



PATIENT

O'Malley
Anastasopoulos

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

5y

WEIGHT

4.42 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Novel Vet

REFERRING VET

Gibbs

INVOICE

13390

DATE

4/9/26

PRESENTING CLINICAL SIGNS

History: Chronic intermittent diarrhea ongoing for several months, significant improvement noted with diet change to Instinct Rabbit. Formed stool in the AM and then soft/loose by evening. O reports possible weight loss and suspected muscle wasting. Has another cat in the home with IBD currently managed well with Prednisolone twice weekly.

Current Medication: Has been on Provable Forte.

Abnormal PE/Chem/CBC/UA Results: BW done January at prev clinic - results not available

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. The left kidney measured 3.8 cm in length. The right kidney measured 3.9 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 0.40 cm. No obvious pathology in the area of the right adrenal gland.

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 was subjectively normal in size, structure, and contour with normal vascular volume. 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. 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 mildly thickened wall layers with mild altered wall layer ratio owing to mildly thickened muscularis layer. Small intestine wall measured 0.26 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

No omental masses, peritoneal effusion or significant lymphadenopathy present.

Other

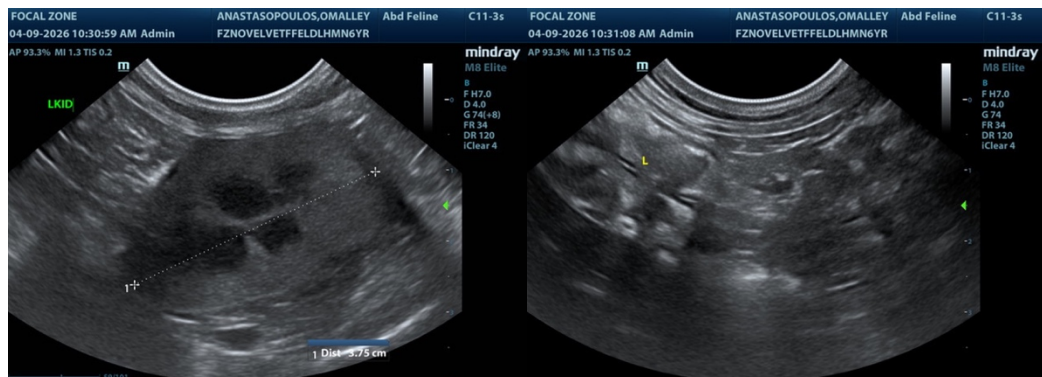
Transdiaphragmatic view of the caudal thorax revealed pleural effusion. No obvious evidence of pericardial effusion on brief cardiac assessment.

ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes
- Normal volume liver
- Mild enteropathy with current formed fecal matter - IBD or other inflammatory enteropathy, potential for emerging to low-grade intestinal round cell neoplasia, i.e. lymphoma
- Normal area of pancreas
- Pleural effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Full echocardiogram to assess for/rule out cardiogenic pleural effusion as well as thoracocentesis for effusion analysis cytology, +/- C/S or FIP titers/PCR is recommended. Pending further diagnostics, intestinal biopsies may be required for definitive diagnosis. Gastrointestinal support and +/- empirical IBD protocol may be considered.





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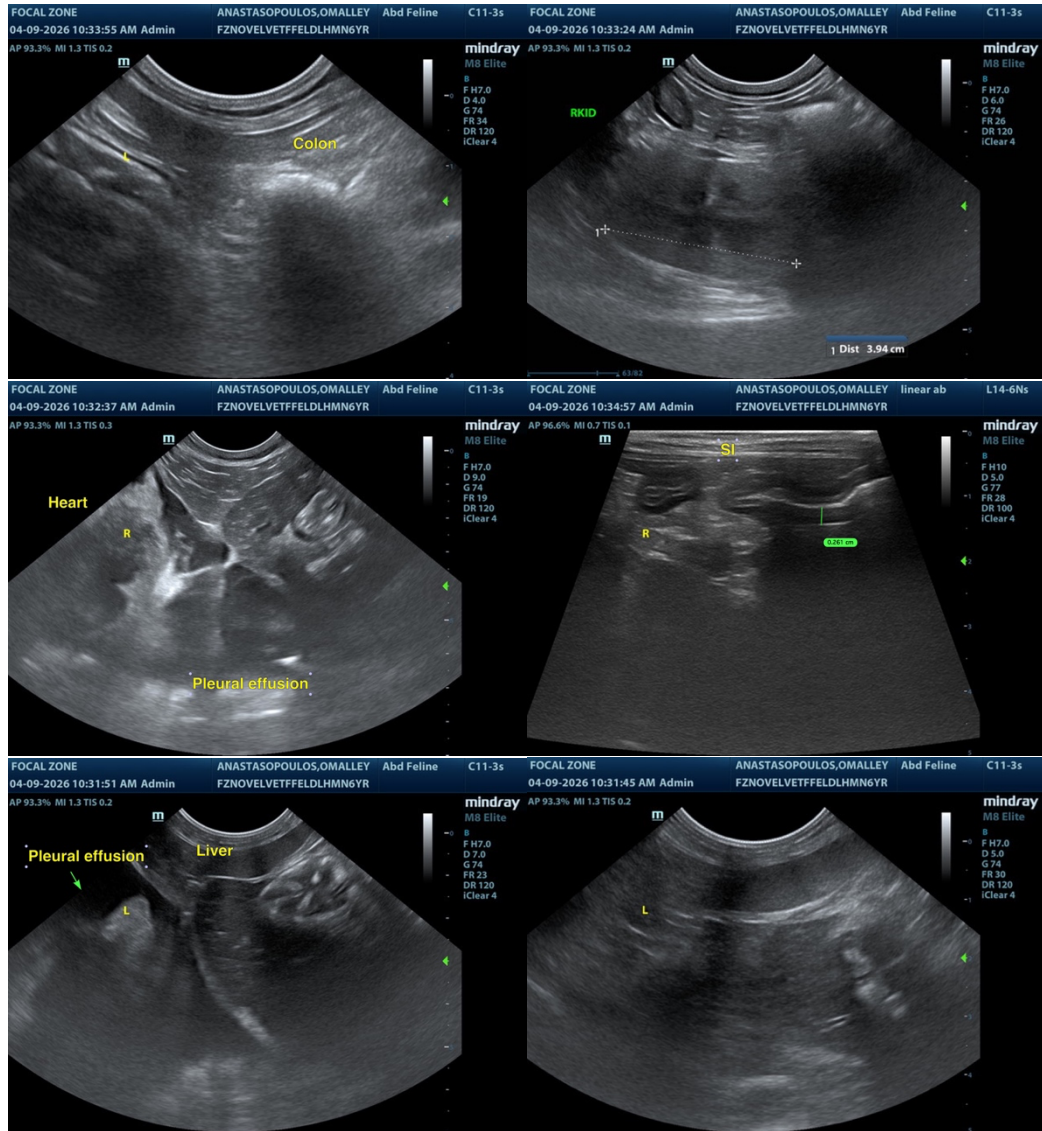
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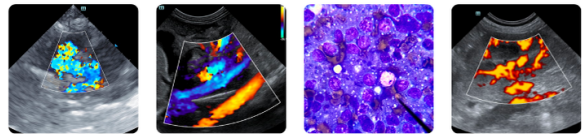


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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