



PATIENT

Iris Niketopoulos

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

15.5yr

WEIGHT

9.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Emily Kirk

HOSPITAL NAME

Shiloh Animal Hospital

REFERRING VET

Audra Alley

INVOICE

24587

DATE

04/24/2026

PRESENTING CLINICAL SIGNS

Slow but gradual decline in weight. Lab work shows eosinophilia but is otherwise unremarkable.

Abnormal PE/Chem/CBC/UA Results: CBC: mild eosinophilia, normal total WBC Chem: unremarkable, all liver values wnl UA: USG 1.014 T4: 2.7 FNA of liver and lymph node support inflammation (see attached report)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 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 3.8 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

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 0.43 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

Generalized hepatomegaly with symmetrical contour was primarily maintained. Non-homogenous variable echogenic hepatic parenchymal exhibiting several to multiple discrete hypoechoic nodules were present. An example of a nodule measured 0.86 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and visible proximal common bile duct were mild dilated and tortuous without overt post hepatic obstruction not visualized to the level of the duodenal papilla.

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.



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The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The small intestinal wall measured 0.31 cm in width.

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

Pancreas

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

Free Abdomen

No evidence of peritoneal effusion was present.

Intermittent mildly prominent to enlarged mesenteric lymph 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 measured 1.0 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

Primary

- Intact thickened small intestine
- Enlarged non-homogenous nodular liver
- Non-obstructive cystic/common bile duct dilation
- Suspect mild chronic pancreatitis
- Intermittent mild mesenteric lymphadenopathy
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IBD or other inflammatory enteropathy and triaditis are favored in conjunction with previous cytology. Technically low grade intestinal to multicentric neoplasia cannot be definitively excluded based on cytology alone. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A definitive diagnosis would require biopsies for histopathology. Empirical therapy for IBD/ triaditis with clinical monitoring would be reasonable. Sonographic reassessment indicated if progressive weight loss, gastrointestinal signs or hepatopathy.



