



## PATIENT

Ezra Dubeau

## SPECIES

Feline

## BREED

Simaese Mix

## SEX

FS

## AGE

15yr

## WEIGHT

2.7kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Sarah Barthelemy

## HOSPITAL NAME

Fish Creek Pet Hospital

## REFERRING VET

Dr Whale

## INVOICE

24823

## DATE

05/13/2026

## PRESENTING CLINICAL SIGNS

Since Friday, vomiting, diarrhea, lethargy. New cat in house so initially concerned about infectious disease.

Abnormal PE/Chem/CBC/UA Results: Marked lipase elevation Mild creatinine elevation with normal USG Neutrophilia and monocytosis

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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. Bilateral areas of minor medullary mineral were present. The left kidney measured 3.3 cm in length. The right kidney measured 3.6 cm in length.

The area of the aortic trifurcation was free of pathology.

### 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 width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

### Spleen

The spleen was borderline enlarged with mild splenic folding, maintained homogenous parenchyma with mild asymmetrical medial capsule contour. The spleen measured 1.0 cm width at the 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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was indistinctly visualized owing to contracted gallbladder appearance, subjective mildly thickened wall with non-organized, mildly hyperechoic bile debris. 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 small intestine presented intact borderline thickened wall with overall maintained wall layer ratio. Mild non-obstructive duodenal ileus was present. The duodenum wall measured 0.28 cm width. The jejunum wall measured 0.25 cm width. The ileocolic wall measured 0.34 cm width.

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

### **Pancreas**

Asymmetrical enlarged pancreas exhibiting non-homogenous hypoechoic nodular parenchyma.

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### **Free Abdomen**

Intermittent mildly prominent to enlarged jejunocolic 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 measured 0.65 cm in diameter.

## SEX

FS

Mild peripancreatic hyperechoic omentum.

Mild volume primarily lateral abdomen effusion.

## AGE

15yr

## ULTRASONOGRAPHIC FINDINGS

### **Primary**

- Asymmetrically enlarged non-homogenous hypoechoic nodular pancreas- primary considerations include inflammation vs neoplasia
- Borderline thickened small intestine with intact wall layering and mild non-obstructive duodenal ileus- non-specific enteritis, IBD or other inflammatory enteropathy, occult to emerging intestinal neoplasia not excluded
- Intermittent generally mild jejunocolic lymphadenopathy and mild volume peritoneal effusion
- Bilateral chronic renal changes with mild urine sediment
- Non-distended mildly thickened gallbladder with mild debris-possible mild chronic cholecystitis

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pancreatic cytology is recommended. Further assessment may include effusion analysis cytology +/- C/S if inflammatory component in conjunction with GI panel to include PLI/TLI/cobalamin and folate.

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Empirical therapy for significant pancreatitis with gastrointestinal support pending diagnostics would be reasonable. A guarded prognosis pending cytology is indicated.

