



PATIENT

Jinx Holt

SPECIES

Feline

BREED

Shorthair

SEX

Male

AGE

5

WEIGHT

5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Bowers

HOSPITAL NAME

Bowling Green
Veterinary Clinic

REFERRING VET

Dr. Luebrecht

INVOICE

10882

DATE

5/19/26

PRESENTING CLINICAL SIGNS

Significant weight loss of unknown origin. Mild anemia. Mildly elevated liver values, possibly influenced by dehydration. Dehydration. Concern for serious underlying conditions such as gastrointestinal lymphoma or cancer. Parasites considered less likely due to lack of consistent diarrhea or vomiting and absence of improvement post-deworming.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were 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. A mild hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.7 cm in length. The right kidney measured 3.7 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 presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild thickened hyperechoic wall. Anechoic bile was present with mild congealed nonmineralized bile sediment. The proximal common bile duct exhibited mild torturous dilation without overt post hepatic obstruction. Concurrent mildly thickened hyperechoic common bile duct wall was noted. Common bile duct dilation measured 0.3 cm.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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 small Intestinal wall width measured 0.29-0.3 cm.

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

Pancreas

The left pancreas was normal in size with mild capsule asymmetry. The left pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation was present. Mild hyperechoic peripancreatic omentum was noted.

Free Abdomen

Scant pockets of effusion were present. Intermittent, mildly prominent mesenteric 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).

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy
- Mildly thickened gallbladder and common bile duct with mild gallbladder debris, nonobstructive common bile duct dilation
- Intact thickened small intestinal wall
- Nonhomogeneous hypoechoic pancreas
- Intermittent mild mesenteric lymphadenopathy and scant peritoneal effusion
- Bilateral mild nonspecific renal medullary rim sign
- Mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary considerations in this case include IBD or other inflammatory enteropathy and Triaditis or multicentric round cell neoplasia such as lymphoma. Further assessment may include, assuming normal clotting status and using a 25-gauge needle, hepatic FNA cytology and correlation with a GI panel to include PLI/TLI/Cobalamin/Folate.

Gold Standard full-thickness biopsies and ideally concurrent hepatopancreatic biopsies are required for definitive diagnosis and should be considered, given the young age of the patient and guidance of therapy. If not possible, empirical therapy for IBD/Triaditis with clinical and sonographic monitoring may be considered. Correlation with full lab work and urinalysis with assessment of renal parameters, urine C/S if evidence of inflammatory sediment, +/- UPC if non-inflammatory proteinuria, is recommended.



