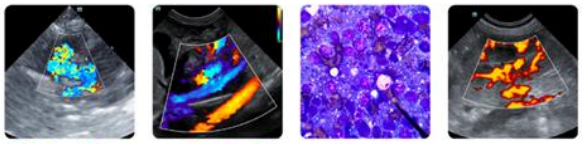


PATIENT

Mr. Darcy Garza

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

17.5yr

WEIGHT

10.8lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Emily Kirk

HOSPITAL NAME

Shiloh Animal Hospital

REFERRING VET

Audra Alley

INVOICE
24912

DATE
05/22/2026

PRESENTING CLINICAL SIGNS

Weight loss with polyphagia. CBC shows anemia but chemistry, UA and T4 are unremarkable. Chest x-rays did not reveal any signs of metastatic disease.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild to moderate hyperechoic 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 some increased echogenicity and loss of corticomedullary symmetry and 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 4.0 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 0.30 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width

Spleen

The spleen was enlarged in size with primarily symmetrical contour. Non-homogenous, indistinct micronodular splenic parenchyma was present. Multifocal, small to discrete, hypoechoic nodules were present diffusely throughout the parenchyma without associated capsule impingement or distortion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The spleen measured 1.5 cm in width at the level of the mid spleen.

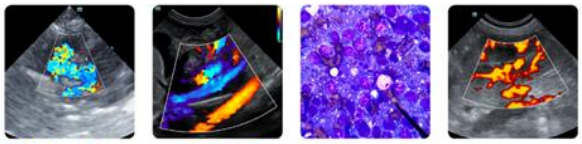
Liver/Gallbladder

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. 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 non-organized 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 small intestine presented thickened, intact intestinal wall with altered to borderline inverted wall layer ratio, owing to thickened muscularis layer. The small intestinal wall measured up to 0.46 cm wall width. The ileocolic wall measured 0.39 cm wall width.



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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Enlarged non-homogenous indistinctly micronodular spleen
- Diffusely thickened intact small intestine
- Normal empty stomach
- Subjective borderline/ mild hepatomegaly
- Mild gallbladder debris
- Age-related renal changes
- Mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although pending sampling is required for further clarification, the spleen is highly suggestive of neoplastic criteria, i.e. lymphoma, mast cell neoplasia, or other in conjunction with thickened small intestinal wall and potential multicentric round cell neoplasia. Splenic hyperplasia, hematopoiesis, and moderate to significant IBD intestinal pattern are also potentials. Correlation with splenic FNA cytology is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Empirical therapy for IBD with gastrointestinal support pending additional diagnostics may be considered.

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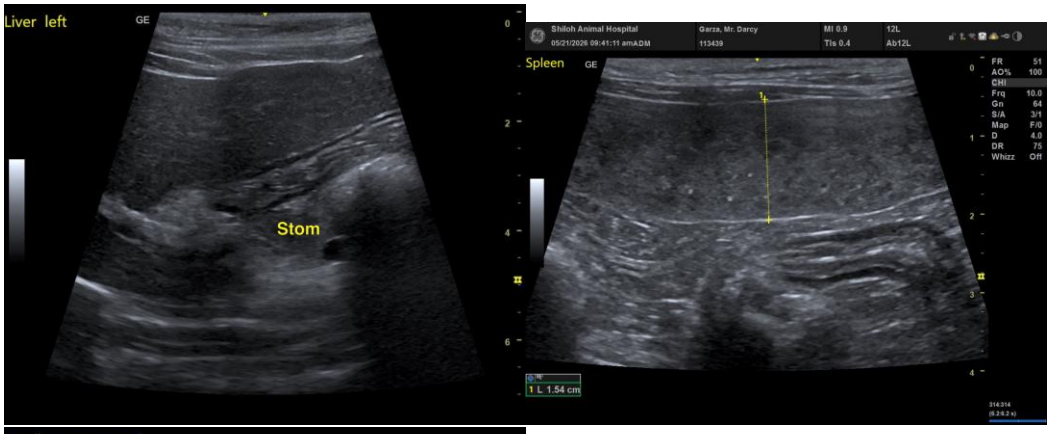