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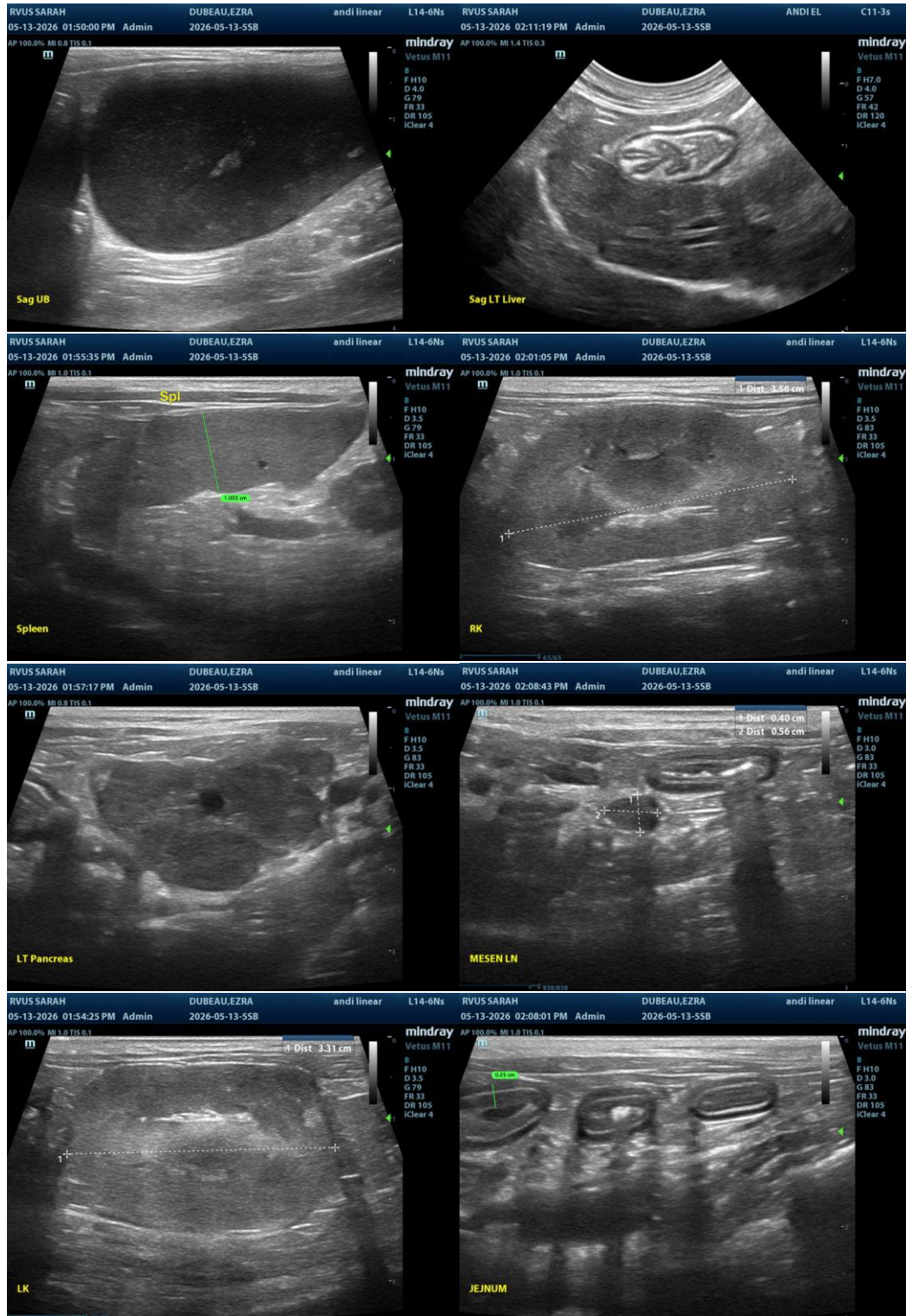
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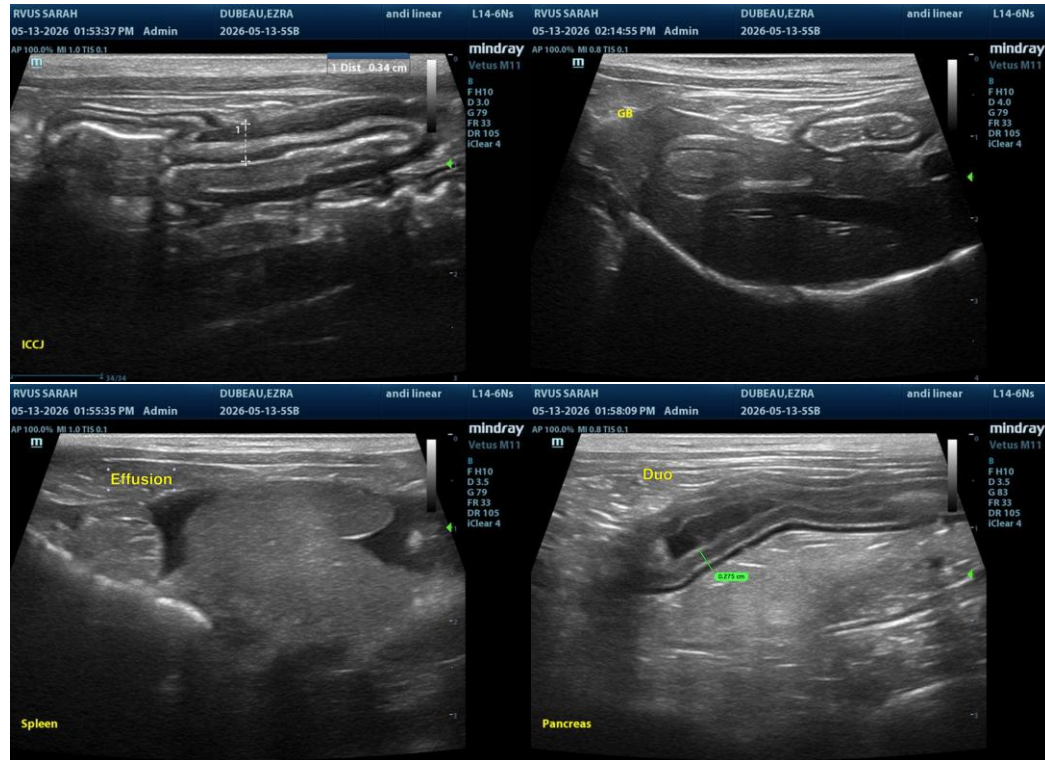
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
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