

PATIENT

Henna Lowson

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

2016

WEIGHT

12.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

Shippensburg AH

REFERRING VET

Taylor Hoyland, DVM

INVOICE

13439

DATE

4/23/26

PRESENTING CLINICAL SIGNS

History: Weight loss, GI indiscretion during I131 treatment (began February)

Medication: Cerenia, mirtazapine, methimazole transdermal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

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 4.3 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

No obvious pathology in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 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

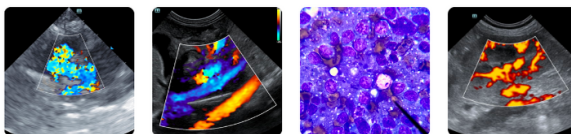
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin 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 was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented borderline mild thickened wall with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Jejunum wall measured 0.28 cm.

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



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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

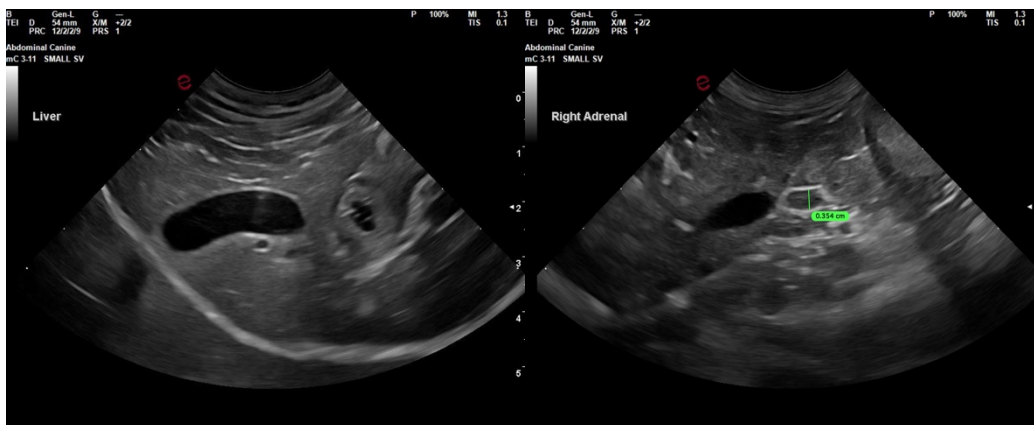
Intermittent, mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node measurement 1.0 cm in diameter. No peritoneal effusion was present.

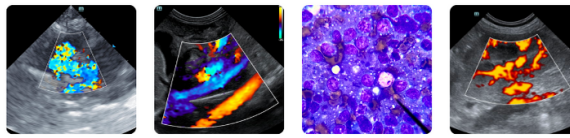
ULTRASONOGRAPHIC FINDINGS

- Intact borderline mild thickened small intestinal wall
- Normal pancreas
- Intermittent mild mesenteric lymphadenopathy – consistent with benign criteria, i.e. mild reactive hyperplasia or possible lymphadenitis
- Mild age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology present. The borderline mildly thickened small intestinal wall is nonspecific with possible patient variant yet may suggest mild inflammatory intestinal disease, i.e. mild IBD or similar, in conjunction with intermittent mild subjective benign mesenteric lymphadenopathy. Mild pancreatitis likewise may present sonographically normal given weight loss. A GI panel to include PLI/TLI/Cobalamin/Folate is suggested. No evidence or suspicion of neoplastic criteria. Gastrointestinal support with assessment of caloric plain or for competitive eating environment if clinically indicated is recommended. Screening 3-view chest radiographs suggested to rule out thoracic pathology as a potential contributing factor, if not recently done. Sonographic monitoring or reassessment if evidence of progressive weight loss is recommended.





