



**PATIENT PRESENTING CLINICAL SIGNS**

Talya Pabon Weight loss. GLU 245 mild lymphopenia PSL 20 T4 2.9 Felv/FIV +/- USG 1.020  
 Medication: Hydrolized diet

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline

**Urinary System**

**BREED**

Balinese

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**SEX**

FS

**AGE**

2008

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 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 3.4 cm in length. The right kidney measured 3.2 cm in length.

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

8.8

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

**INTERPRETED BY**

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

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

**IMAGING PERFORMED BY**  
 Rebekah Jakum, CVT  
 ARDMS/RVT

**Liver/Gallbladder**

**HOSPITAL NAME**

Conrad Weiser AH

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Watzka

**Gastrointestinal**

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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 gastric body wall measured 0.25 cm in width.

**DATE**  
 04/21/2023

The small intestine presented intact variably thickened wall layering with altered muscularis/mucosa ratio due to prominent mucosa and muscularis layers. Several segments of jejunum exhibited mild indistinct wall layer detail. The lumen of the small intestine was empty with no signs of ileus,



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obstruction or foreign material. The jejunum wall measured up to 0.46 cm width. The ileocolic wall measured 0.38 cm in width.

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

**SPECIES**

Feline

**Pancreas**

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. Minor pancreatic duct dilation was present. No signs of active inflammation or neoplasia.

**BREED**

Balinese

**Free Abdomen**

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

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**ULTRASONOGRAPHIC FINDINGS**

- Infiltrative enteropathy pattern.
- Mild heterogenous pancreas.
- Moderate chronic renal changes.
- Mild urinary bladder sediment.

**AGE**

2008

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

The small intestinal presentation may indicate inflammatory infiltrative enteropathy (IBD/eosinophilic enteritis) or neoplastic enteropathy i.e., low grade lymphoma, mast cell neoplasia or other. Less likely potential for granulomatous enteropathy i.e., dry form FIP. Endoscopic or full thickness intestinal biopsies required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Pending additional diagnostics empirical IBD protocol with as needed GI support would be reasonable.

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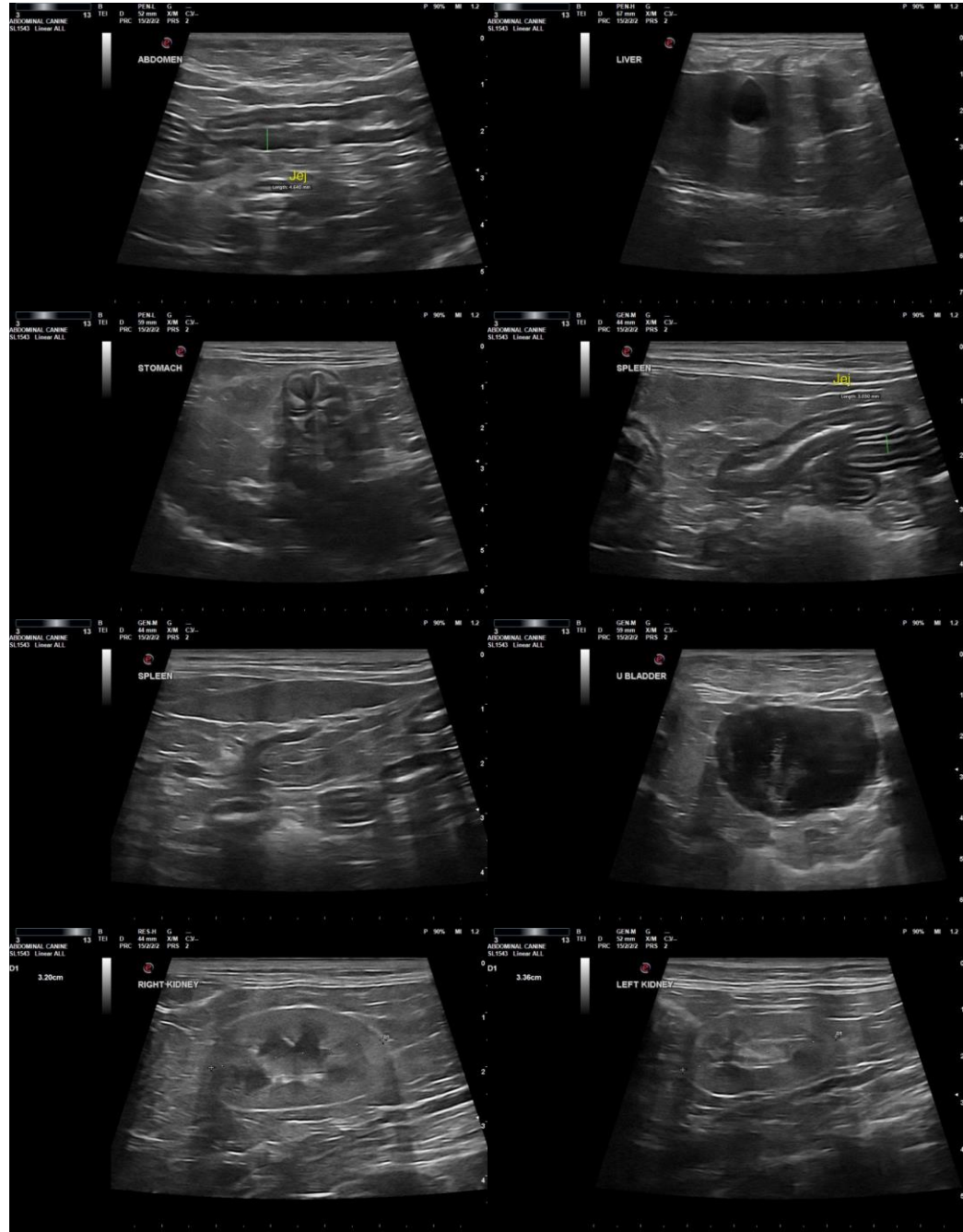
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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