



## PATIENT

Jericho Irish

## SPECIES

Feline

## BREED

Siamese

## SEX

Neutered Male

## AGE

12 Years

## WEIGHT

8.9 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Nikki Kollman RVT

## HOSPITAL NAME

Airpark Animal  
Hospital

## REFERRING VET

Dr. Laura Owens

## INVOICE

16233

## DATE

05/15/26

## PRESENTING CLINICAL SIGNS

Seen 4/28/26 for lethargy and hyporexia, rads showed a small pulmonary nodule in left caudal lung field, Grade 4/6 systolic murmur, referred to cardiology for full workup and murmur was diagnosed as innocent. Senior blood panel unremarkable other than mild hypercholesterolemia. Rx maropitant and mirtazapine for appetite. Returned 5/14 for hunched posture, suspect abdominal discomfort.

Senior panel- unremarkable other than mild hypercholesterolemia, proBNP WNL. 3 view whole cat rads- left caudal lung lobe nodule Cardiology workup 5/12/26- mild dynamic outflow obstruction causing murmur, no meds or treatments necessary at this time. Cardiologists agree with the lung nodule finding on rads. UA- unremarkable

## 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.

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 3.5 cm in length. The right kidney measured 3.8 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 was subjectively normal in size, structure, and contour. 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 exhibited regional thickened fundus and gastric body wall exhibiting decreased mural echogenicity and loss of discernible gastric wall layering. Concurrent regional intact non-thickened



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stomach wall. The stomach contained a mild amount of retained anechoic fluid. The thickened stomach wall measured 0.9 cm to 1.0 cm wall width. By comparison, intact non-thickened stomach wall measured 0.25 cm wall width without obstruction to pyloric outflow.

The small intestine presented intact wall layering exhibiting borderline thickened intestinal wall and subtle altered wall layer ratio owing to borderline prominent muscularis layer in the jejunum and mildly prominent duodenal mucosa layer. The duodenum wall measured 0.30 cm wall width. The jejunum wall measured 0.27 cm wall width.

The colon presented intact mildly thickened wall. The colon was nondistended containing generalized semi formed to soft fecal matter. The proximal colon wall measured 0.31 cm wall width.

### **Pancreas**

The pancreas presented normal to mildly prominent in size with mild capsule asymmetry exhibiting homogenous mildly hypoechoic parenchyma and prominent pancreatic duct.

### **Free Abdomen**

No visualized significant or swollen mesenteric lymphadenopathy or peritoneal effusion was present.

## **ULTRASONOGRAPHIC FINDINGS**

- Mild hypomotile stomach exhibiting regional thickened wall layering and loss of gastric wall layer detail.
- Nonspecific subjective mild enterocolonopathy.
- Chronic/chronic active pancreatitis.
- Mild chronic renal changes.

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

Considerations for the regionally thickened stomach exhibiting loss of wall layer detail may include acute gastritis with edema, infectious gastropathy with primary concern for emerging gastric neoplasia such as lymphoma, carcinoma or other.

Assuming normal clotting status and using a 25-gauge needle, FNA cytology into thickened stomach wall could be considered for initial clarification. Gastroenterocolic biopsies may be required for a definitive diagnosis. GI panel to include PLI, TLI, cobalamin and folate is warranted given subjective concurrent non-specific enterocolonopathy and correlation with the pancreas. Gastrointestinal support and empirical therapy for chronic/chronic active pancreatitis with serial sonographic and clinical monitoring would be more conservative. Guarded prognosis is indicated.



