



PATIENT

Pumpkin Watzka

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

5 Years 7 Months

WEIGHT

5.71 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Firefly Veterinary
Urgent Care

REFERRING VET

Gina Watzka, DVM

INVOICE

16359

DATE

05/18/26

PRESENTING CLINICAL SIGNS

Pumpkin is a 5 y/o MN DLH who was previous rehomed due to aggression. He has done well in current home. In February he had some issues with cystitis (hematuria, crystalluria and inappropriate urination) despite being on c/d MultiCare dry food. Switched to mostly canned food at that time as well as treatment with a short course of buprenorphine. Inappropriate urination continued sporadically, but UA showed resolution of hematuria. Patient was started on venlafaxine; inappropriate urination resolved, but patient did have some GI signs (soft stool and occasional vomiting). He has had occasional vomiting long-term which is the reason he is scheduled for ultrasound. Echo for cardiac screening, no HM.
Meds: Venlafaxine 6.25mg PO SID; Fortiflora SID

Abnormal PE/Chem/CBC/UA Results: Unable to obtain Blood Pressure CBC/CHEM 11/2025 - unremarkable Lateral x-ray -> no evidence of bladder stones. UA 2/4/2026, free catch, Sedivue - >50 RBCs/hpf, 6-20 struvite crystals/hpf UA - 4/19/2026 normal

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 mild particulate urine sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.3 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.21 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 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 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.



PATIENT

Pumpkin Watzka

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

5 Years 7 Months

WEIGHT

5.71 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Firefly Veterinary
Urgent Care

REFERRING VET

Gina Watzka, DVM

INVOICE

16359

DATE

05/18/26

The gallbladder was non distended in size with midl nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta and lumen gas.

The small intestine presented intact wall layering with overall maintained wall layer ratio yet borderline to mild thickened small intestinal wall to the level of the colon. The duodenum wall measured 0.28 cm wall width. The jejunum wall measured 0.27 cm to 0.29 cm wall width. The ileocolic wall measured 0.41 cm wall width. Mildly prominent cecum measuring approximately 0.74 cm wall width.

Normal visible colon wall layers were present with variably formed fecal matter.

Pancreas

The left pancreas was normal in size with capsule asymmetry and isoechoic to mildly heterogeneous remodeled parenchyma compared to adjacent nonreactive or inflamed omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Jejunocolic and subjective medial iliac 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 of the lymph nodes measured 1.7 cm x 0.53 cm. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal urinary bladder with mild urine sediment.
- Normal kidneys.
- Nonhomogenous remodeled left pancreas.
- Mild gallbladder debris.
- Normal stomach with mild non-shadowing ingesta/chyme.
- Intact, mildly thickened small intestine.
- Mildly thickened cecum- possible typhlitis.
- Intermittent, generally mild jejunocolic and medial iliac lymphadenopathy- suggestive of benign criteria, i.e. reactive hyperplasia or possible lymphadenitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine presentation is nonspecific with possible patient variant or mild enteropathy with considerations including mild IBD or other inflammatory disease, which is favored, less likely potential for occult to emerging intestinal neoplasia with associated suspect benign lymphadenopathy or less likely early metastatic lymphadenopathy. Concurrent chronic pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation.

Correlation with pending lymph node cytology is indicated. Gold standard biopsies may be required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirical therapy with dietary trial, as needed gastroprotectants and if clinically indicated, empirical deworming may prove beneficial. Monitoring of liver enzymes is suggested as the gallbladder debris may be associated with cholestasis or hepatobiliary inflammation.



