



PATIENT

Brody Chase

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

14 Years

WEIGHT

7.86

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Milad Gendi

HOSPITAL NAME

Severn River Animal
Hospital

REFERRING VET

Dr. Milad Gendi

INVOICE

16150

DATE

05/12/26

PRESENTING CLINICAL SIGNS

Originally seen for chronic diarrhea, occasional vomiting, and weight loss. O reports after medications diarrhea is improving. P fasted since 6pm yesterday. Sedated for ultrasound with 0.2 mL Telazole

Abnormal PE/Chem/CBC/UA Results: HCT 27 29 - 48 % LOW Polychromasia Slight Blood Parasites None Seen RBC Comment Heinz Bodies Moderate Platelet Estimate Adequate Neutrophils 89 35 - 75 % HIGH Bands 1 0 - 3 % Lymphocytes 3 20 - 45 % LOW Monocytes 4 1 - 4 % Eosinophils 3 2 - 12 % Basophils 0 0 - 1 % Comment Blood smear reviewed by technologist. Absolute Neutrophils 45835 2500 - 8500 /UL HIGH Absolute Bands 515 0 - 150 /UL HIGH Absolute Lymphocytes 1545 1200 - 8000 /UL Absolute Monocytes 2060 0 - 600 /UL HIGH Absolute Eosinophils 1545 0 - 1000 /UL HIGH WBC 51.5 3.5 - 16.0 1000/UL HIGH RBC 5.0 5.92 - 9.93 1000000/UL LOW Protein 2+ HIGH. ALK PHOS 130 6 - 102 IU/L HIGH BUN/CREAT RATIO 39 4 - 33 HIGH PrecisionPSL 41 8 - 26 U/L HIGH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended with normal tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and mild increased corticomedullary echogenicity and loss of corticomedullary border demarcation were present. The left kidney measured 3.9 cm in length. The right kidney measured 4.3 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.

Liver & Gallbladder

The liver revealed generalized mild to possible moderate hepatomegaly with primarily homogenous parenchyma and normal vascular volume. Intermittent discrete isoechoic mildly nonhomogenous to hyperechoic intraparenchymal hepatic nodules were present with an example measuring 1.5 cm in diameter.

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

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild to moderate nonshadowing ingesta without signs of obstruction or foreign material. No evidence of obstruction to pyloric outflow.

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The small intestine presented thickened primarily intact wall exhibiting altered wall layer ratio owing to propensity for primarily mildly thickened mucosa and segmental mild thickened muscularis layer. Segments of jejunum exhibited indistinct wall layer detail. Concurrent variable intestinal mild to variable intestinal distention with nonshadowing chyme to the level of the colon. The small intestine wall measured 0.33 cm to 0.34 cm wall width.

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Normal visible colon wall layers were present with semi formed to soft fecal matter in lumen.

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Pancreas

The pancreas presented prominent in size with asymmetrical capsule contour and mild nonhomogenous hypoechoic parenchyma compared to adjacent omentum.

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Free Abdomen

Focally enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. Borderline abnormal width: length ratio was visualized (~0.5).

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Mild perilymphatic to peri-intestinal hyperechoic omentum. An example of lymph node size was 1.3 cm x 0.75 cm. Scant pockets of peritoneal effusion were present.

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ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with discrete variable echogenic parenchymal nodules.
- Normal gallbladder.
- Enteropathy with gastric and segmental intestinal nonshadowing ingesta/chyme.
- Chronic active pancreatitis.
- Mesenteric lymphadenopathy and scant peritoneal effusion.
- Semi formed fecal matter in colon.
- Bilateral chronic renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary considerations in this case include chronic inflammatory enteropathy, i.e. IBD or other with potential for triaditis or intestinal versus multicentric neoplasia such as lymphoma, both of which may present in a similar sonographic manner.

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Further assessment may include (assuming normal clotting status and using a 25-gauge needle) hepatic +/- accessible lymph node FNA cytology, GI panel to include PLI, TLI, cobalamin and folate. Biopsies are likely required for a definitive diagnosis. Empirical therapy for IBD/triaditis with clinical and sonographic monitoring would be reasonable if sampling is not elected. Guarded prognosis is indicated.

