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| PATIENT | PRESENTING CLINICAL SIGNS |
| Jacob Makuch | Hepatomegaly on rads, cardiomegaly on rads, possible pulmonary vascular congestion and possible emerging pulmonary edema and emerging heart failure? Suspect diverticular mineralization likely secondary to chronic renal disease. No meds. |
| SPECIES | |
| Feline | Abnormal PE/Chem/CBC/UA Results: Please read attached ECG. RBC 4.8 5.9-9.9 1012/L LOW Hemoglobin 78 93-159 g/L LOW Hematocrit 24 29-48 % LOW Amylase 1248 100-1200 U/L HIGH Sodium/Potassium Ratio 30 32-41 Ratio LOW Glucose 11.4 3.5-9.4 mmol/L HIGH |
| BREED | |
| DSH | ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN |
| SEX | Urinary System |
| MN | 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 evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted. |
| AGE | |
| 13 yrs | No evidence of pathology in the area of the aortic trifurcation. |
| WEIGHT | |
| 9.8 kg | Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild indistinct corticomedullary border demarcation was also present with areas of mild medullary mineral. The left kidney measured 4.6 cm in length. The right kidney measured 4.3 cm in length. |
| INTERPRETED BY | Adrenal Glands |
| R. McKenzie Daniel, DVM, DABVP (Canine and Feline) | The left adrenal gland was overtly normal in size, position, and shape, subjectively measuring 0.46 cm. No obvious pathology was noted in the area of the right adrenal gland. |
| IMAGING PERFORMED BY | Spleen |
| Crystal Hill | 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. |
| HOSPITAL NAME | Liver/ Gallbladder |
| Vetopia Animal Hospital | The liver presented normal in size. Mild homogeneous increased hepatic parenchyma echogenicity was noted compared to the spleen. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with minor gallbladder debris. The cystic and common bile ducts were normal. |
| REFERRING VET | |
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| INVOICE | |
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| PATIENT | <i>Gastrointestinal</i> |
| Jacob Makuch | The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta, consistent with food echogenicity without signs of obstruction or foreign material. |
| SPECIES | |
| Feline | The intestinal walls demonstrated intact mildly thickened wall layering with mild altered wall layer ratio and mildly thickened muscularis layer. The small Intestinal wall width measured ~0.30 cm. The ileocolic wall width measured 0.41 cm. |
| BREED | |
| DSH | Normal visible colon wall layers were present with apparent formed feces in lumen. |
| SEX | <i>Pancreas</i> |
| MN | The left and right pancreas was irregularly enlarged exhibiting nonhomogeneous parenchyma with left and right pancreatic limb cystic lesions. An example of a left limb cystic lesion measured ~3.0 cm in diameter. Right pancreas measured ~3.3 cm in diameter. Peri pancreatic and peri ileocolic hyperechoic omentum was present. |
| AGE | |
| 13 yrs | |
| WEIGHT | <i>Free Abdomen</i> |
| 9.8 kg | No obvious significant omental lymphadenopathy or peritoneal effusion was present. |
| INTERPRETED BY | ULTRASONOGRAPHIC FINDINGS |
| R. McKenzie Daniel, DVM, DABVP (Canine and Feline) | <ul style="list-style-type: none"> • Enlarged pancreas with left and right pancreatic limb cystic lesions • Echogenic liver • Minor gallbladder debris • Chronic renal changes exhibiting mild medullary mineral • Intact mildly thickened small intestine |
| IMAGING PERFORMED BY | |
| Crystal Hill | |
| HOSPITAL NAME | <u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u> |
| Vetopia Animal Hospital | Chronic to chronic active pancreatitis with left and right pancreatic limb cystic hyperplasia to pancreatic cysts suspected. Concurrent inflammatory enteropathy and potential for triaditis is possible if non-reported gastrointestinal signs or weight loss. Potential for pancreatic emerging intestinal or hepatic neoplasia is thought less likely, yet not definitively excluded. If possible, with normal clotting status and using a 25-gauge needle, hepatic parenchyma and pancreatic lesion FNA cytology could be considered for further clarification. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Urinalysis is recommended if not recently done. |
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PATIENT

