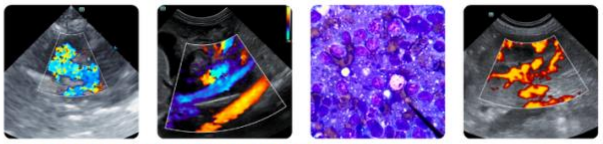


PATIENT

Joey Nandor

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

18 Years 7 Months

WEIGHT

8.36 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lucas Budden

HOSPITAL NAME

Frontier Veterinary Hospital

REFERRING VET

Dr. Lucas Budden

INVOICE

15644

DATE

04/30/26

PRESENTING CLINICAL SIGNS

Clinical signs: weight loss History: Weight in November 2025 was 9# and is now 8.3#. He does seem less active and does seem to be vocalizing more. History of hyperthyroidism. No vomiting or diarrhea. Intermittently decreased appetite. Current medications: methimazole 5mg tablets: 1.25 tablets in the AM and 1 in the PM, currently on topical Mometamax treatment for ear infection. Butorphanol/alfaxalone sedation to facilitate imaging

Physical exam: BCS 3.5/9, very large palpable thyroid (left side palpates more like a solid mass, right side still quite large but not as large as left), MCS 2/3, severe dental calculus, no obvious pain on abdominal palpation, relatively normal exam otherwise, diagnosed with ear infection 4/21 but ears look normal today Lab work: Chemistry/CBC/T4 on 4/21/2026 Chemistry panel normal CBC normal Thyroid level normal 2 GI panel pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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/moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.1 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 0.29 cm width.

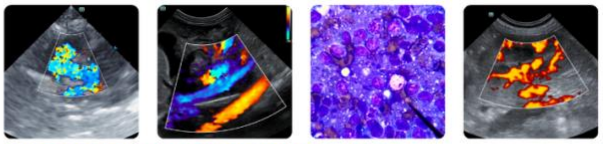
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

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. The spleen measured 0.74 cm width level of the mid spleen.

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. Intermittent discrete hypoechoic intraparenchymal nodules were present with an example measuring 0.42 cm in diameter.



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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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.

The intestinal walls demonstrated overall intact wall exhibiting segmental mild altered wall layer ratio and mild intestinal thickening most notable in the jejunum and ileum. No evidence of loss of intestinal wall layering, masses, mechanical/metabolic ileus to the level of the colon. The duodenum wall measured 0.28 cm wall width. The jejunum wall measured 0.28 cm wall width. The ileocolic wall measured 0.43 cm wall width.

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

Pancreas

The pancreas presented mildly prominent in size with asymmetrical capsular contour and mild nonhomogenous hypoechoic parenchyma and mildly prominent pancreatic duct.

Free Abdomen

Mild colic 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 of the lymph nodes measured 0.60 cm. No evidence of effusion or masses.

ULTRASONOGRAPHIC FINDINGS

- Intact mildly thickened small intestinal wall.
- Mild subjective benign colic lymphadenopathy.
- Intermittent discrete liver nodules.
- Bilateral chronic renal changes.
- Mild chronic/chronic active pancreatitis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited mild mural changes and wall thickening suggestive of inflammatory criteria in conjunction with subjective mild benign colic lymphadenopathy. In conjunction with chronic/chronic active pancreatitis pattern, triad disease could be a consideration despite lack of reported hepatic enzyme elevations given short half-life of hepatic enzymes in cats. Emerging to occult intestinal or nodular liver neoplasia is not definitively excluded.

Further assessment may include (assuming normal clotting status and using a 25-gauge needle) hepatic parenchyma and accessible nodule FNA cytology in conjunction with pending GI panel. Three view chest radiographs are also suggested if not recently done. Gastrointestinal supporting and consideration for empirical IBD/triaditis protocol with clinical and sonographic monitoring would be more conservative.

