



PATIENT

Athena Jalkh-Spagnolo

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

12.7 lbs

WEIGHT

12.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Smithfield AH

REFERRING VET

Dr. Hull

INVOICE

13391

DATE

4/9/26

PRESENTING CLINICAL SIGNS

History: Incident of bloody vomit in January and February.

Abnormal PE/Chem/CBC/UA Results: 1/21/26 BG 288 possible stress hyperglycemia T4 3 GTT increased at 22

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 changes were noted.

The area of the aortic trifurcation was free of pathology.

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. Minor medullary mineral was noted. The left kidney measured 3.6 cm in length. The right kidney measured 3.8 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 0.39 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 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 presented normal in size and contour with normal vascular volume. Homogeneous mildly increased hepatic parenchyma 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. No mass or nodules present. 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.



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The intestinal walls demonstrated intact borderline to mild thickened wall with mild altered wall layer ratio owing to mildly prominent to thickened muscularis layer. Small intestine wall measured 0.27 cm.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

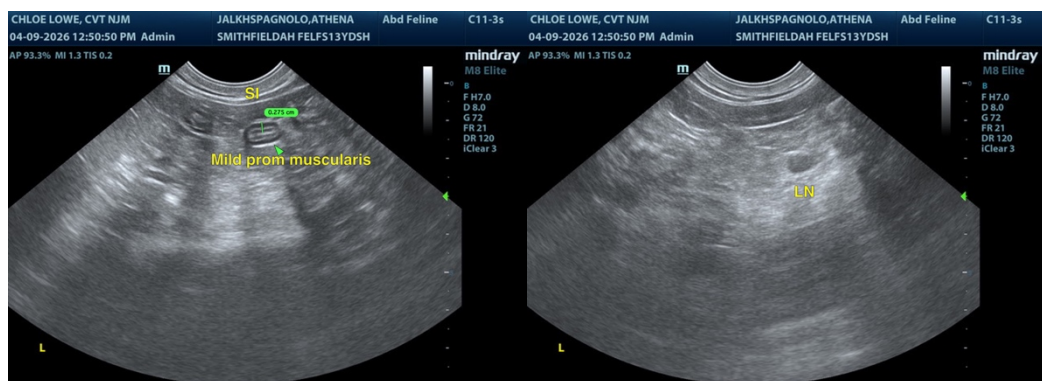
Intermittent, minor prominent to enlarged mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild enteropathy pattern
- Sonographically normal stomach/pancreas
- Mildly echogenic liver
- Sonographically normal gallbladder and common bile duct
- Mild chronic renal changes
- Intermittent mild mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific and potential for patient variant, the small intestine exhibited mild renal changes which suggest mild inflammatory enteropathy criteria. Minor potential for emerging to occult intestinal round cell neoplasia, i.e. lymphoma thought less likely. Assuming normal clotting status and using 25-gauge needle, hepatic FNA cytology could be considered for further clarification and short half-life of hepatic enzyme in cats. No evidence of post hepatic stasis or obstruction. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Gastrointestinal support which may include dietary trial, and as needed gastro protectants with clinical and as needed sonographic monitoring of the gastrointestinal tract if persistent gastrointestinal signs or evidence of weight loss is recommended.





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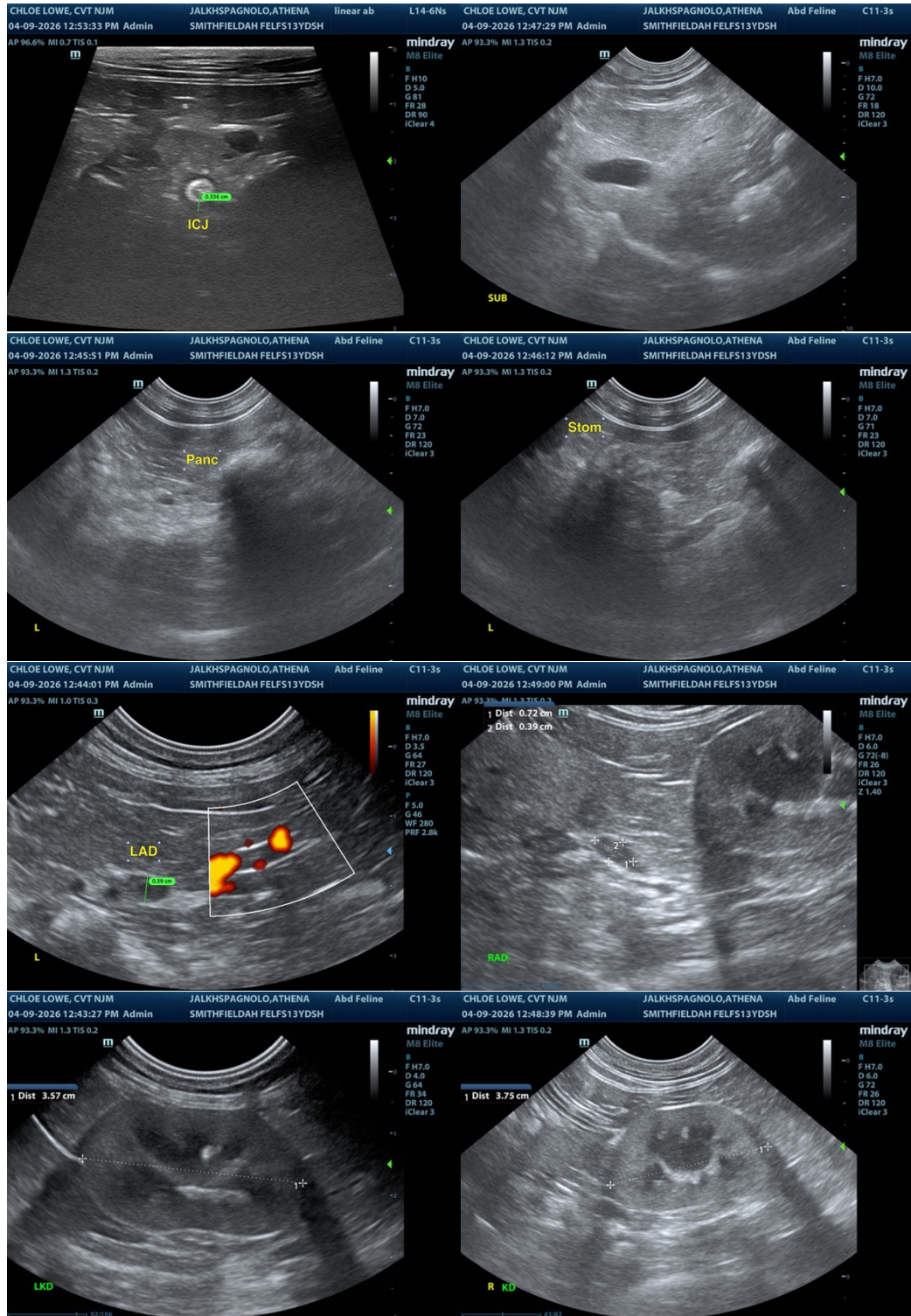
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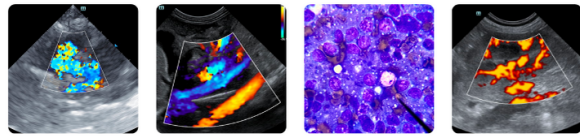
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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