



PATIENT

Staff Pet Caesar
Kronstadt

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 years

WEIGHT

5.66

INTERPRETED BY

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

IMAGING PERFORMED BY

Abby Gerenser

HOSPITAL NAME

Abby Road
Veterinary Hospital

REFERRING VET

Abby Gerenser

INVOICE

10908

DATE

5/26/26

PRESENTING CLINICAL SIGNS

Patient has history of pancreatitis (elevated TLI and PLI) via Texas A and M Gi panel. Has heart murmur and early stage CKD with hypertension, controlled on renal diet and amlodipine. Had u/s in February of 2025 consistent with pancreatitis, lymphadenitis secondary to possible IBD episode, dilated bile duct, renal changes. Has clinically been doing well but has lost 1.6 kg since December 2025. GI panel pending.

Abnormal PE/Chem/CBC/UA Results: Heart murmur Weight loss Creatinine 1.7 Isosthenuria BP stable

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. Primarily anechoic urine was present in the lumen. Minor, accumulated, particulate to hyperechoic 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 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. Indistinct to loss of corticomedullary border demarcation was also present. The left kidney measured 3.6 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

No obvious pathology was noted in the area of the left or right adrenal glands.

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. Normal hepatic vascular volume was present. 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 thin walls and primarily anechoic luminal content. The common bile duct was not definitively visualized.

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.



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The small intestine presented intact wall layering. Maintained wall layer ratio was present with subjective, mildly prominent to thickened segmental intestinal submucosa layer. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The jejunum wall measured 0.22-0.24 cm width. The duodenum wall measured 0.27 cm width.

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

Pancreas

The pancreas exhibited normal size, primarily symmetrical contour, non-homogeneous remodeled parenchyma, and mildly prominent pancreatic duct.

Free Abdomen

Intermittent colic to jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild regional perilymphatic hyperechoic omentum was present. An example of lymph node size was 0.53 cm in diameter. No evidence of peritoneal effusion was noted. No masses were present.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Subjective static chronic renal changes
- Sonographically normal liver / gallbladder
- Chronic pancreatitis
- Non-thickened small intestine with subjective mild prominent intestinal submucosa layer – possible chronic enteropathy
- Intermittent mild colic / jejunocolic lymphadenopathy with perilymphatic hyperechoic omentum – suspect persistent lymphadenitis without evidence of progressive lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending GI panel is recommended to correlate with the pancreas and assess for chronic intestinal disease as a contributing factor to the weight loss. There is no evidence of significant or progressive gastrointestinal mural pathology, although the small intestine exhibited subtle mural changes, which may suggest patient variant or suspect mild to chronic inflammatory intestinal disease in conjunction with suspect probable mesenteric lymphadenitis. There is no overt suspicion of neoplastic criteria.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered, if clinically indicated. Pending additional diagnostics, gastrointestinal support and continued CKD therapy with clinical monitoring are suggested.



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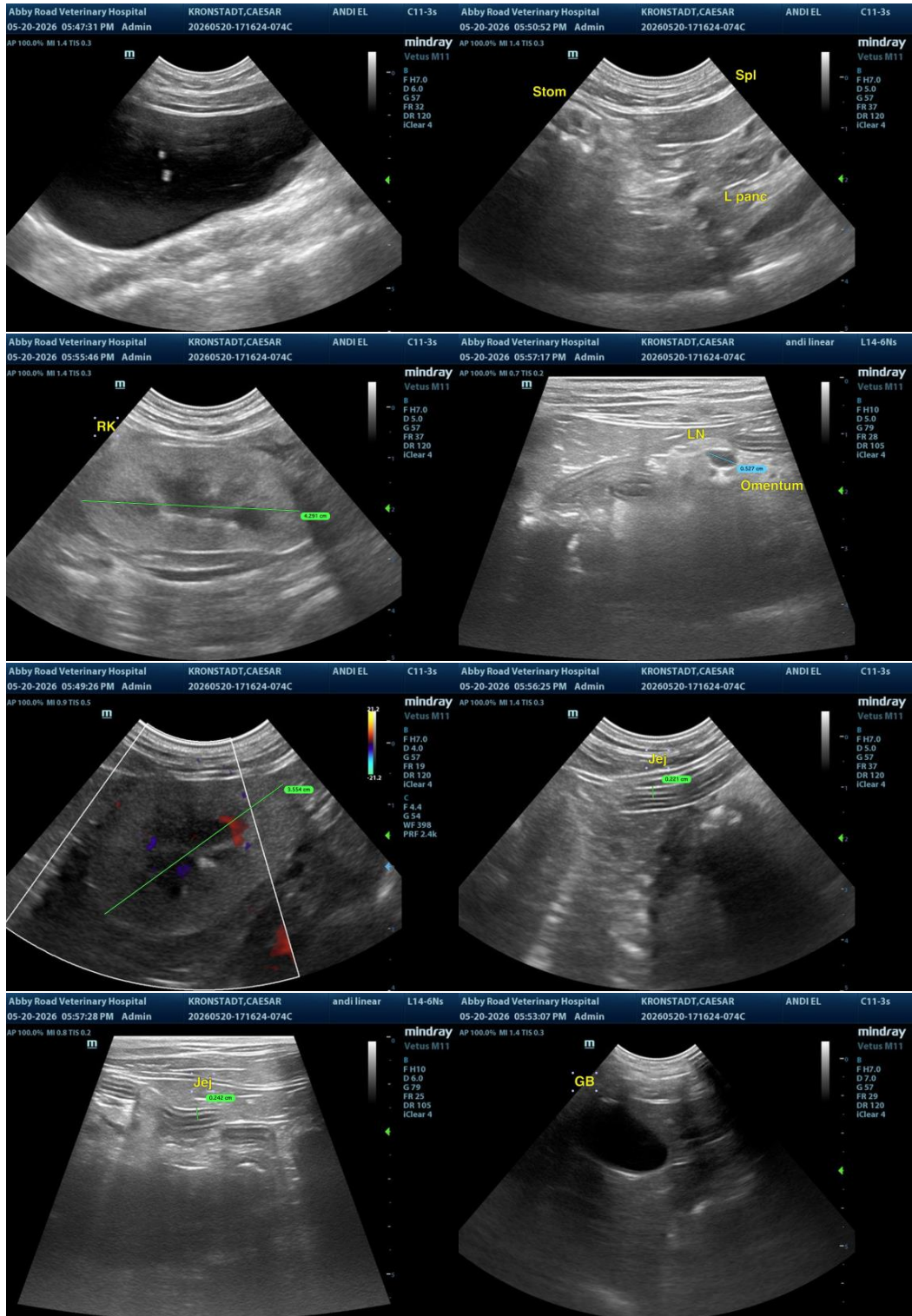
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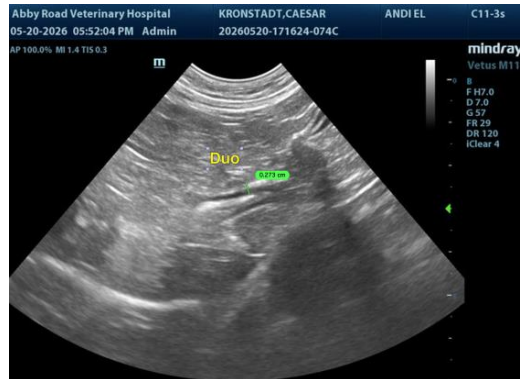
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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