PATIENT

Pumpkin Watzka

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

5 Years 7 Months

WEIGHT

5.71 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Renee Trionfetti, VMD

HOSPITAL NAME

Firefly Veterinary
Urgent Care

REFERRING VET

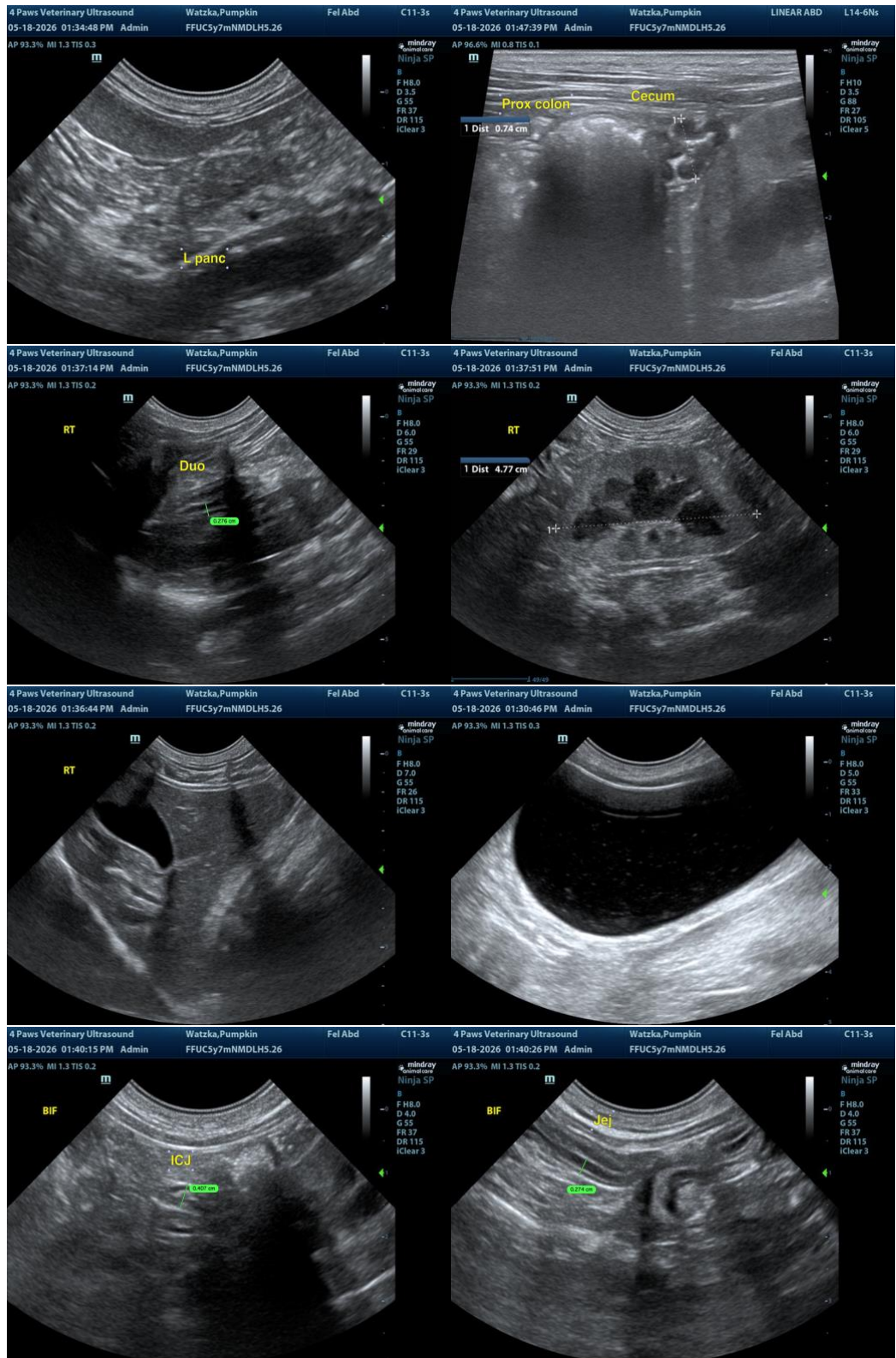
Gina Watzka, DVM

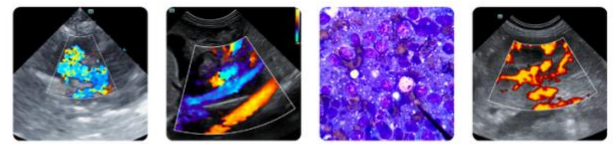
INVOICE

16359

DATE

05/18/26





PATIENT

Pumpkin Watzka

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

5 Years 7 Months

WEIGHT

5.71 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Firefly Veterinary Urgent Care

REFERRING VET

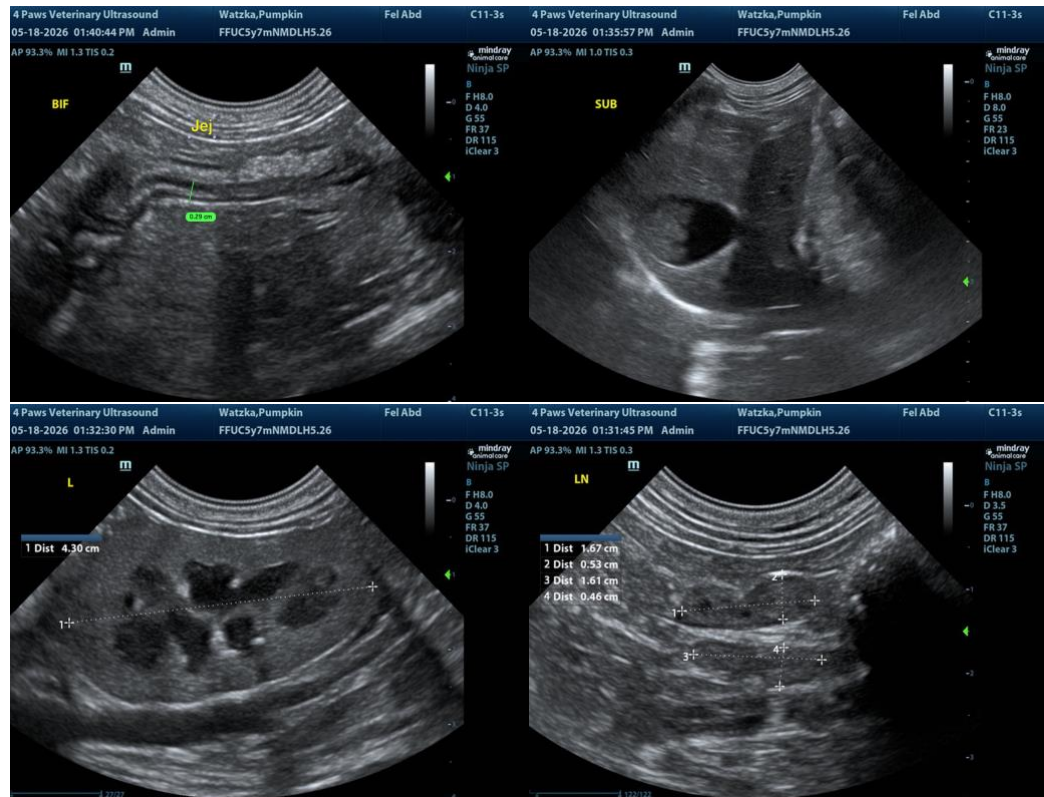
Gina Watzka, DVM

INVOICE

16359

DATE

05/18/26



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