



## PATIENT

Benji Solantino-  
Johnston

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

8 Years

## WEIGHT

5.8 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Desen Ertunc, DVM

## HOSPITAL NAME

Humboldt Veterinary  
Medical Group

## REFERRING VET

Kris Flores, DVM

## INVOICE

16244

## DATE

05/14/26

## PRESENTING CLINICAL SIGNS

Geriatric pet, true age unknown. Weight loss, abnormal urination/defecation habits. Owner out of town for 2 weeks, then noticed clinical signs upon return. Evaluated 4/24, re-check 5/7. Current symptoms and duration - Weight loss, diarrhea, ~3-4 weeks in duration. Current treatments or meds - Currently on methylprednisolone daily. Any abnormal test results or imaging - Mild normocytic, hypochromic, no regenerative anemia. Leukocytosis characterized by a mature neutrophilia and mild monocytosis. Brief ultrasound 5/8 showed thickened bowel loops, abnormal liver and kidney architecture.

\*Abnormal PE: Generalized muscle atrophy. Pet appears weak. Thickened bowel loops, prominent kidneys. \*Abnormal CBC/Chem/UA/rads (& date obtained): Mild normocytic, hypochromic, no regenerative anemia. Leukocytosis characterized by a mature neutrophilia and mild monocytosis. Brief ultrasound 5/8 showed thickened bowel loops, abnormal liver and kidney architecture.

## 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 left renal size/subnormal right renal size and asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Marked loss of corticomedullary border demarcation was also present. Areas of dystrophic medullary mineral. The left kidney measured 4.3 cm in length. The right kidney measured 2.6 cm in length.

### Adrenal Glands

The left adrenal gland was not definitively visualized.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 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.

### Liver & Gallbladder

The liver was subjectively mildly enlarged in size. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.



## PATIENT

Benji Solantino-  
Johnston

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

8 Years

## WEIGHT

5.8 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Desen Ertunc, DVM

## HOSPITAL NAME

Humboldt Veterinary  
Medical Group

## REFERRING VET

Kris Flores, DVM

## INVOICE

16244

## DATE

05/14/26

The gallbladder was non distended in size with mild biliary sludge. The common bile duct was not visualized.

### **Gastrointestinal**

The stomach presented intact prominent wall. Intact wall layering was maintained and distinct owing to asymmetrically prominent gastric mucosa. Minor retained fluid was present without obstruction to pyloric outflow.

The small intestine presented overall intact, thickened wall with mild altered wall layer ratio and segmental increased mucosa echogenicity. Empty intestine lumen to level the colon. The small intestine wall measured 0.31 cm to 0.32 cm wall width.

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

### **Pancreas**

The left pancreas presented prominent in size with capsule asymmetry and non-homogenous, mildly hypoechoic parenchyma and mildly prominent pancreatic duct.

### **Free Abdomen**

Intermittent mildly enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild perilymphatic hyperechoic omentum. An example of lymph node size was 0.95 cm in diameter. No evidence of peritoneal effusion.

### **ULTRASONOGRAPHIC FINDINGS**

- Mildly thickened, hypomotile stomach.
- Chronic enteropathy/chronic pancreatitis pattern.
- Semi formed/soft fecal matter in colon.
- Mildly enlarged remodeled liver with mild gallbladder debris.
- Chronic renal changes exhibiting mild dystrophic medullary mineral.
- Intermittent mild mesenteric lymphadenopathy.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Chronic IBD or other inflammatory enteropathy, reactive lymphatic hyperplasia/lymphadenitis in conjunction with chronic pancreatitis and hepatobiliary presentation, potential for triaditis favored, occult to emerging low-grade intestinal or multicentric round cell neoplasia is thought less likely yet not definitively excluded.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A fresh fecal analysis is suggested if patient is indoor/outdoor, or if clinically indicated. Concurrent CBC pathology review could be considered. Empirical therapy for chronic IBD/triaditis with clinical and sonographic monitoring may prove beneficial. Biopsy is likely required for a definitive diagnosis. Screening three view chest radiographs are recommended if not recently done.



