

**PATIENT**

Tucker Zeitner

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

13y

**WEIGHT**

15.95 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

West Eugene AH

**REFERRING VET**

Dr. Walling

**INVOICE**

13416

**DATE**

4/22/26

**PRESENTING CLINICAL SIGNS**

History: Diarrhea, one month duration. Episode of gagging this week. Obese. Periodontal disease II. Osteoarthritis

ABNORMAL Lab work Values: (ALT 141), AST (111). PSL (31). Initially tested positive for FeLV, but repeat test was negative.

**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 changes 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 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 3.5 cm in length. The right kidney measured 3.6 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 0.39 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width at the caudal pole.

**Spleen**

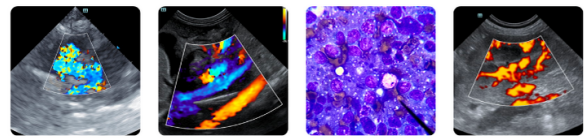
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**Liver**

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 subnormal in size given presence of gastric ingesta. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained mild to moderate, progressively shadowing ingesta without overt evidence of obstruction to pyloric outflow.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental, similar appearing non-shadowing ingesta. Duodenum wall measured 0.27 cm and jejunum wall measured 0.25 cm.

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

**Pancreas**

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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.

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable gastrointestinal tract with gastrointestinal ingesta and semi-formed fecal matter in colon
- Bilateral chronic renal changes
- Normal liver with contracted gallbladder
- Normal area of pancreas

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The liver is consistent with low-grade benign hepatopathy, although nonspecific. Assuming normal clotting status and using 25-gauge needle, hepatic FNA cytology could be considered primarily to assess for evidence of mild to emerging inflammation. Mild chronic pancreatitis may present sonographically unremarkable, as well as microscopic enterocolic disease. A GI panel to include PLI/TLI/Cobalamin/Folate and Diarrhea PCR panel are recommended. Correlation with most recent meal ingestion as the gastrointestinal ingesta is most suggestive of food echogenicity. Empirically, hydrolyzed diet trial with fiber supplementation or higher fiber diet with possible long-term dietary therapy, high colony count probiotic such as Provable, Cobalamin supplementation pending assessment of Cobalamin level and empirical deworming if patient is indoor/outdoor. Monitoring of gastrointestinal signs may prove beneficial.

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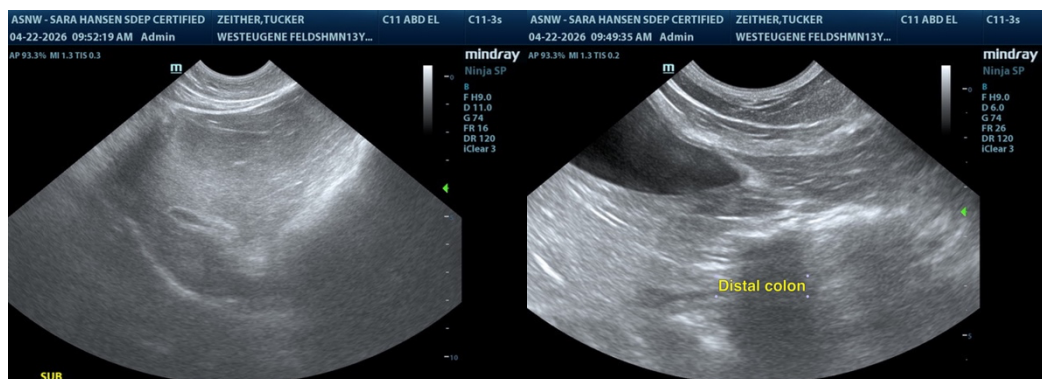
Dr. Walling

