Animal Sounds NW
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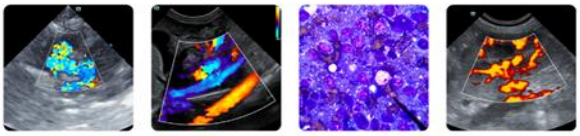


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT
Buttercup Moltzer

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
10yr

WEIGHT
9.9lb

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

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Cascade Animal Clinic

REFERRING VET
Dr Bruce

INVOICE
24875

DATE
05/18/2026

PRESENTING CLINICAL SIGNS

ALOPECIA
ATROPHY
ABNORMAL Labwork Values low eosinophils
Current Medications none

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 mild increased echogenicity and mild enhanced to indistinct corticomedullary definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 3.9 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 0.34 cm width The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

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. The spleen measured 0.80 cm in width at the level of the mid spleen.

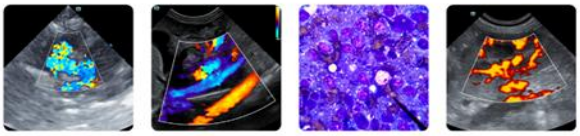
Liver/Gallbladder

The liver was subjectively mildly enlarged. 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 non-distended in size with thin walls and mild gravity dependent 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.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The duodenum wall measured 0.33 cm width. The jejunum wall measured 0.32 cm width.



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

Pancreas

The pancreas was subjectively mildly prominent in size with isoechoic to heterogeneous parenchyma and indistinct capsule compared to adjacent non-reactive or inflamed omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Intact mildly thickened small intestine, IBD or other inflammatory enteropathy favored, mild potential for emerging to low-grade intestinal round cell neoplasia, such as lymphoma
- Mild hepatomegaly- subjective benign
- Mild gallbladder debris
- Mildly prominent non-homogenous pancreas
- Age-related renal changes
- Urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although potential for patient variant the small intestine exhibited mild intact to thickened wall changes, most suggestive of probable chronic inflammatory enteropathy criteria. Potential for concurrent chronic pancreatitis and nonspecific hepatopathy with gallbladder debris given short half-life of hepatic enzymes in cats may suggest chronic triaditis. Intestinal to emerging mild multicentric neoplasia thought less likely.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Monitoring of liver enzymes going forward is suggested. Given patient history or if non-reported gastrointestinal signs or weight loss, empirical IBD/triaditis protocol may be considered. Sonographic reassessment indicated if gastrointestinal signs, weight loss, or evidence of hepatopathy are noted. A urine C/S is suggested if inflammatory sediment on UA is present.