**PATIENT**

Benji Solantino-Johnston

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

5.8 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Desen Ertunc, DVM

**HOSPITAL NAME**

Humboldt Veterinary Medical Group

**REFERRING VET**

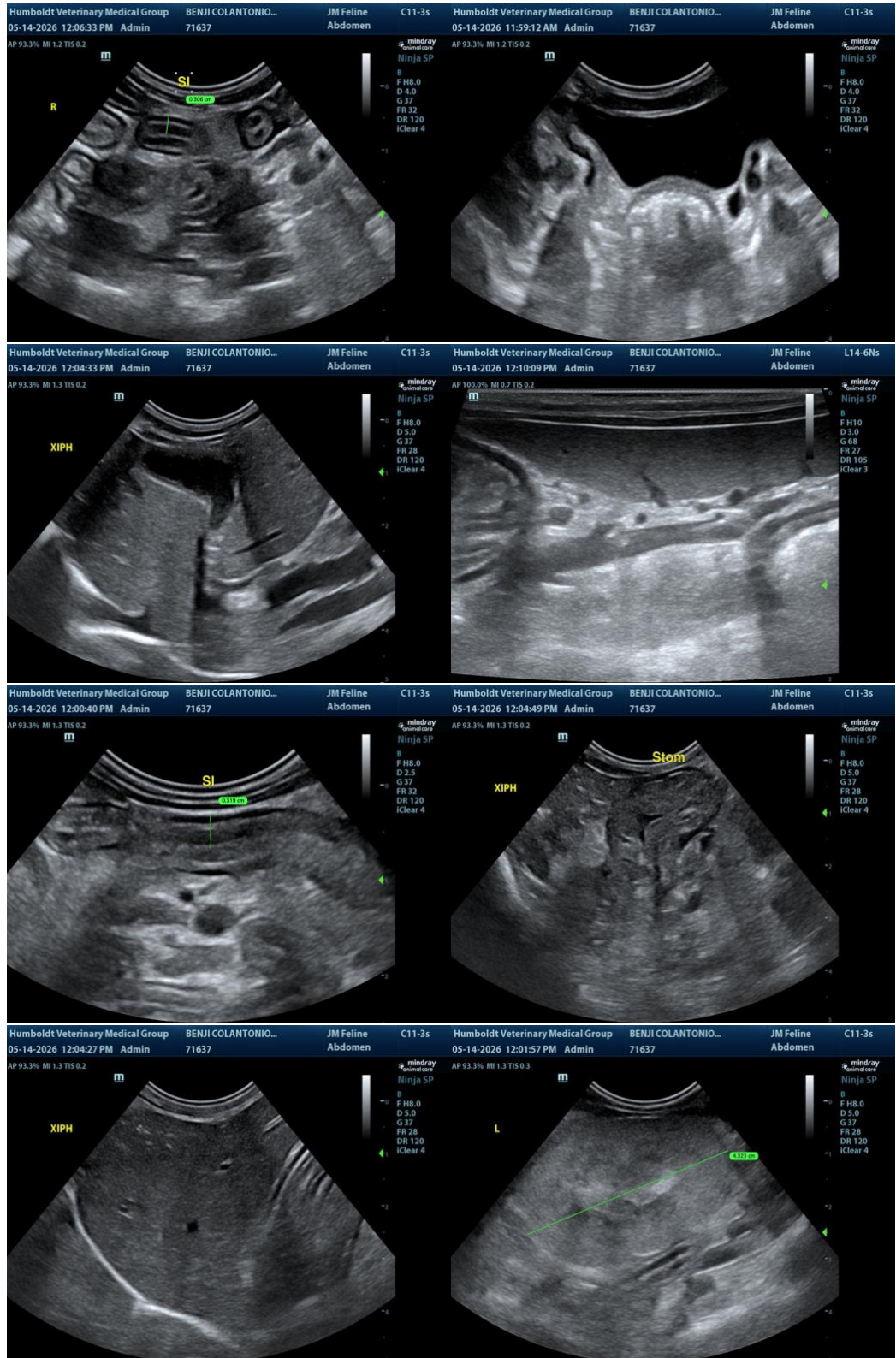
Kris Flores, DVM

**INVOICE**

16244

**DATE**

05/14/26





## PATIENT

Benji Solantino-Johnston

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

8 Years

## WEIGHT

5.8 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Desen Ertunc, DVM

## HOSPITAL NAME

Humboldt Veterinary Medical Group

## REFERRING VET

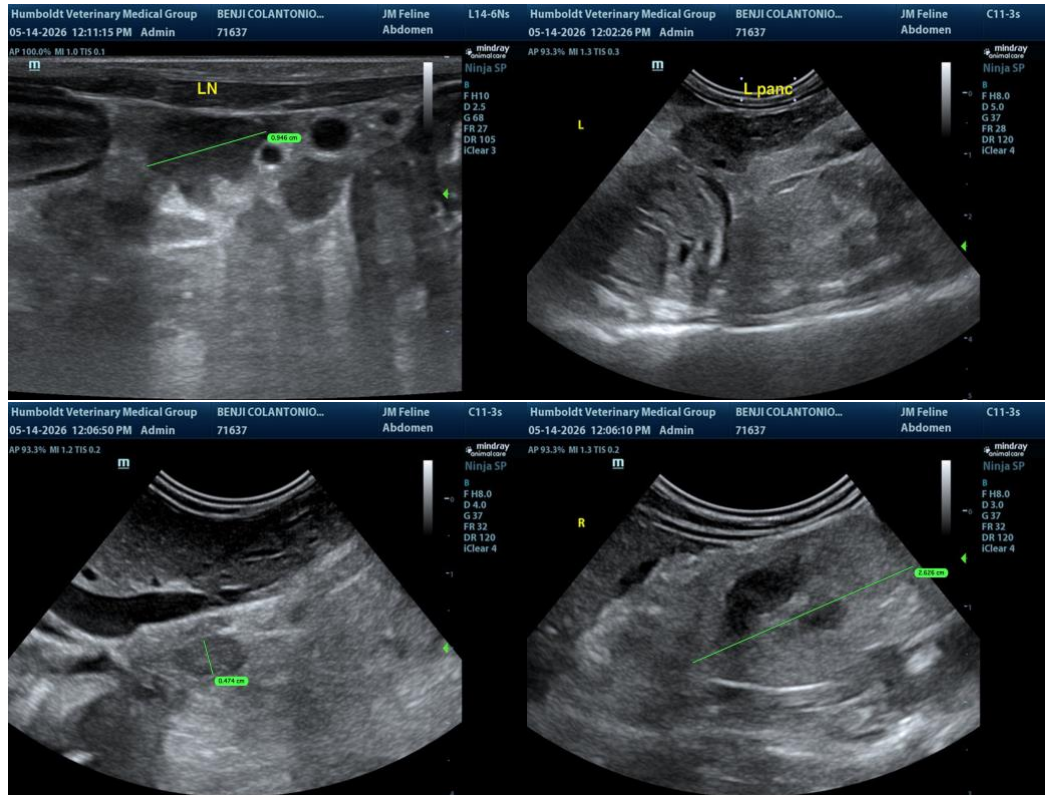
Kris Flores, DVM

## INVOICE

16244

## DATE

05/14/26



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](mailto:info@SonoPath.com)