Jacob Makuch

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 yrs

WEIGHT

9.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Vetopia Animal
 Hospital

REFERRING VET

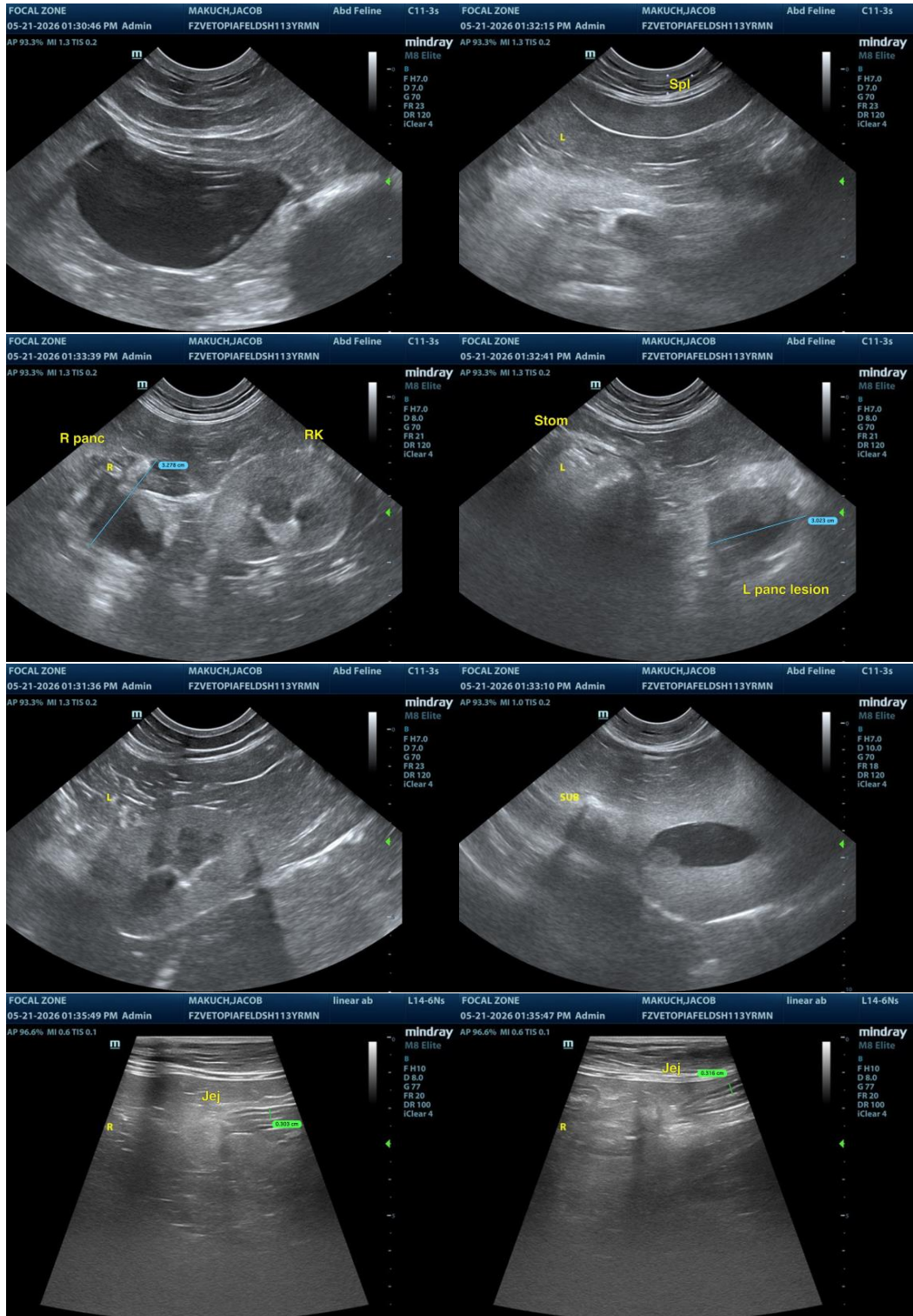
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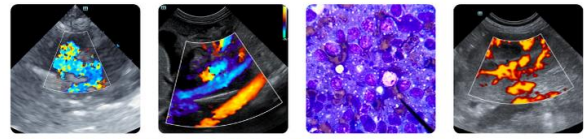
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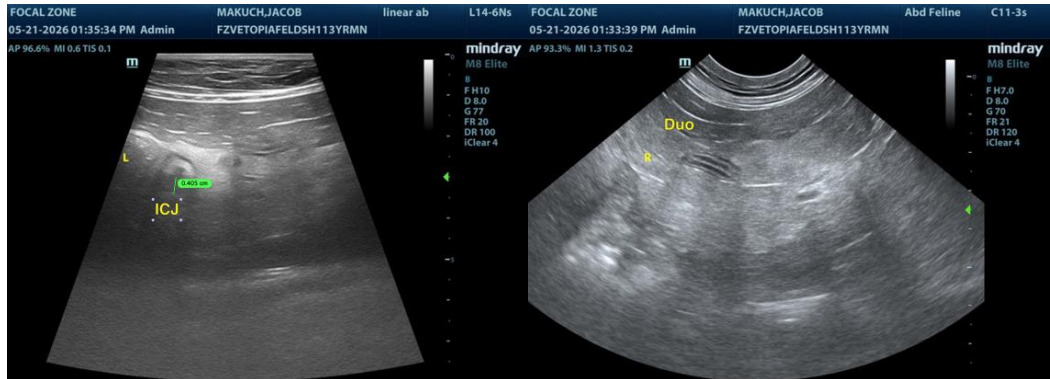
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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