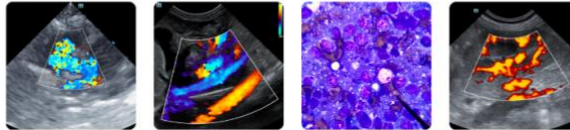
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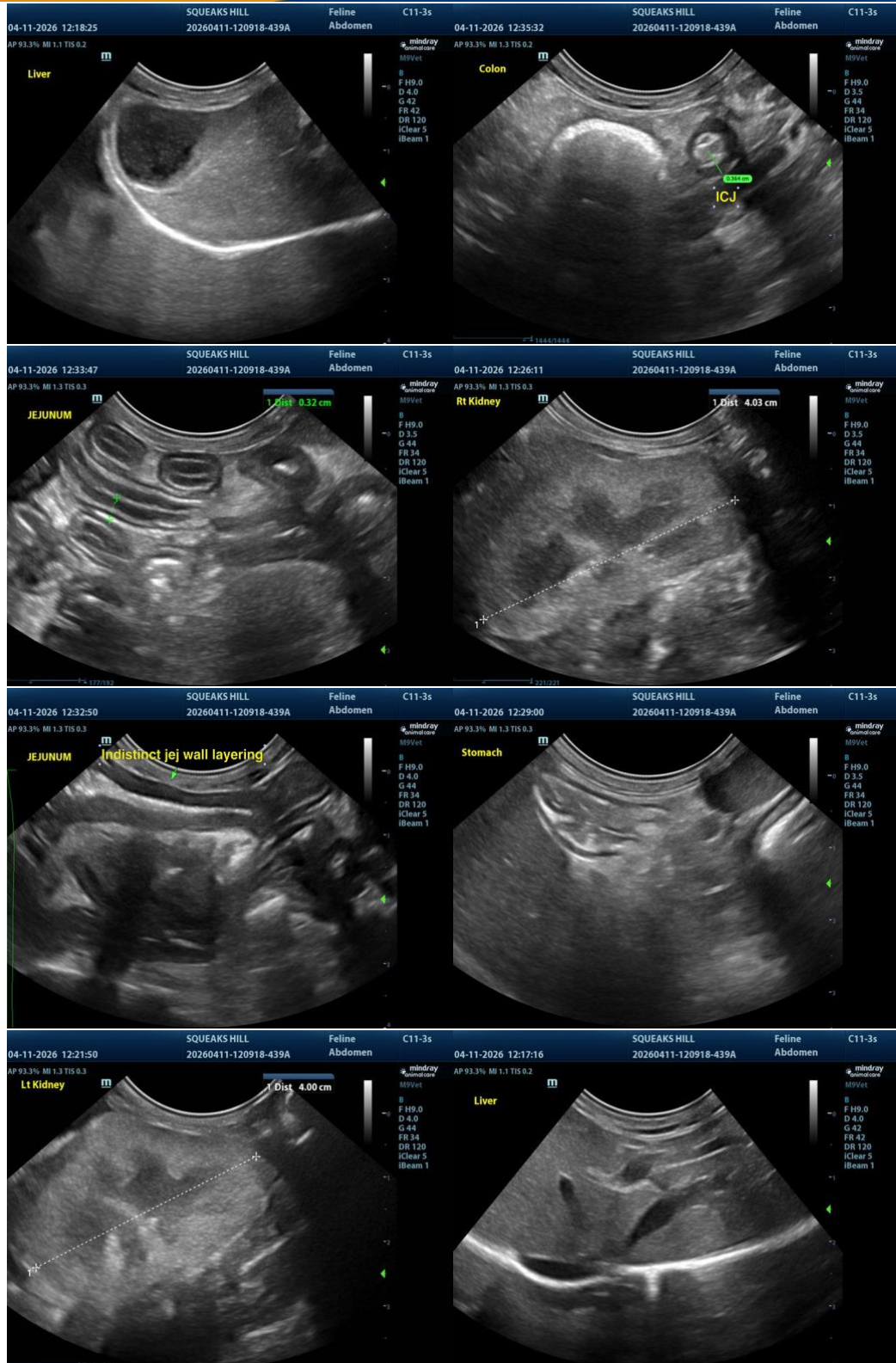
Dr. Tami Ilovich DVM

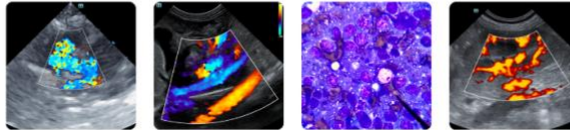
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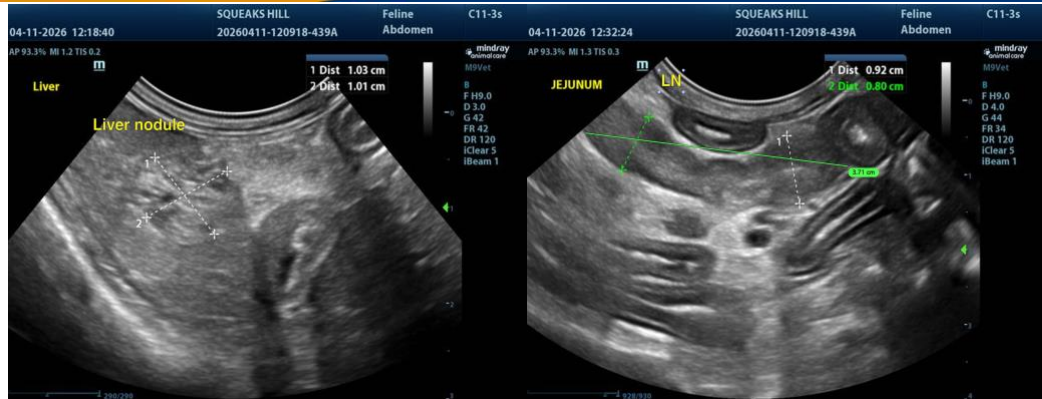
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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