

**PATIENT**

Finnegan Schull

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

2010

**WEIGHT**

12.9

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Rebekah Jakum, CVT,  
ARDMS/RVT

**HOSPITAL NAME**

Dr. Sam's Veterinary  
Housecalls

**REFERRING VET**

Dr. Samantha Ottinger

**INVOICE**

15635

**DATE**

04/30/26

**PRESENTING CLINICAL SIGNS**

4# weight loss in 1 year, intermittent appetite, history of pancreatitis and renal insufficiency

Medication: naraquin, renal diet, mirtazapine

**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 renal size with asymmetrical margination was present in the right kidney. 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. Focal areas of medullary mineral and hyperechoic corticomedullary foci which may indicate pinpoint areas of microinfarction, fibrosis or mineralization. The right kidney measured 4.1 cm in length.

The left kidney revealed adequate to borderline subnormal size with asymmetrical contour and mildly thickened, non-uniform hyperechoic cortex. Adequate medullary volume was present with loss of corticomedullary border demarcation. Pinpoint to focal corticomedullary foci which may indicate pinpoint to focal areas of microinfarction, fibrosis or mineralization. The left kidney measured 3.2 cm in length.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized.

**Spleen**

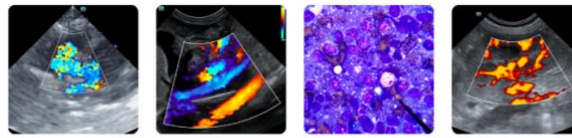
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.92 cm width level of the mid spleen.

**Liver & Gallbladder**

The liver presented subjective borderline enlarged in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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

**Gastrointestinal**



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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 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. The small intestine wall measured 0.23 cm wall width. The ileocolic wall measured 0.32 cm wall width.

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

**Pancreas**

The left and right pancreas presented prominent size with asymmetrical contour and heterogeneous variable hypoechoic to indistinctly nodular parenchyma. Mildly prominent pancreatic duct.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Borderline enlarged mildly echogenic liver with mild gallbladder debris.
- Sonographically normal gastrointestinal tract.
- Chronic/chronic active pancreatitis with remodeling.
- Bilateral chronic renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Although no reported hepatic enzyme elevations, non-specific hepatopathy with considerations including inflammatory disease, lipidosis, less likely occult neoplasia is possible given short half-life of hepatic enzymes in cats.

Assuming normal clotting status and using a 25-gauge needle and with vitamin K pretreatment, hepatic FNA cytology is warranted to assess for occult disease. Full GI panel to include PLI, TLI, cobalamin, and folate is suggested given weight loss and if evidence of hepatic inflammation/lipidosis is confirmed within the liver. Chronic triad disease could be a consideration if evidence of hepatic inflammation on cytology.





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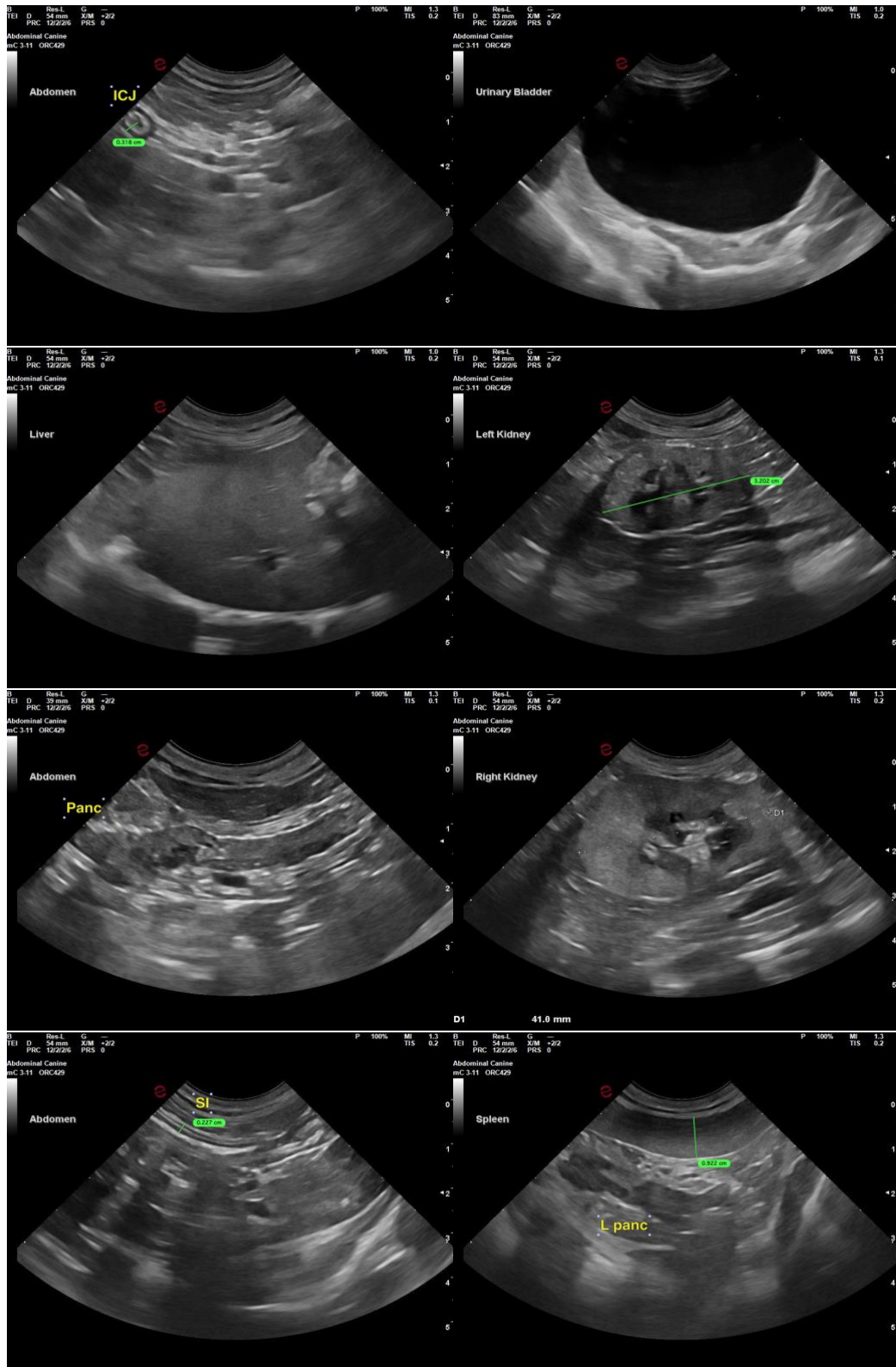
Dr. Samantha Ottinger

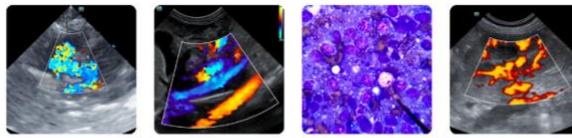
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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[info@SonoPath.com](mailto:info@SonoPath.com)

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