



PATIENT

Finn McWalter

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

5.17 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski, DVM

HOSPITAL NAME

Apex Veterinary
Services

REFERRING VET

Alpine 24/7 ER Doctor

INVOICE

16513

DATE

05/26/26

PRESENTING CLINICAL SIGNS

Presented for persistent anorexia/inappetence since approximately May 21, 2026 despite prior supportive care including SQ fluids, anti-nausea medication, mirtazapine, and gabapentin. Markedly decreased appetite with interest in food but reluctance/unwillingness to eat. One vomiting episode May 22; no further vomiting reported. Reduced water intake. Mild lethargy and clingy behavior at home. No diarrhea reported. Normal urination

Physical examination: Mild dehydration (~6%) Mild dental disease with gingivitis and suspected painful tooth/resorptive lesions No overt abdominal pain appreciated Stress-associated mydriasis during examination Previous diagnostics: Mild thrombocytopenia (PLT 98) Mild elevation in GGT FeLV/FIV negative Radiographs: mild diffuse GI changes/possible enteritis without obvious obstruction

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent 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.

Normal size and margination was 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 mildly thickened 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 4.0 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 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 normal in size, structure, and contour. 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.



PATIENT

Finn McWalter

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

5.17 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski, DVM

HOSPITAL NAME

Apex Veterinary
Services

REFERRING VET

Alpine 24/7 ER Doctor

INVOICE

16513

DATE

05/26/26

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 pylorus wall measured 0.26 cm wall width.

The intestinal walls demonstrated intact wall layers with nonthickened walls and altered 1:3 muscularis / mucosa ratio owing to propensity for mildly thickened muscularis layer. The duodenum wall measured 0.25 cm wall width. The jejunum wall measured 0.23 cm wall width. The ileocolic wall measured 0.31 cm wall width.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Intermittent jejunocolic 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). An example of the lymph nodes measured 1.5 cm x 0.5 cm. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Normal empty stomach.
- Enteropathy exhibiting non-thickened altered wall layer ratio.
- Normal area of pancreas.
- Non-specific bilateral renal medullary rim sign.
- Urinary bladder sediment and suspect pinpoint mineral.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IBD or other inflammatory enteropathy with associated mild subjective benign jejunocolic lymphadenopathy i.e. mild reactive hyperplasia or lymphadenitis is favored. Potential for emerging to occult intestinal round cell neoplasia and metastatic lymphadenopathy i.e. lymphoma is thought less likely yet not definitively excluded. No evidence of mechanical gastrointestinal obstruction or overt/active pancreatitis

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Concurrent three view chest radiographs are recommended if not done. Gastrointestinal support and empirical IBD protocol may prove beneficial. Gold standard intestinal biopsies with histopathology are required for a definitive diagnosis. Correlation with urinalysis is recommended.



PATIENT

Finn McWalter

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

5.17 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Mariusz
Chmielinski, DVM

