



## PATIENT

Anchovy Gulyas

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

16 Years 9 Months

## WEIGHT

5.7 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Karla Schultz

## HOSPITAL NAME

Northshore Veterinary  
Hospital

## REFERRING VET

Dr. Karla Schultz

## INVOICE

16432

## DATE

05/21/26

## PRESENTING CLINICAL SIGNS

Weight loss, increased hairballs, and small/dry stools noted at recent senior exam. O has noted vocalization and straining during defecation, and reports several times weekly hairballs, possible increased thirst/urination. Good appetite.

PE: moderate generalized muscle atrophy, slightly underweight. Soft parasternal murmur with normal lung sounds. Abdomen soft without overt masses palpated. Pulses s/s. Fundic exam WNL. CBC: NSF other than decreased platelet estimation although severe clumping noted chem: mild azotemia (SDMA 14, creat 2.4, BUN 36), mild hypokalemia (3.5) UA: USG 1.014, borderline proteinuria (UPC 0.3) T4, free T4 by ED: WNL Doppler BP with 50 mg gabapentin PO: 220 mmHg

## 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.

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. The right kidney measured 3.3 cm in length. Right kidney pinpoint hyperechoic cortical foci which may indicate pinpoint areas of cortex microinfarction, fibrosis or mineralization. The left kidney was primarily visualized in the transverse plane. Small left kidney cortical cysts were visualized.

### Adrenal Glands

The left adrenal gland was not definitively visualized.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 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 mildly enlarged in size. 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 mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### Gastrointestinal



## PATIENT

Anchovy Gulyas

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

16 Years 9 Months

## WEIGHT

5.7 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Karla Schultz

## HOSPITAL NAME

Northshore Veterinary  
Hospital

## REFERRING VET

Dr. Karla Schultz

## INVOICE

16432

## DATE

05/21/26

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.

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

### **Pancreas**

The pancreas presented prominent in size with symmetrical contour and mild nonhomogenous hypoechoic parenchyma with significant pancreatic duct dilation.

### **Free Abdomen**

Normal to minor prominent intermittent jejunocolic 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). No evidence of peritoneal effusion.

## **ULTRASONOGRAPHIC FINDINGS**

- Normal empty small intestine with generalized intact thickened small intestine wall.
- Chronic/chronic active pancreatitis.
- Mild hepatomegaly with mild gallbladder debris.
- Chronic renal changes.
- Intermittent mild jejunocolic lymphadenopathy.

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

IBD or other inflammatory enteropathy combined with hepatomegaly and minor gallbladder debris may suggest chronic triaditis despite no reported hepatic enzyme elevations given short half-life of hepatic enzyme in cats. Potential for emerging to low-grade intestinal round cell neoplasia or multicentric neoplasia is thought less likely yet not definitively excluded. No visualized evidence of adrenal pathology as an obvious contributing factor to the hypokalemia.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Further assessment may include (assuming normal clotting status and using a 25-gauge needle) screening hepatic FNA cytology +/- serum aldosterone level if persistent or progressive hypokalemia. Monitoring of urinalysis for persistent or progressive proteinuria is suggested.

Gastrointestinal support with empirical IBD/triaditis protocol with clinical monitoring may be considered. Current sonographically normal colon without evidence of distention or overt constipation criteria.



