

**PATIENT**

Kittymouse Braun

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12

WEIGHT

7.7

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Dr. Sharkawy

HOSPITAL NAMEUnion Vet Animal
Hospital**REFERRING VET**

Dr. Sharkawy

INVOICE

75212

DATE

5/15/26

PRESENTING CLINICAL SIGNS

Weight loss, Polyphagia.

Abnormal PE/Chem/CBC/UA Results: TT4-3.79 FreeT4-pending Previous BW- High normal CR, BUN

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 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney measured 3.56 cm. Right kidney measured 3.6 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma.

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. 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 common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

Segmentally thickened intestine exhibiting subjective mild altered wall layer ratio owing to propensity for mild segmentally thickened mucosal layer noted. Thickened small intestine measured 0.27-0.32 cm. By comparison, normal appearing small intestine measured 0.22 cm. Minor segmental small intestinal non-shadowing chyme noted without obstructive pattern to the level of the colon.

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



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Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild segmentally thickened small intestine.
- Normal area of pancreas.
- Mild chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding of the segmentally mildly thickened small intestine, given reported weight loss and polyphagia, is non-specific and may indicate inflammatory disease, while potential for emerging or occult intestinal neoplasia, although thought less likely, is not excluded. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Correlation with pending free T4 assessment, 3-view chest radiographs, and urinalysis given mild azotemia is recommended. Assessment of caloric plane or for competitive eating environment, if clinically indicated, may be considered. Sonographic monitoring indicated if persistent to progressive weight loss or polyphagia, while intestinal biopsies are likely required for definitive diagnosis.

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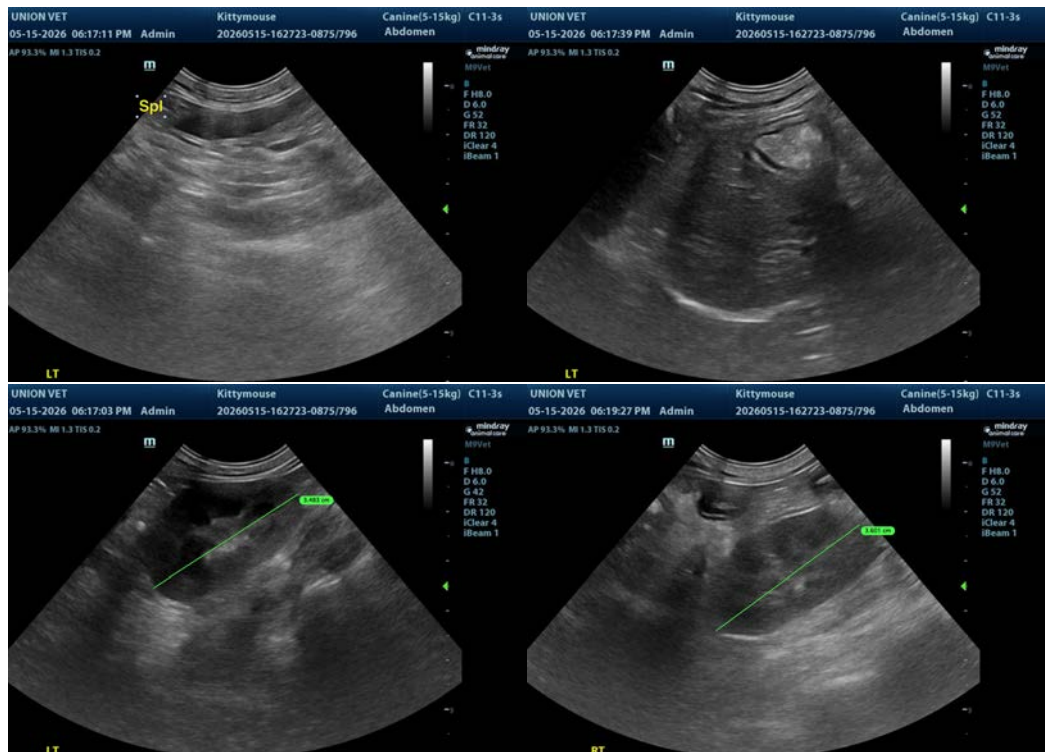
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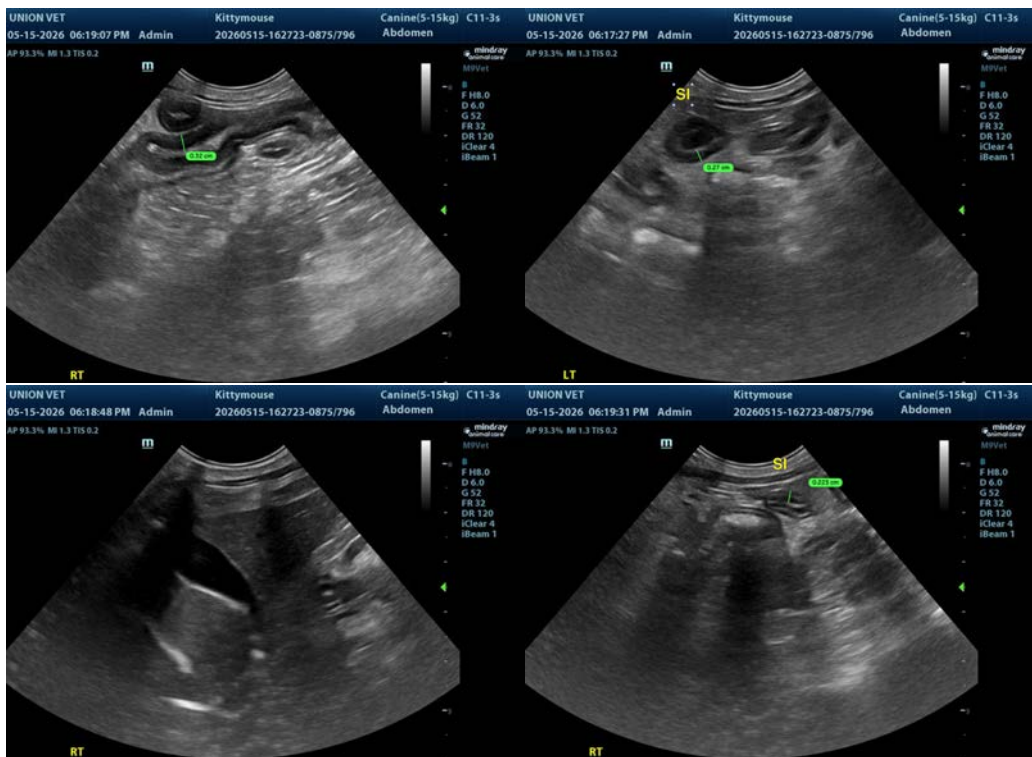
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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