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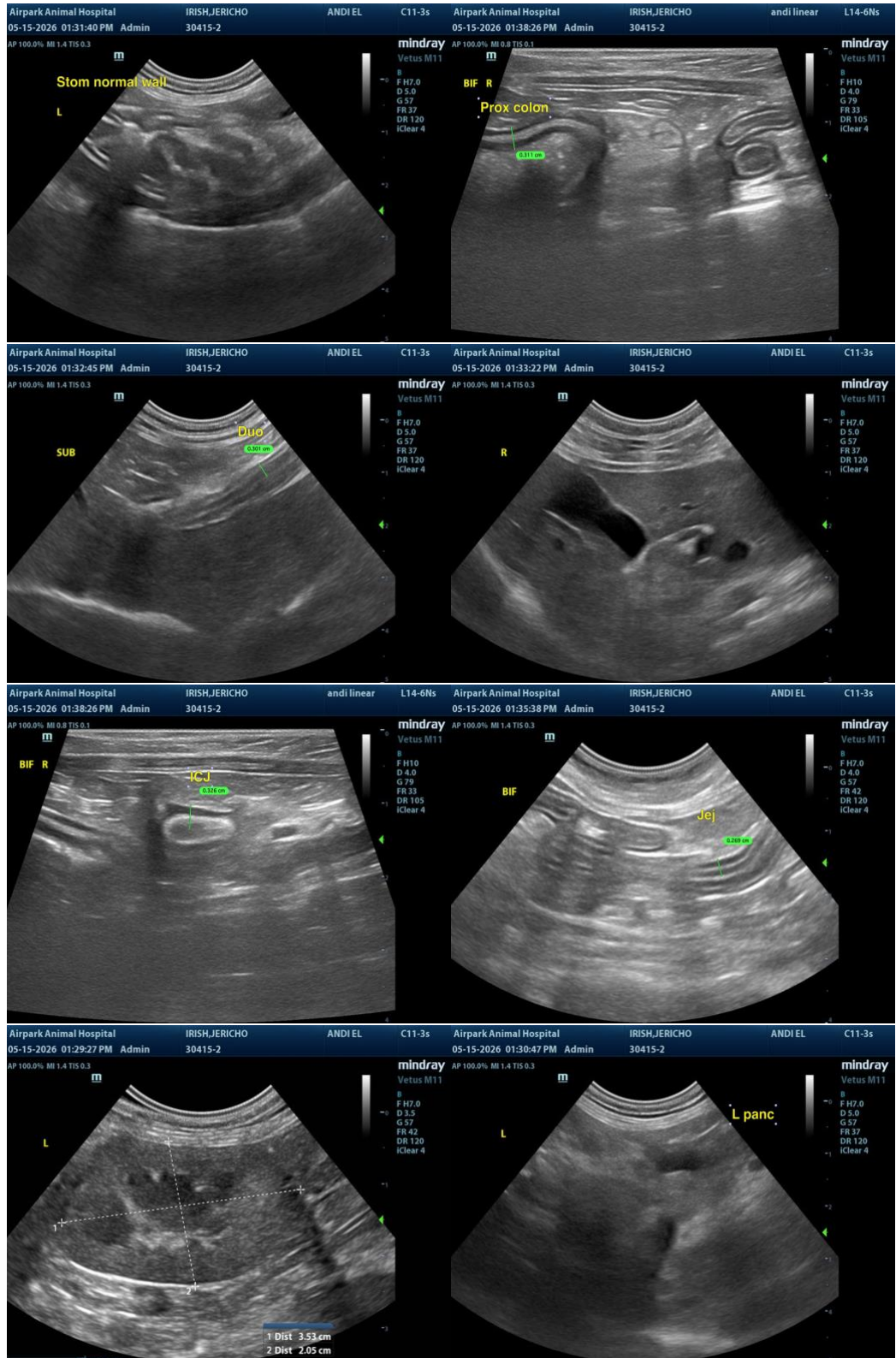
Dr. Laura Owens

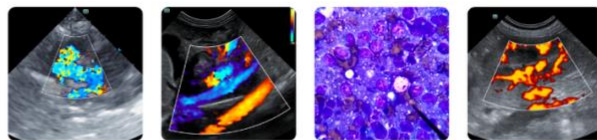
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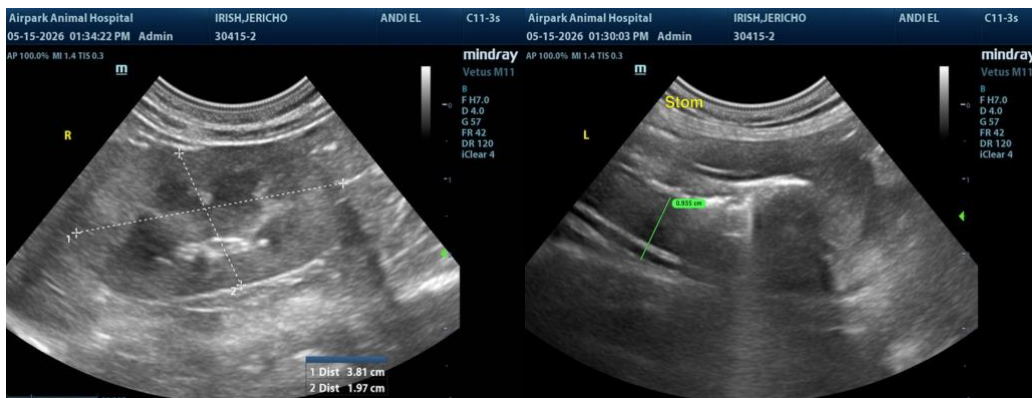
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)