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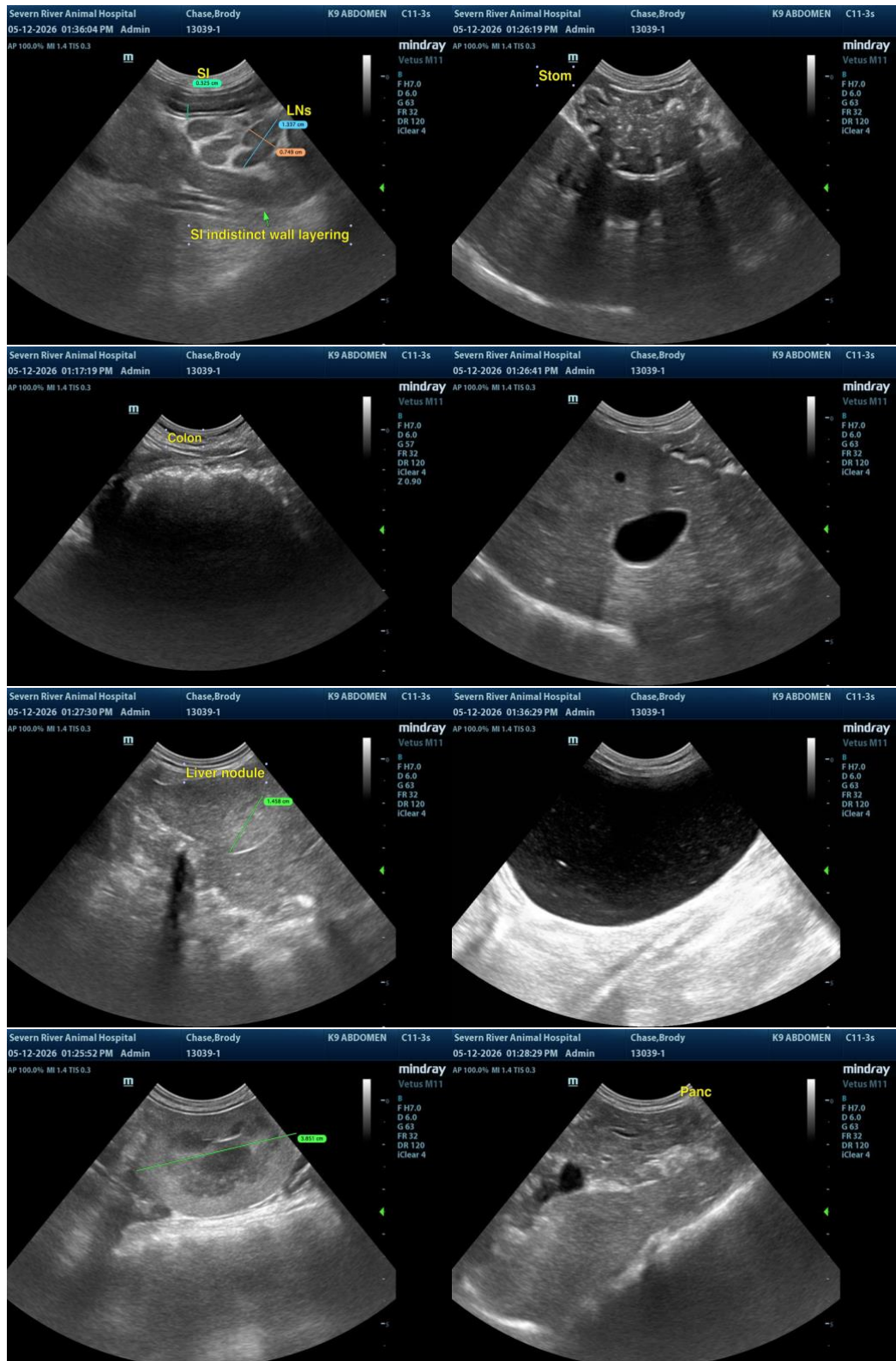
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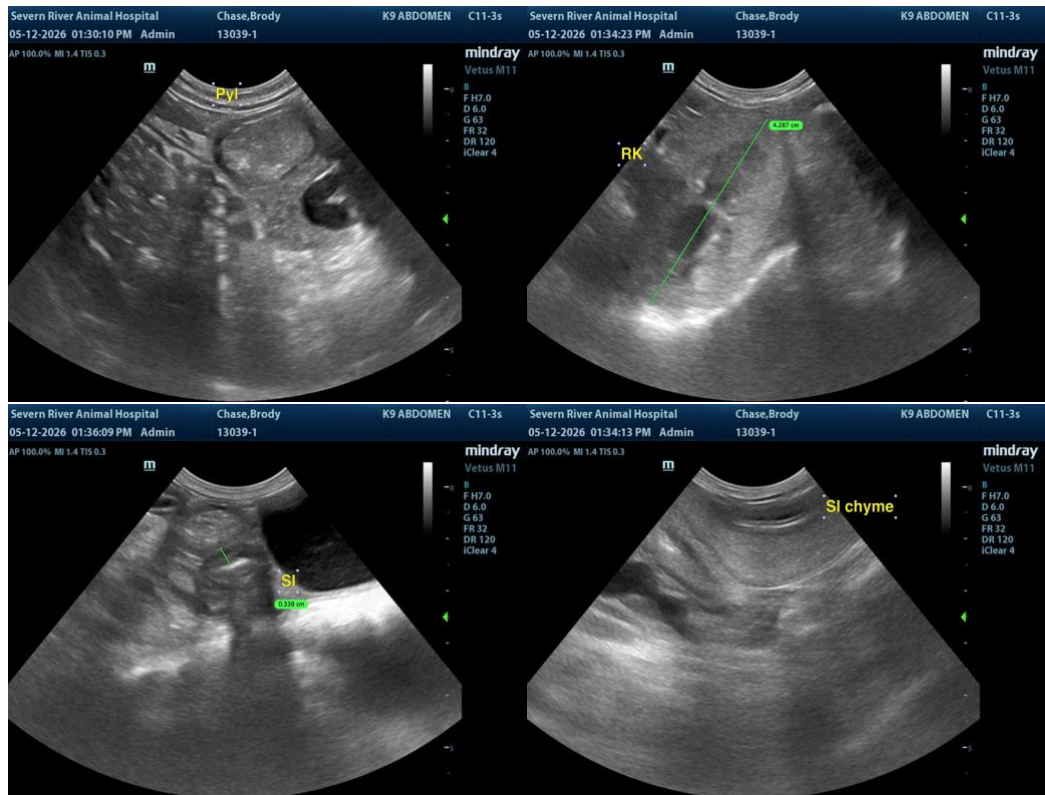
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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