



PATIENT

Odd Job

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

5y

WEIGHT

8.0 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Bridgeland VC

REFERRING VET

Dr. Costa

INVOICE

13452

DATE

4/29/26

PRESENTING CLINICAL SIGNS

History: Patient presented to ER for GI upset and abdominal pain. Is now 80% back to normal. Normal hepatic and renal values.

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.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.3 cm in length. The right kidney measured 4.5 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 0.38 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm.

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 exhibited subjective mild hepatomegaly with symmetrically rounded capsule contour and homogeneous mildly increased hepatic parenchyma echogenicity compared to the spleen. Mild coarse echotexture with hepatic and portal vasculature exhibiting normal appearance without signs of congestion. The gallbladder was non distended in size with minor, echogenic, nonmineralized 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 contained mild, echogenic, non-shadowing ingesta without signs of obstruction or foreign material.

The small intestine presented mildly thickened intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.30 cm, jejunum wall measured 0.27 cm, and ileocolic wall measured 0.30 cm.

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



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Pancreas

The pancreas was mildly prominent in size with asymmetrical capsule contour and non-homogeneous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Intermittent, mildly prominent to enlarged jejunocolic 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 measured 0.66 cm in diameter.

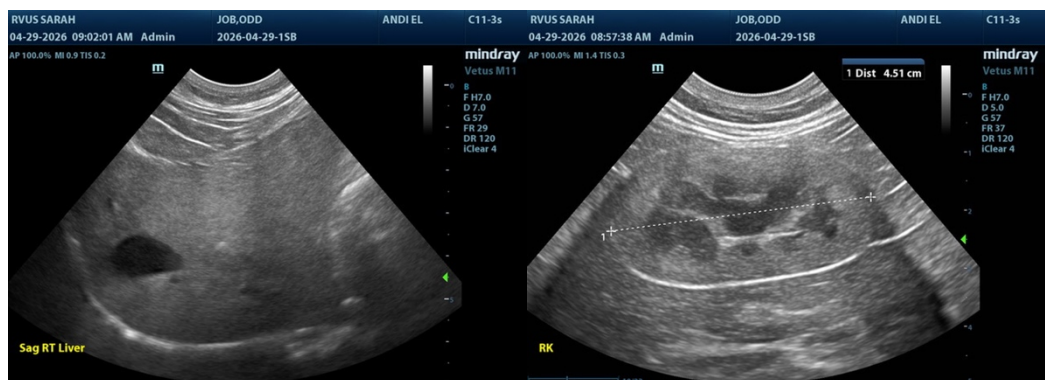
ULTRASONOGRAPHIC FINDINGS

- Mildly enlarged echogenic liver
- Minor gallbladder debris
- Intact mildly thickened small intestine
- Mildly prominent non-homogeneous hypoechoic pancreas
- Intermittent mild jejunocolic lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited intact mildly thickened wall which although potential for patient variant., suggests nonspecific inflammatory criteria, i.e. mild to possible resolving enteritis, emerging IBD or other. Mild to possible pancreatitis with potential for triaditis given hepatic sonographic appearance and short half-life of hepatic enzymes in cats possible. Minor potential for emerging to occult intestinal and hepatic round cell neoplasia thought less likely.

Further assessment may include, assuming normal clotting status and us 25-gauge needle, screening hepatic FNA cytology and a GI panel to include PLI/TLI/Cobalamin/Folate. Given clinical improvement, continued supportive care with clinical and as needed sonographic monitoring would be reasonable. Recheck sonogram if recurrent gastrointestinal signs or weight loss. Biopsies may be required for definitive diagnosis.





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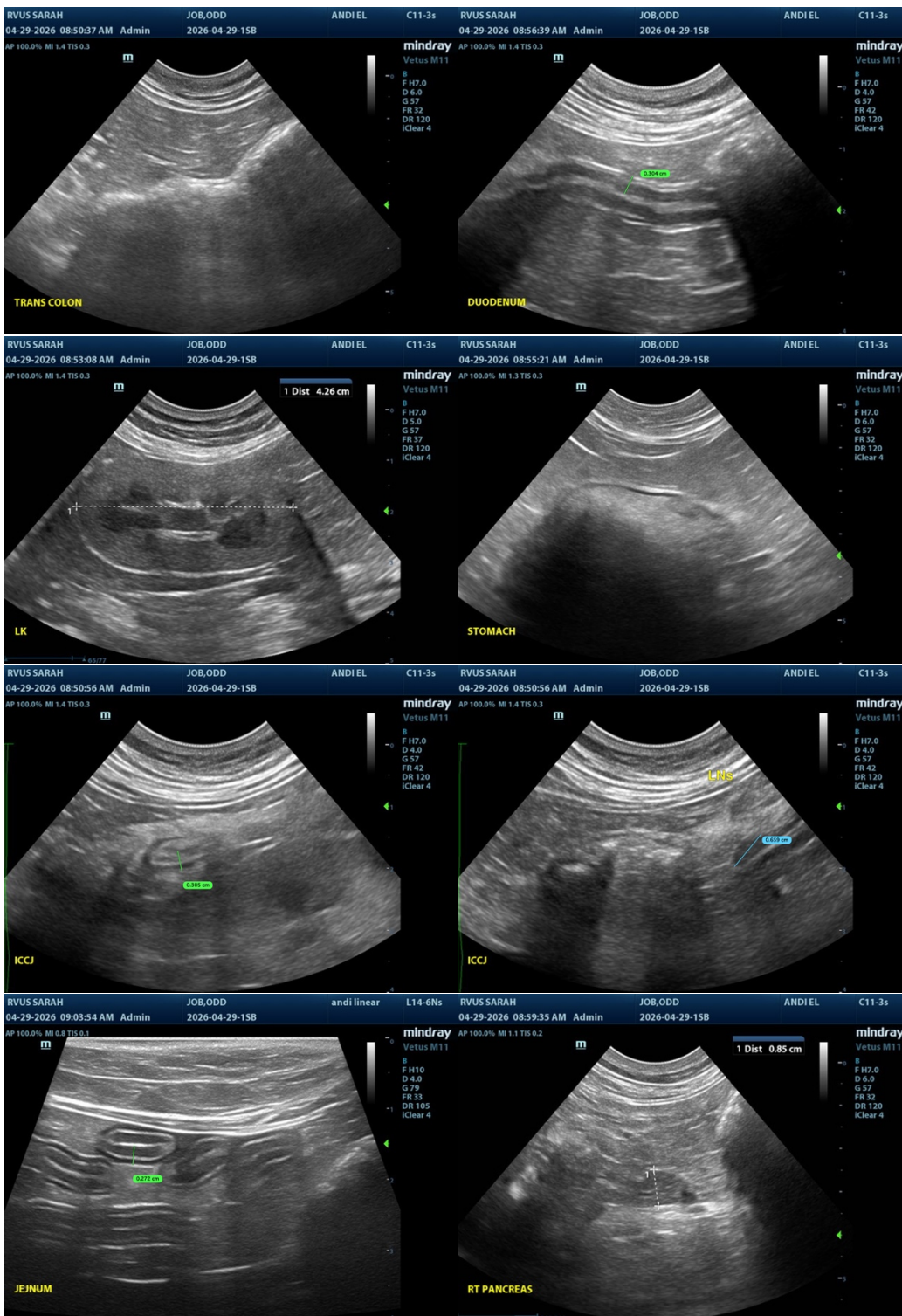
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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