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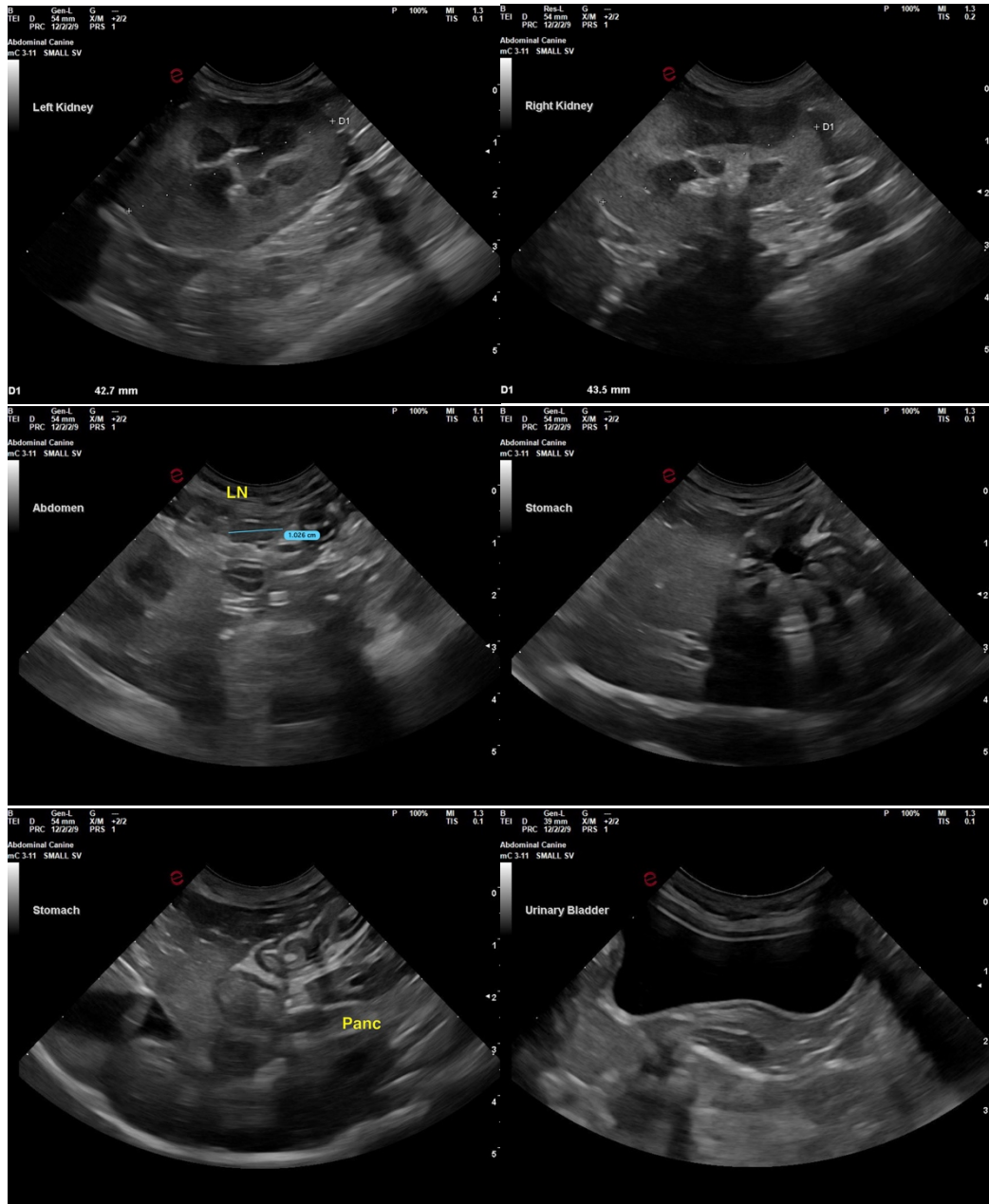
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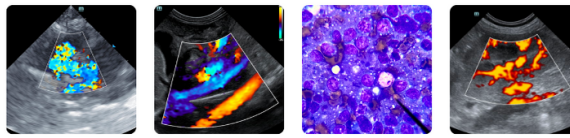
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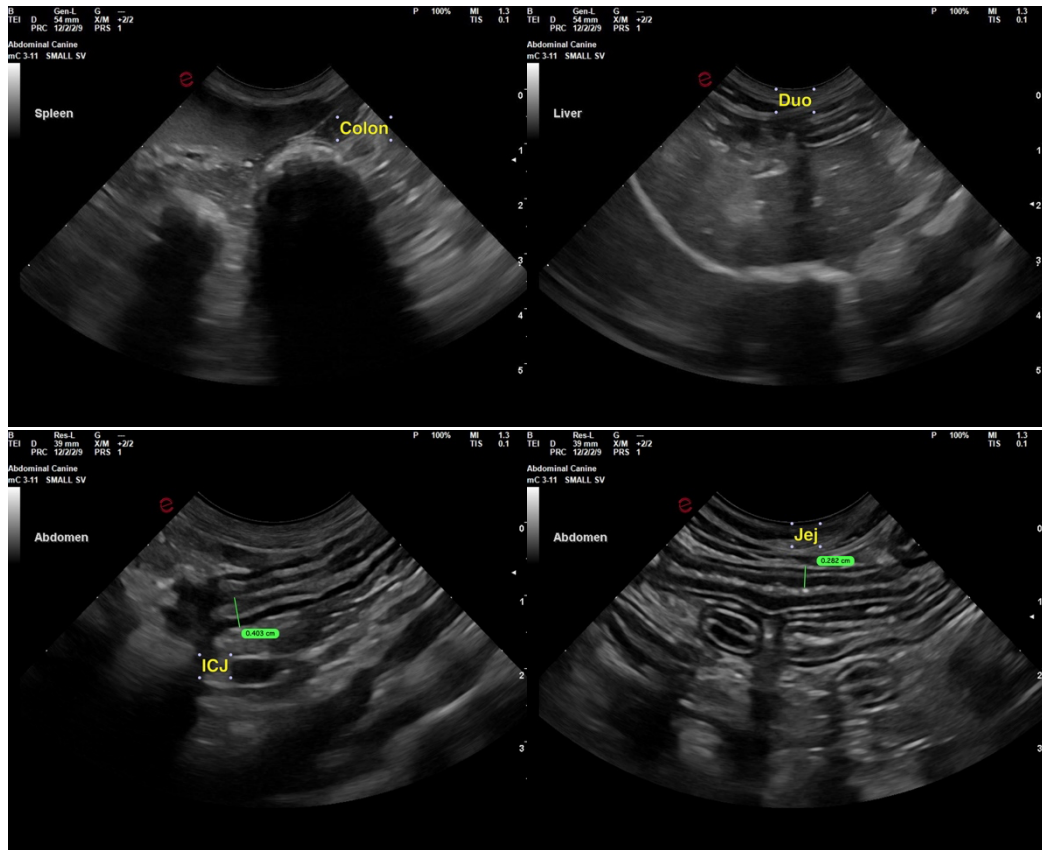
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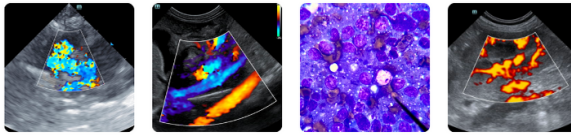


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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