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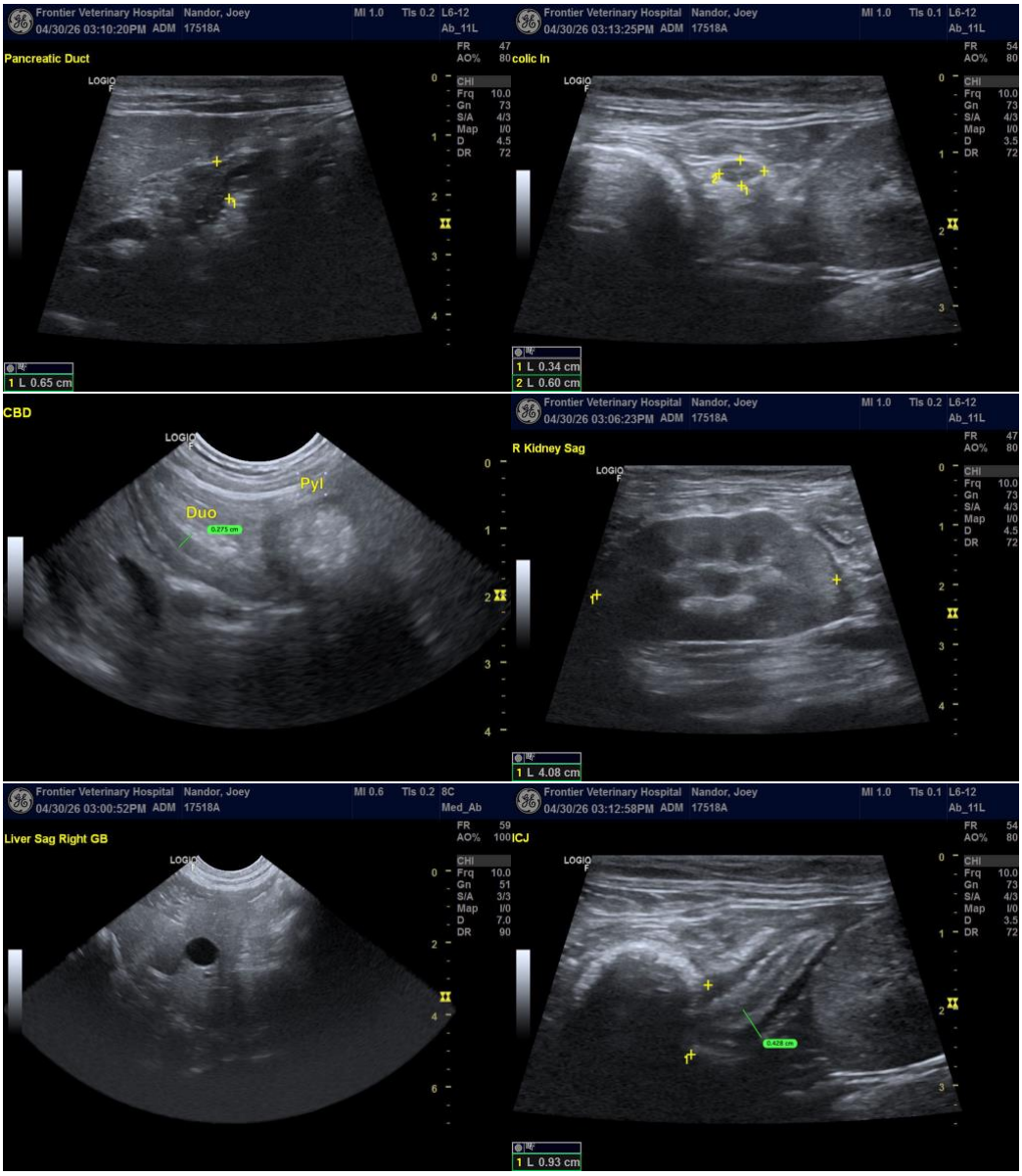

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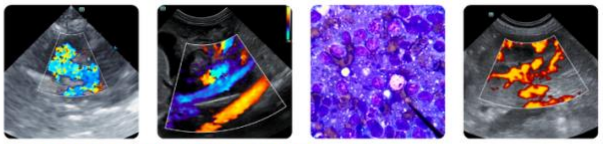

Clinical Sonography & Telecytology
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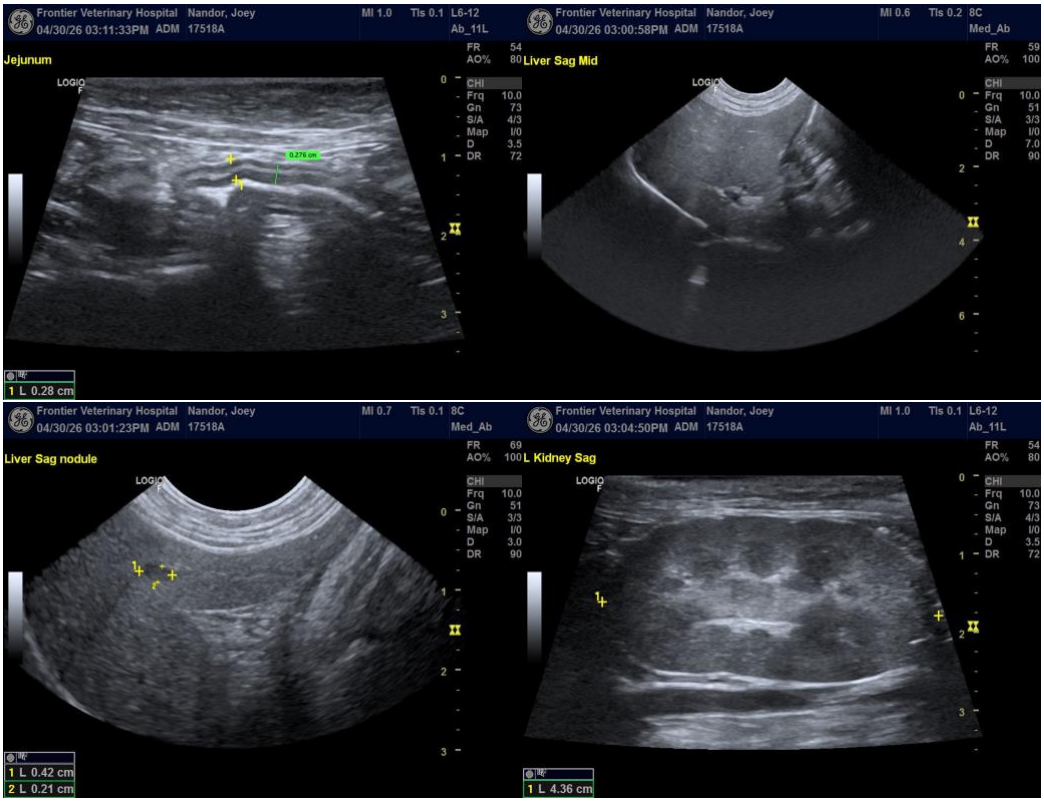

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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