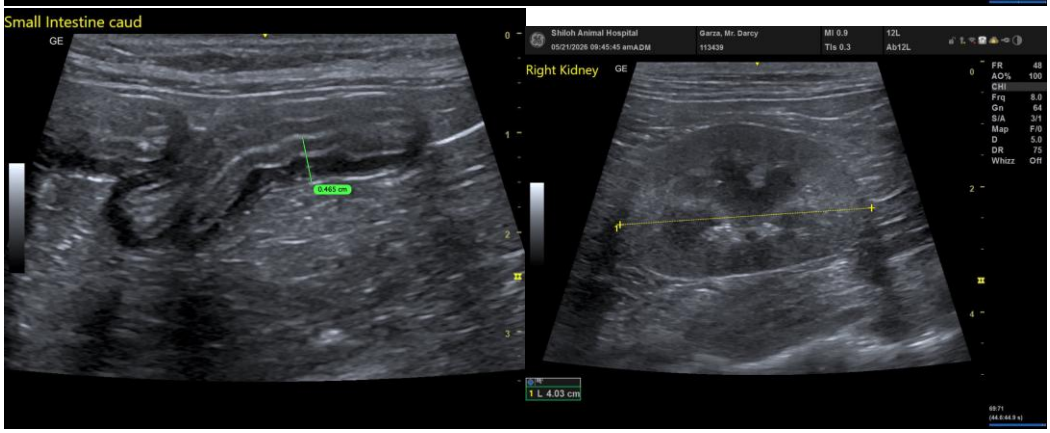

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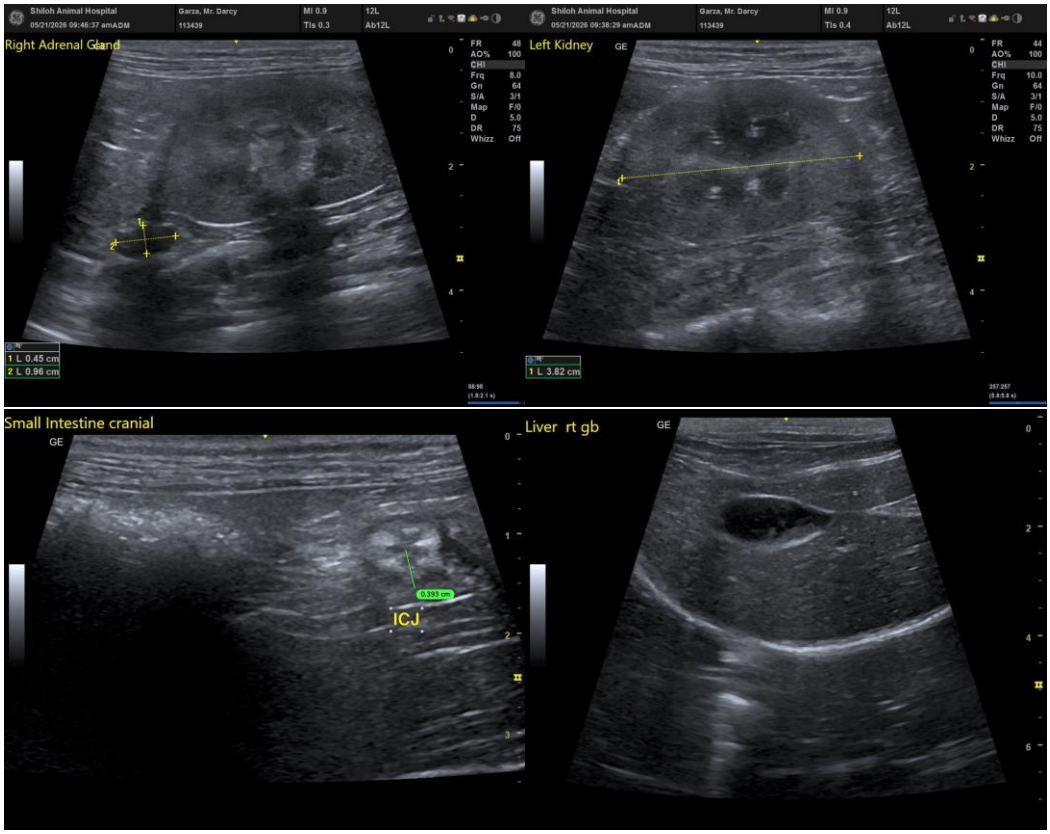

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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