HOSPITAL NAME

Apex Veterinary
Services

REFERRING VET

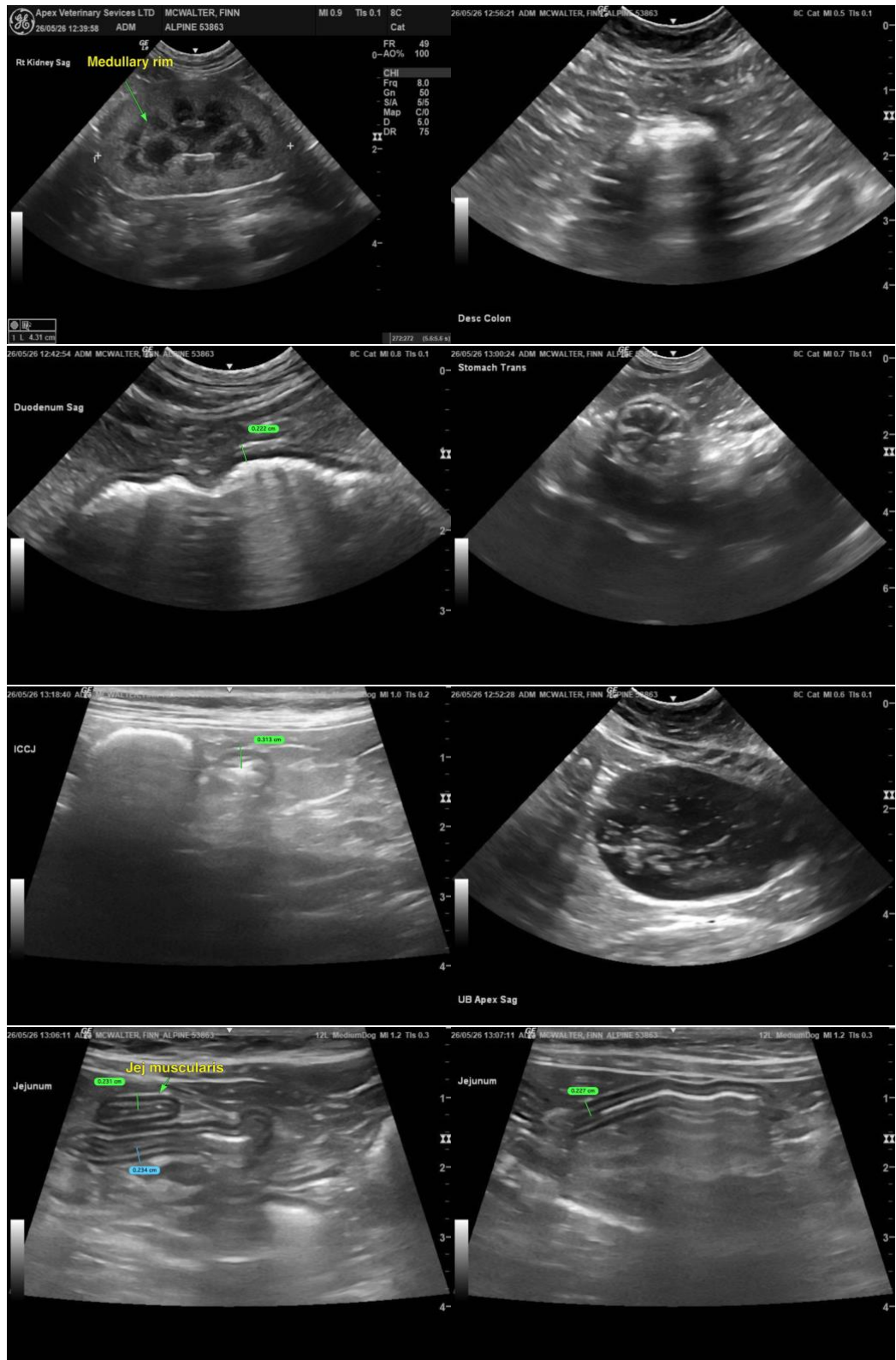
Alpine 24/7 ER Doctor

INVOICE

16513

DATE

05/26/26





PATIENT

Finn McWalter

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

5.17 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski, DVM

HOSPITAL NAME

Apex Veterinary
Services

REFERRING VET

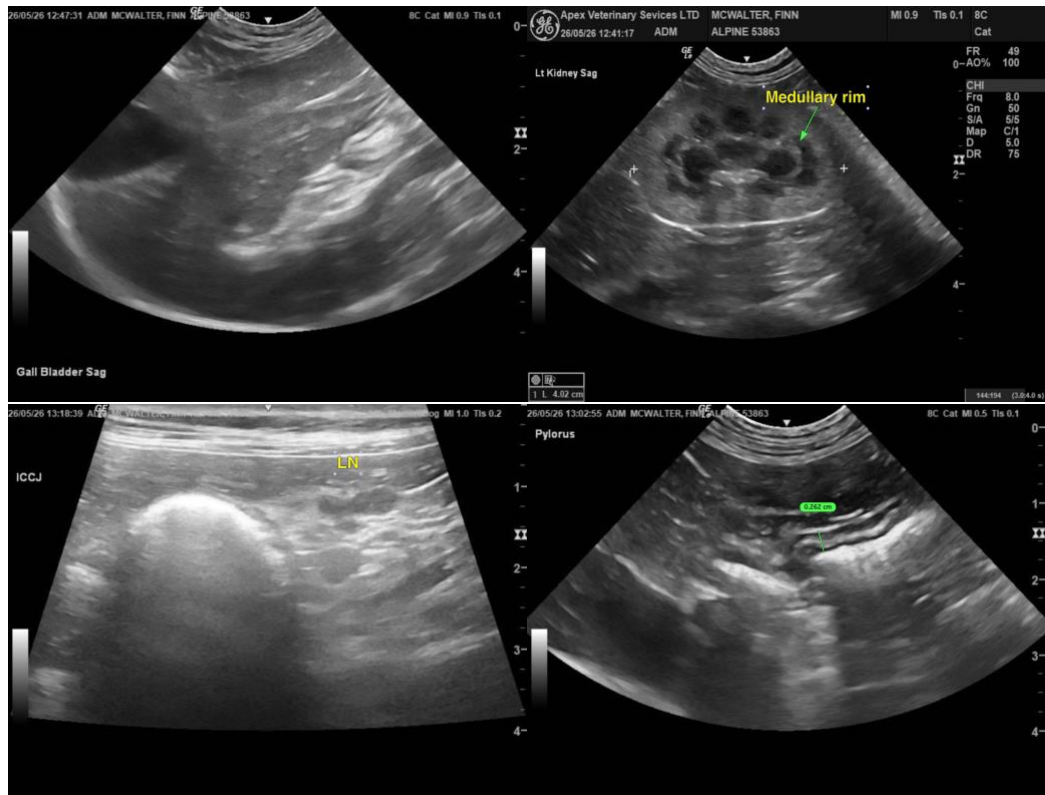
Alpine 24/7 ER Doctor

INVOICE

16513

DATE

05/26/26



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