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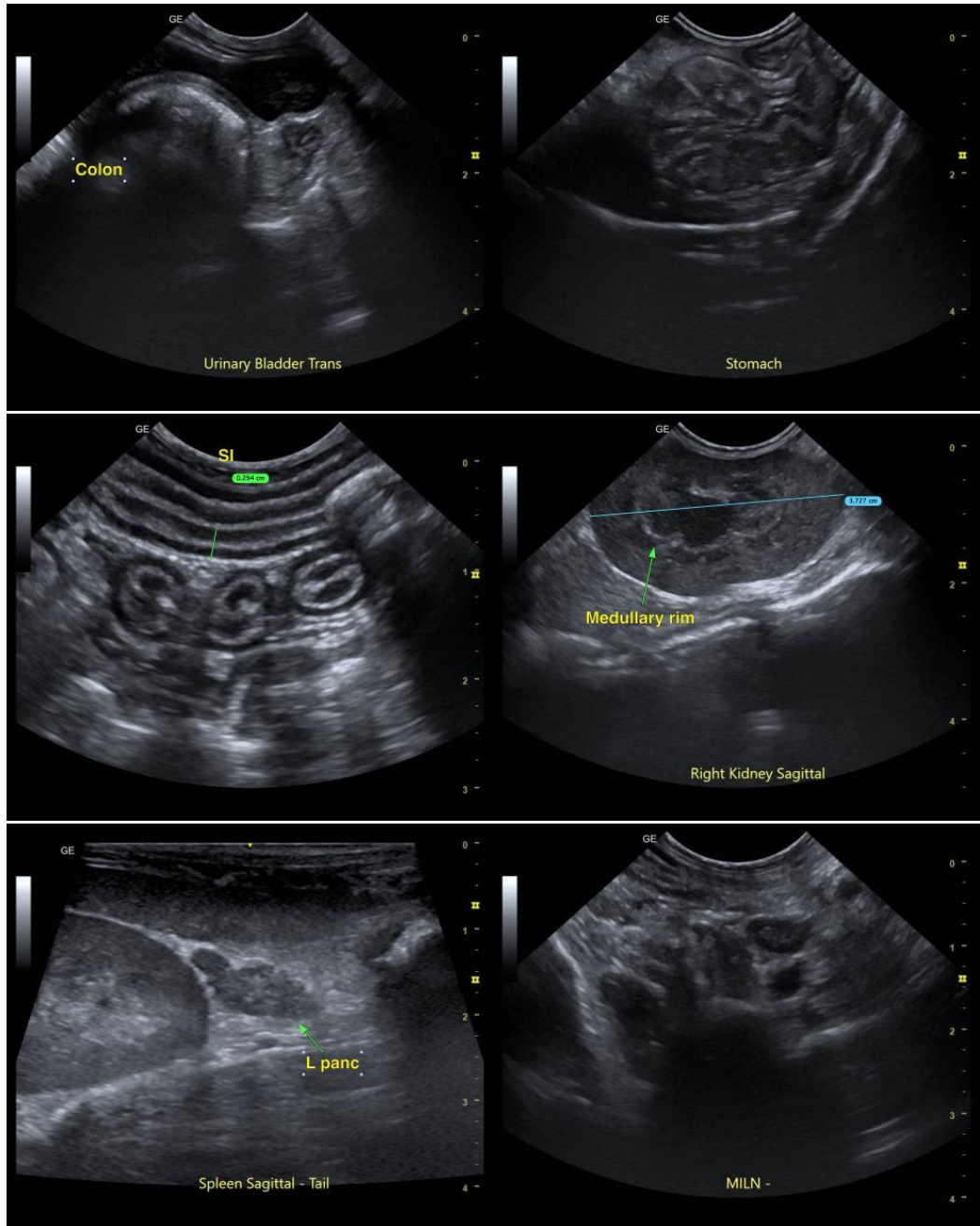
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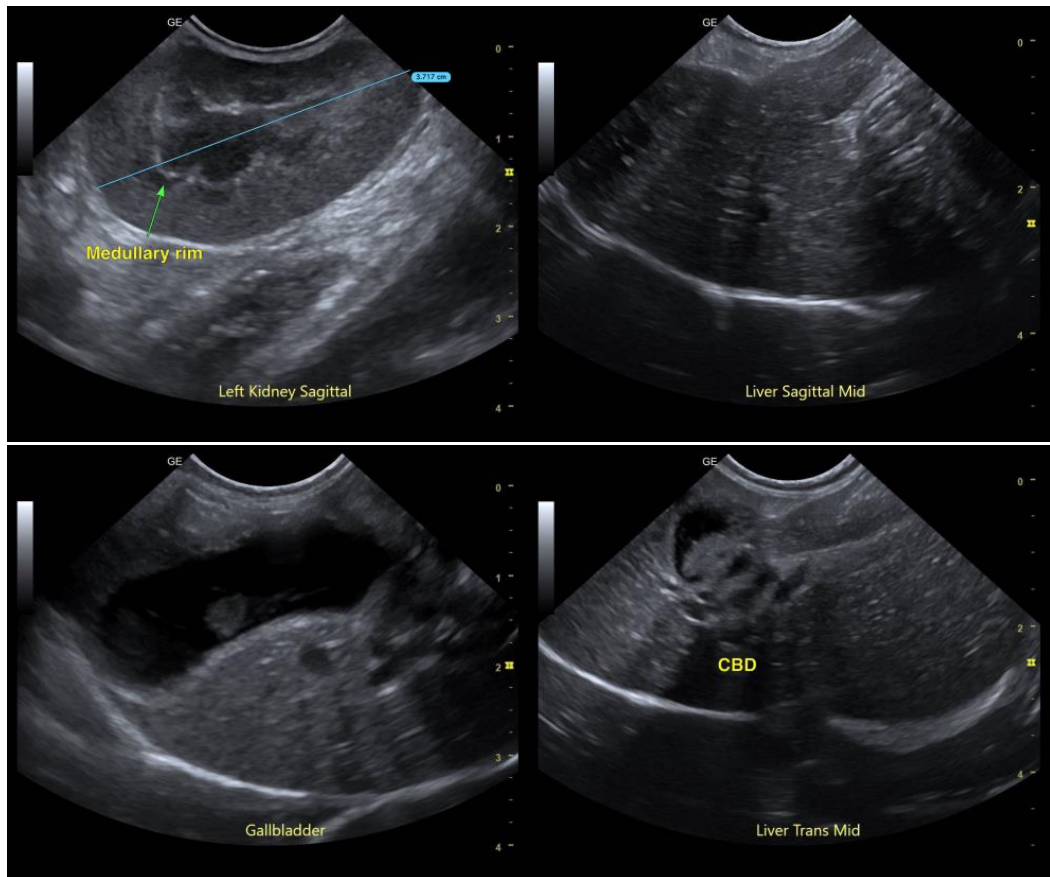
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com