

PATIENT

PJ Barboza

SPECIES

Feline

BREED

Persian

SEX

Male Intact

AGE

10y

WEIGHT

9.24 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS, Certified
Veterinary
Sonographer

HOSPITAL NAME

Brijon Veterinary Urgent
Care

REFERRING VET

Frances Aniemeke,
DVM

INVOICE

13445

DATE

4/23/26

PRESENTING CLINICAL SIGNS

History: Originally seen on March 21 for lethargy, decreased appetite. Was treated supportively with SQF, cerenia, mirtazapine. Presently, not eating.

CBC: HCT 53.7, RBC 12.0, Pit 97, HGB 17.7, Ca 12.5. Abdominal radiographs: stomach - moderately distended, liver WNL, mild-moderate splenomegaly - congestion secondary to the sedation is prioritized.

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. Primarily anechoic urine was present in the lumen. Mild, echogenic to particulate non-dependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

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. Loss of corticomedullary distinction was also present. The left kidney measured 4.2 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.43 cm, and the right adrenal gland measured 0.38 cm.

Spleen

The spleen exhibited generalized enlargement with mild asymmetrical medial capsule contour and mild splenic folding. Maintained homogeneous parenchyma noted. The spleen measured 1.4 cm width level of the mid spleen.

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 mild, echogenic, nonmineralized biliary sludge. The proximal common bile duct was dilated and mildly tortuous without overt post hepatic obstruction.

Gastrointestinal

The stomach presented intact mildly thickened wall most notable in the fundus and gastric body. The stomach contained mild retained fluid extending into pyloric outflow without evidence of pyloric outflow obstruction. Stomach wall measured 0.46 cm and pylorus wall measured 0.3 cm.



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The small intestine presented intact wall layering with primary maintained wall layer ratio. Segmental borderline thickened jejunum wall with generalized empty lumen. No evidence of mechanical obstruction. Jejunum wall measured 0.27 cm, and ileocolic wall measured 0.36 cm.

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

Pancreas

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The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation.

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Free Abdomen

No visualized significant omental lymphadenopathy and minor perisplenic effusion was present.

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PRIMARY FINDINGS

- Splenomegaly with splenic folding
- Mildly thickened hypomotile stomach
- Empty small intestine exhibiting segmental borderline thickened jejunum wall
- Pancreatitis
- Mild gallbladder debris and non-obstructive proximal common bile duct dilation
- Mild dystrophic right adrenal mineralization – normal age variant for a cat

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SECONDARY FINDINGS

- Bilateral chronic renal changes
- Mild urine sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If patient is not sedated and assuming normal clotting status, splenic FNA cytology and using 25-gauge needle to assess for occult disease or neoplasia is indicated. Clinical signs associated with pancreatitis are likely. The hepatobiliary and gastrointestinal presentation and may be secondary or indicate concurrent primary disease such as IBD or other inflammatory enteropathy. Mild cholangitis and potential for triaditis and multicentric neoplastic process pending splenic cytology thought less likely yet not excluded. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirical therapy for pancreatitis and concurrent hypomotile gastritis pending additional diagnostics with clinical and as needed sonographic monitoring would be reasonable.