## PATIENT

Anchovy Gulyas

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

16 Years 9 Months

## WEIGHT

5.7 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Karla Schultz

## HOSPITAL NAME

Northshore Veterinary  
Hospital

## REFERRING VET

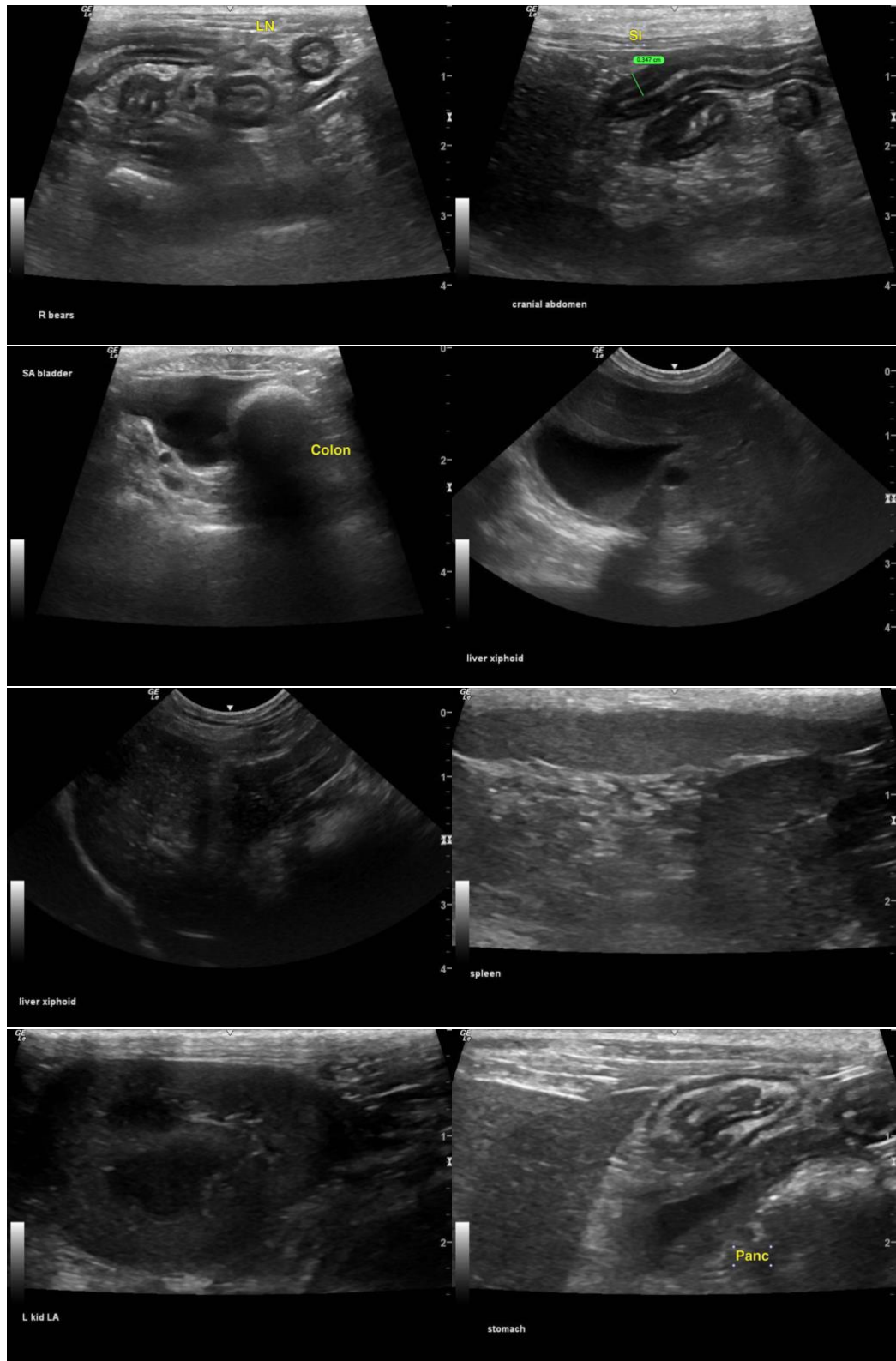
Dr. Karla Schultz

## INVOICE

16432

## DATE

05/21/26





## PATIENT

Anchovy Gulyas

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

16 Years 9 Months

## WEIGHT

5.7 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Karla Schultz

## HOSPITAL NAME

Northshore Veterinary  
Hospital

## REFERRING VET

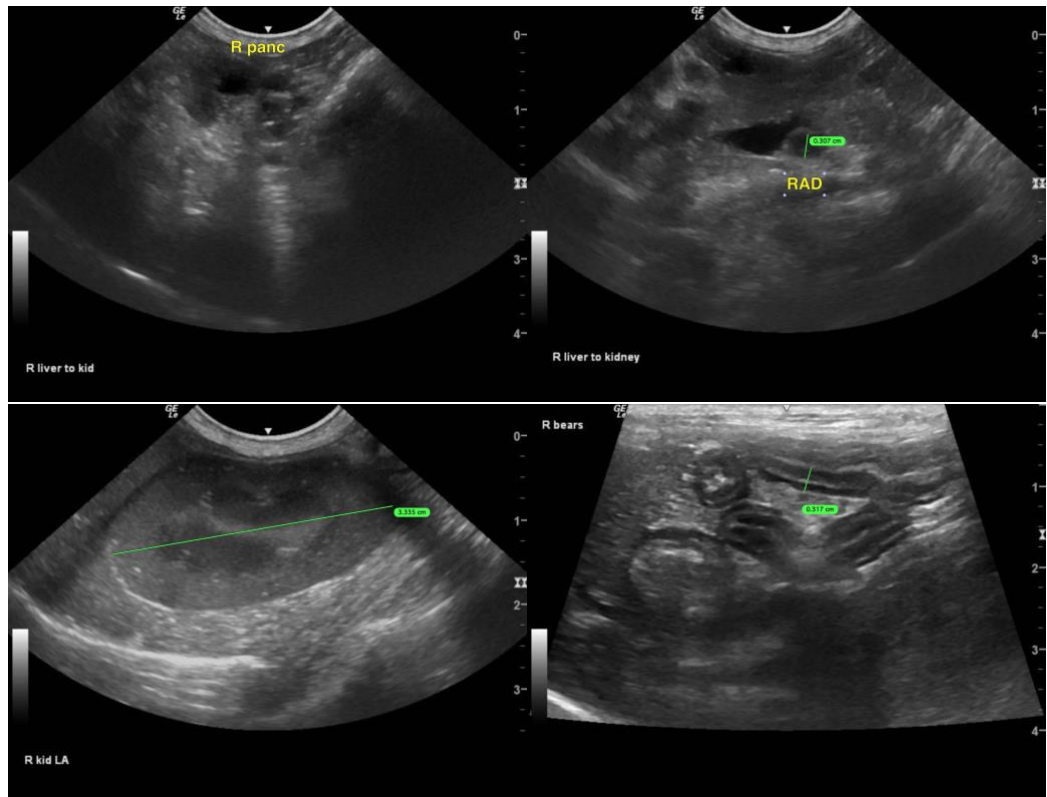
Dr. Karla Schultz

## INVOICE

16432

## DATE

05/21/26



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](mailto:info@SonoPath.com)