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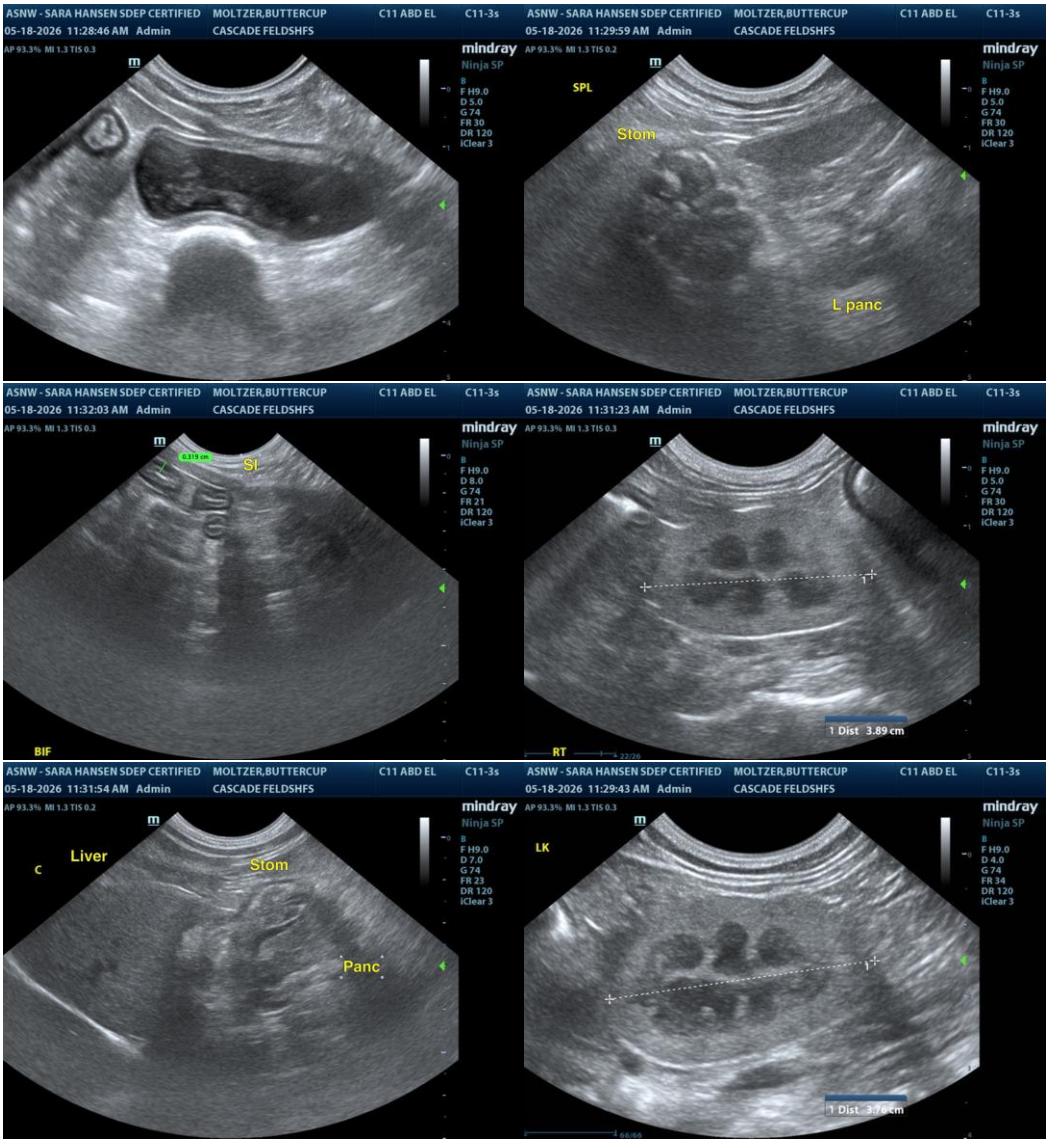

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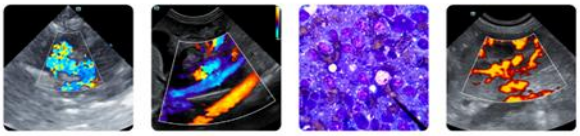

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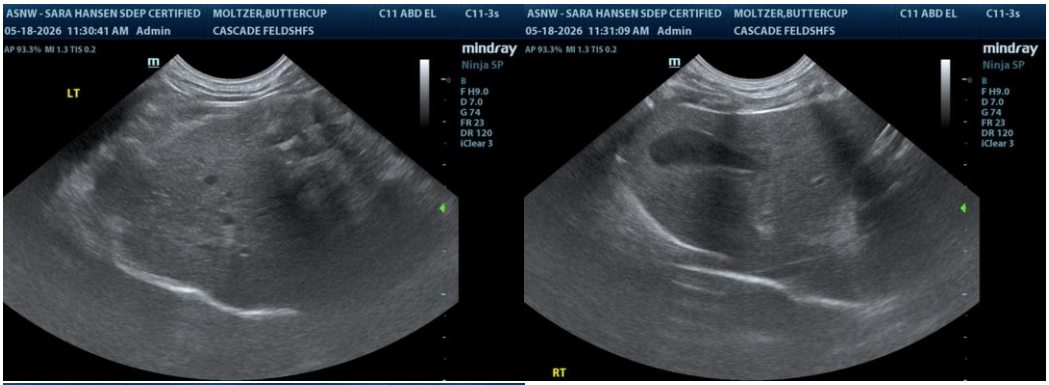

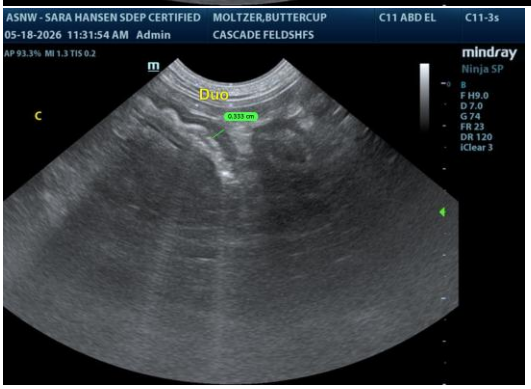

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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