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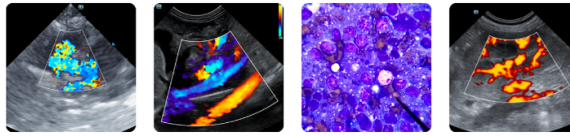
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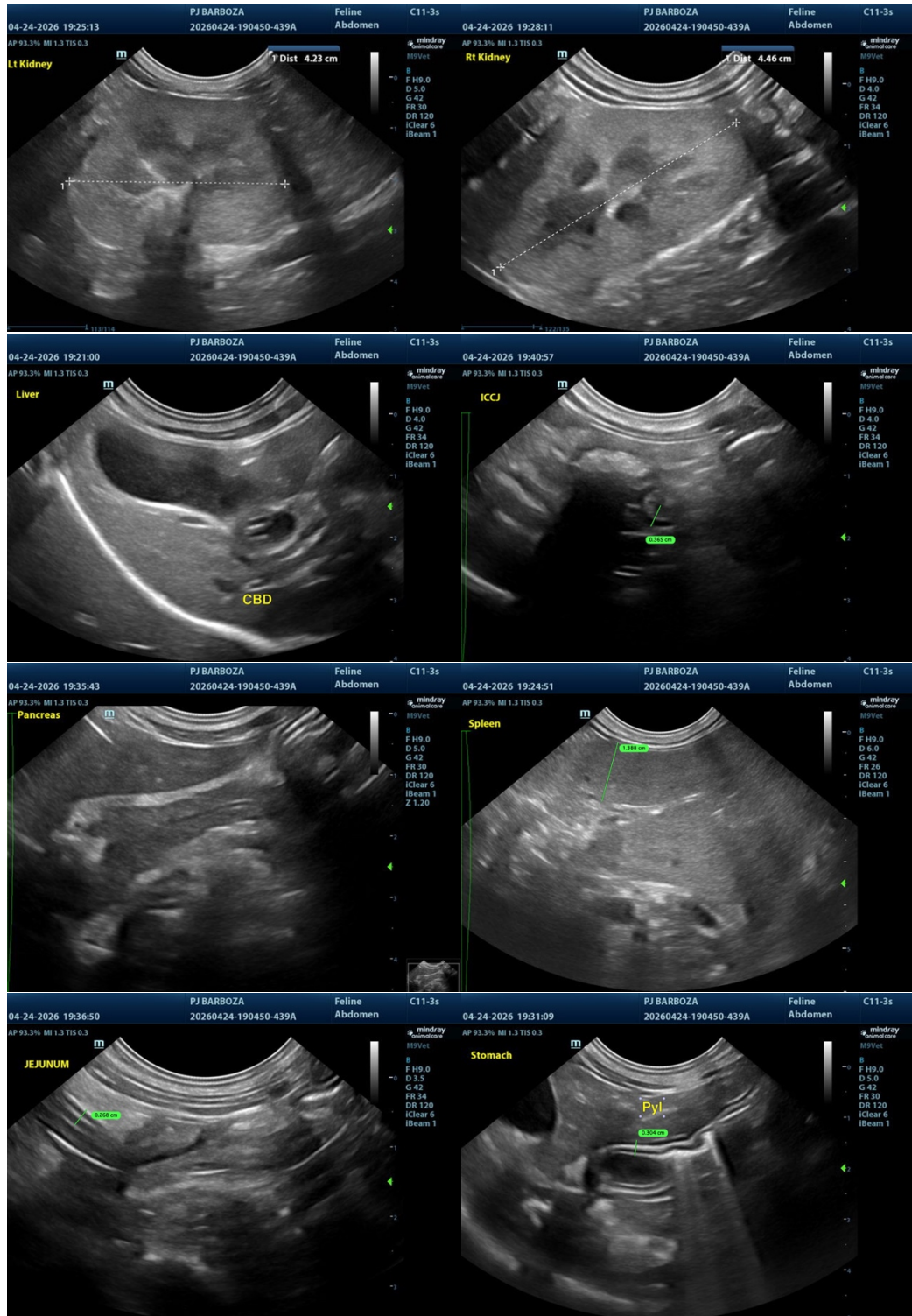
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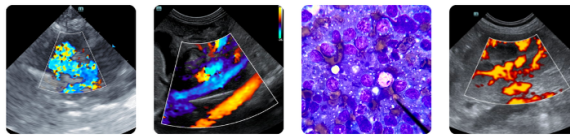
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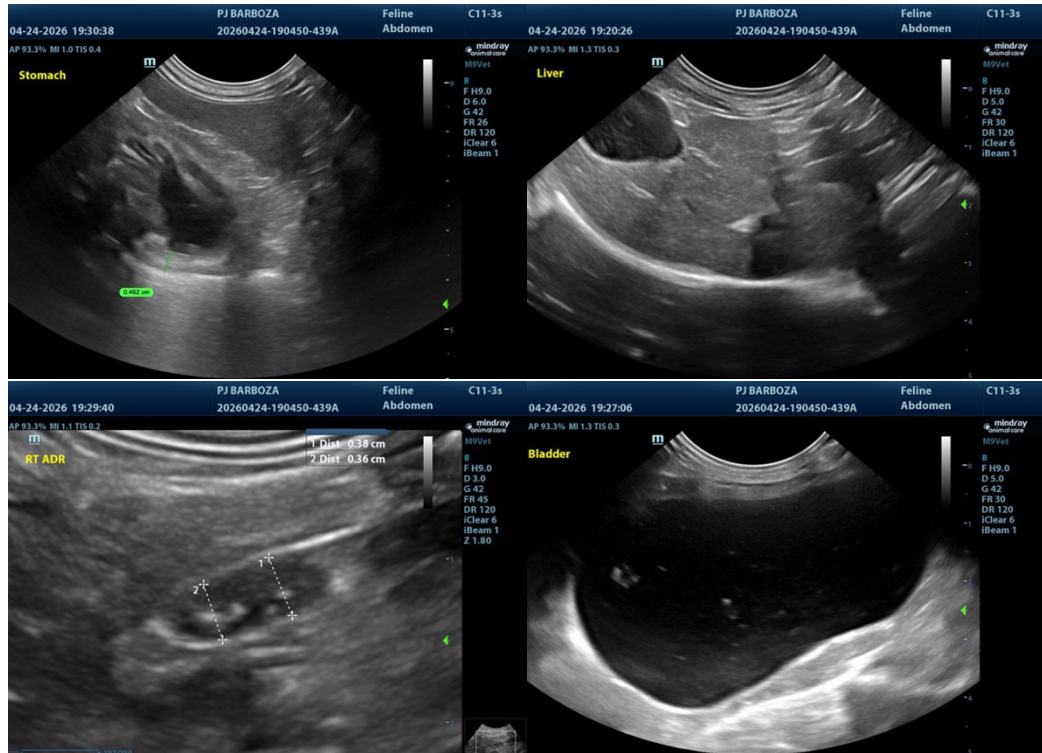
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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