



PATIENT

Bentley Abulencia

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

7.9 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Anshu Gupta

HOSPITAL NAME

Liverpool Village
Animal Hospital

REFERRING VET

Dr. Kristen Russell

INVOICE

15487

DATE

04/24/26

PRESENTING CLINICAL SIGNS

Presented for occasional vomiting in December, normal bloodwork and urine at that time since, vomiting frequency has increased to daily. significant weight loss and has a history of a heart murmur

Abnormal PE/Chem/CBC/UA Results: heart murmur grade 3/6, periodontal disease stage 3/4 - normal CBC/Chem/TT4/UA in Dec 2025

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 change 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 3.6 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 0.34 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 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.

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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.26 cm wall width.



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The small intestine exhibited segmental variably thickened wall visualized in the duodenum and segmental jejunum. Segments of jejunum exhibited indistinct wall layer detail. Concurrent segments of jejunum exhibited intact non-thickened wall exhibiting maintained wall layer ratio. The duodenum wall measured 0.30 cm wall width. The intact thickened ileocolic wall measured approximately 0.43 cm wall width. The jejunum wall measured up to 0.36 cm wall width.

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

Pancreas

The pancreas base and right pancreas presented mildly prominent in size with symmetrical contour and homogenous minor hyperechoic parenchyma with mildly prominent right limb pancreatic duct.

Free Abdomen

Intermittent variably enlarged non-homogenous jejunocolic lymph nodes were present with mild surrounding perilymphatic hyperechoic omentum. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy exhibiting variably thickened wall and intact to indistinct wall layer detail.
- Normal empty stomach.
- Variable nonhomogenous jejunocolic lymphadenopathy.
- Mild chronic renal changes.
- Mild gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IBD or other inflammatory enteropathy, intestinal neoplasia such as lymphoma, mesenteric reactive hyperplasia, lymphadenitis or metastatic lymphadenopathy which may present in a similar sonographic manner is possible. Concern for neoplastic criteria is warranted given segmental indistinct intestinal wall layer detail and lymphadenopathy presentation. FNA cytology of accessible mesenteric lymph node is warranted for initial clarification. Definitive diagnosis may require intestinal and lymphatic biopsies for histopathology. Gastrointestinal support and empirical IBD protocol with clinical and sonographic monitoring would be more conservative. Recheck full lab working including urinalysis is suggested.





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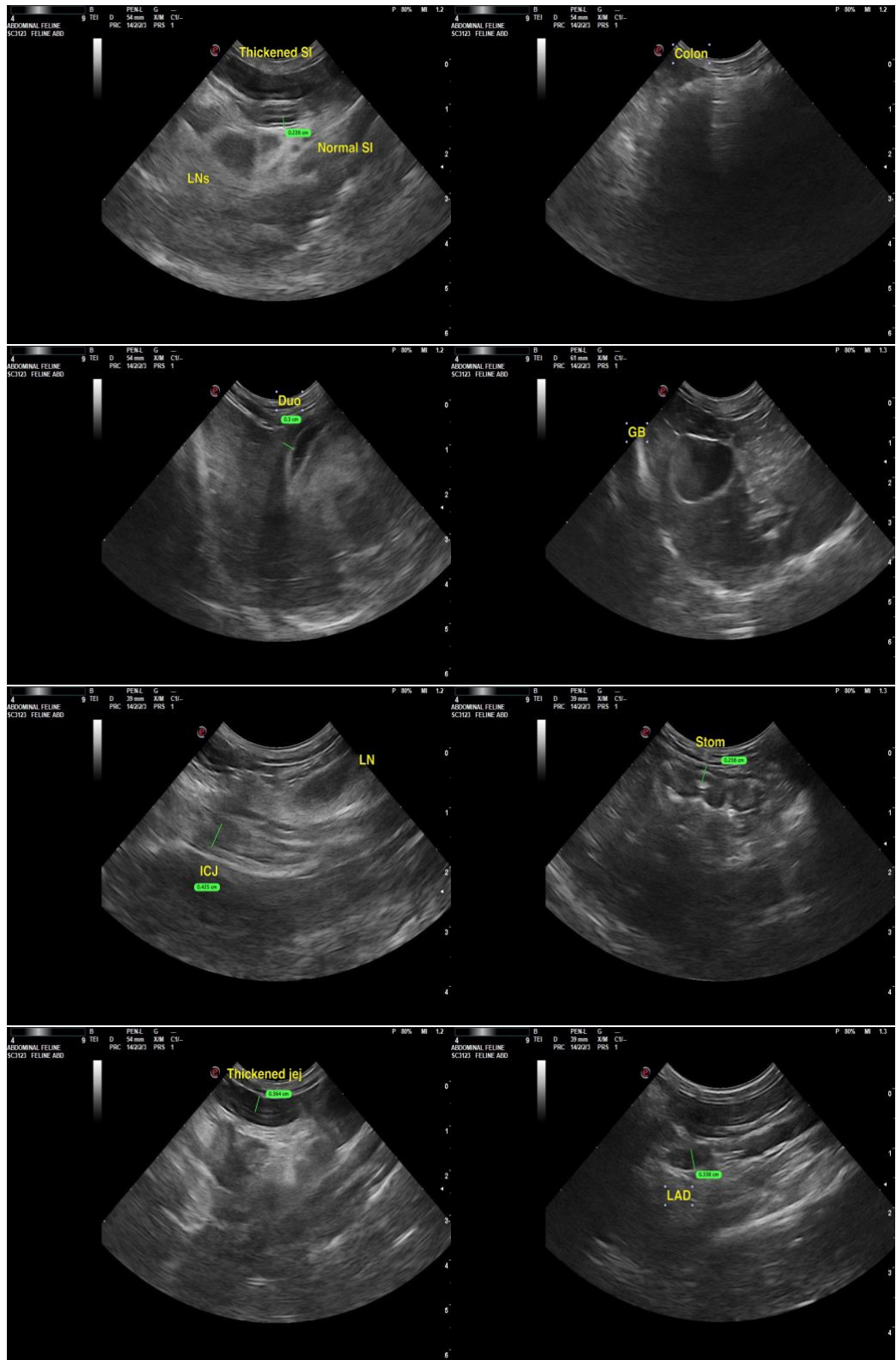
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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