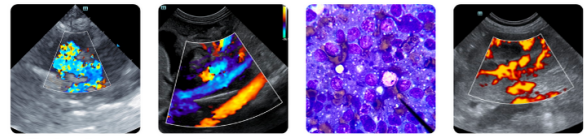
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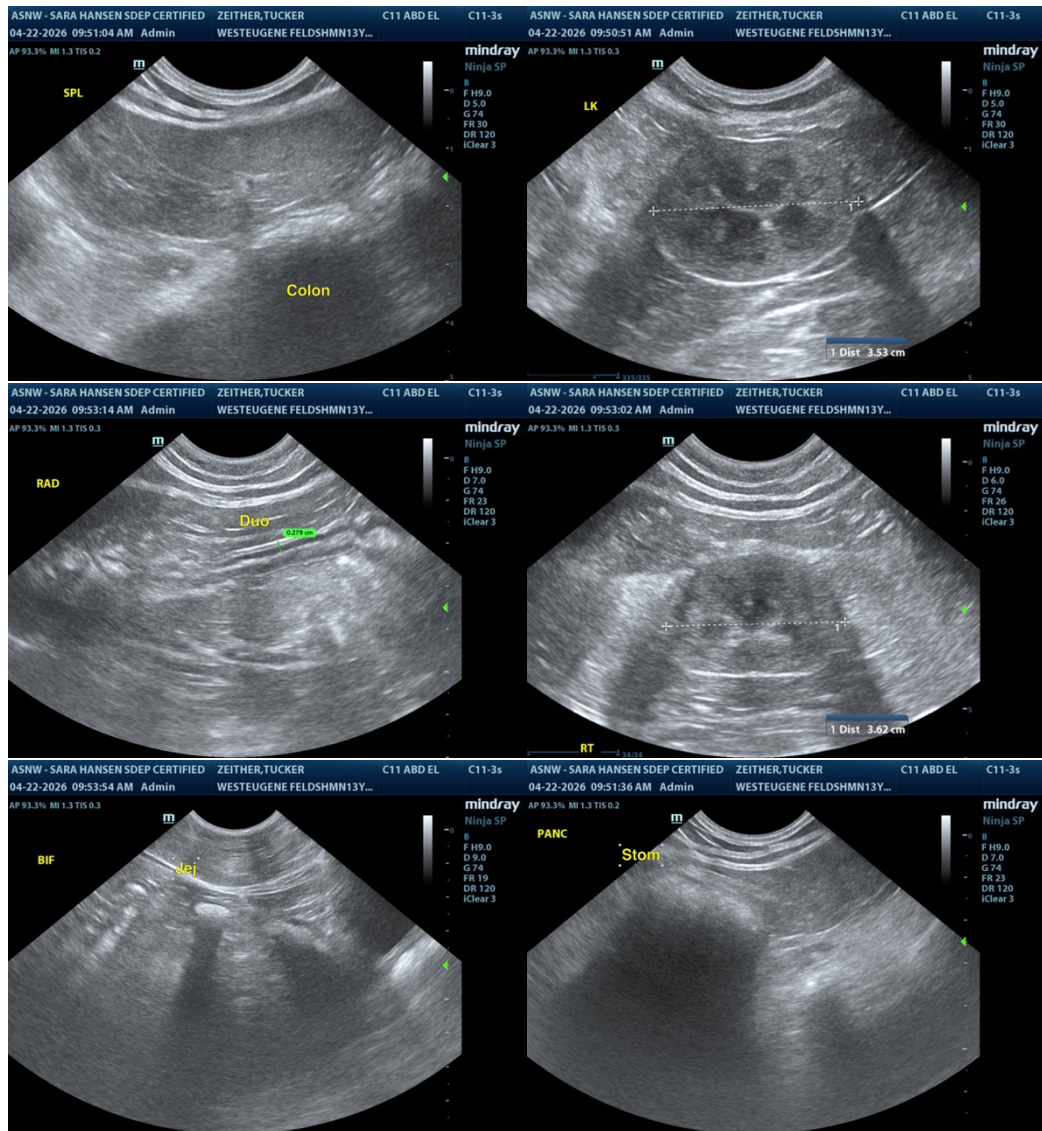
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)



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