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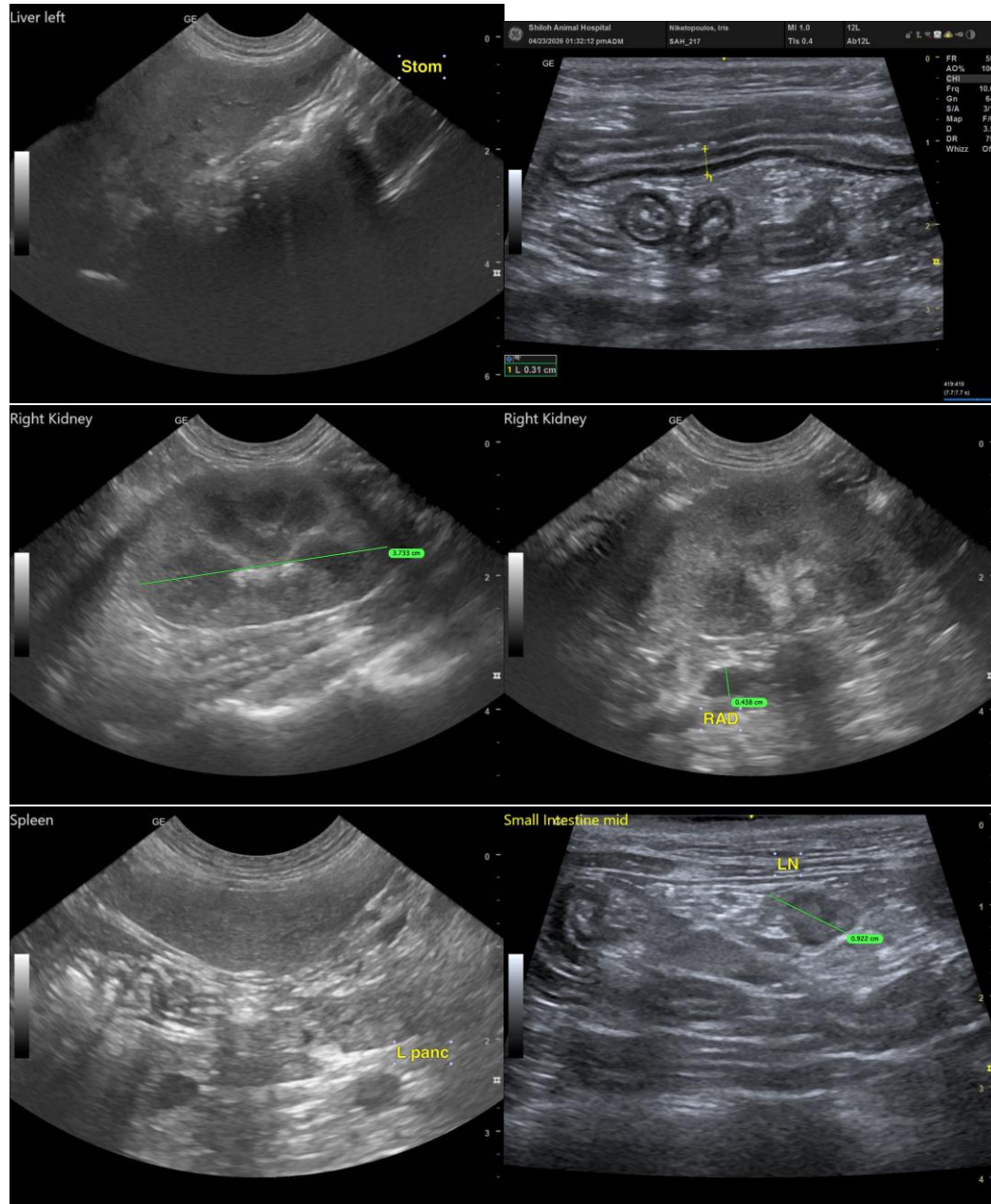
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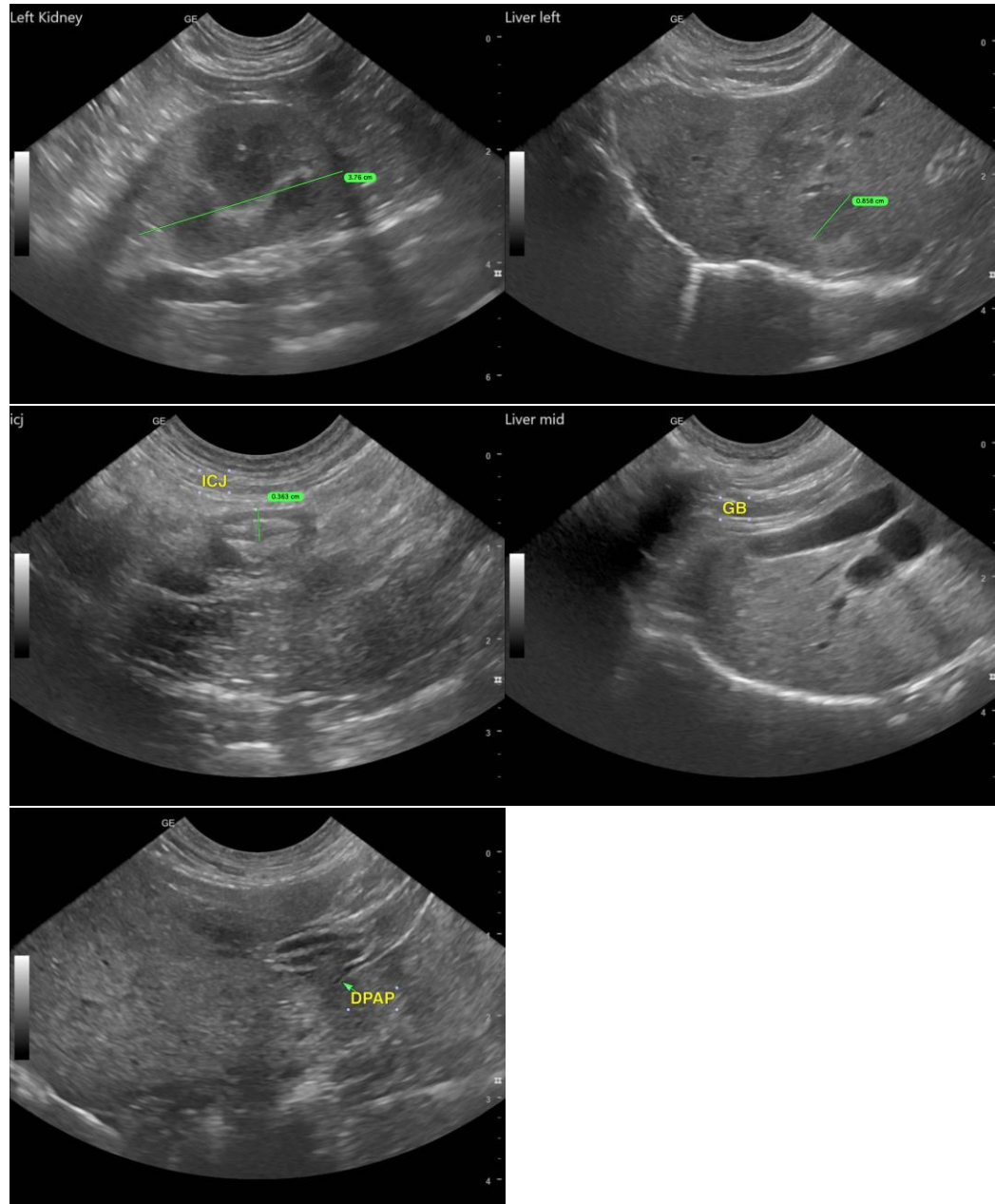
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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