



PATIENT

Octavia Tilton

SPECIES

Feline

BREED

Domestic Short Hair

SEX

Female Spayed

AGE

16 years

WEIGHT

10.76 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Melinda Persson

INVOICE

10940

DATE

5/28/26

PRESENTING CLINICAL SIGNS

*Continued weight loss despite prednisolone and B12 therapy, good appetite and feeling well

*TLI pending, *Fasting BG 143, fructosamine pending

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 changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild bilateral pyelectasia was noted. Focal lateral cortical infarct was noted in the left kidney. The left kidney measured 3.7 cm in length. The right kidney measured 3.0 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.3 cm width and the right adrenal gland measured 0.3 cm width.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, small to discreet, hyperechoic, nondisruptive splenic nodules were present. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. The spleen measured 0.9 cm width at the level of the mid-spleen.

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 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 without evidence of retained ingesta, fluid, or foreign material.



PATIENT

Octavia Tilton

SPECIES

Feline

BREED

Domestic Short Hair

SEX

Female Spayed

AGE

16 years

WEIGHT

10.76 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Melinda Persson

INVOICE

10940

DATE

5/28/26

The small intestine presented intact variably thickened small intestine wall with segmental altered wall layer ratio owing to propensity for thickened muscularis and mucosa layer. Thickened small intestine measured 0.43 cm wall width. The ileocolic wall width measured 0.52 cm width.

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

Pancreas

The pancreas was variably to irregular enlarged with capsule asymmetry and nonhomogeneous, cystic parenchyma. Dilated pancreatic duct was present. The pancreas measured ~2.0 cm in diameter. Mild surrounding peripancreatic hyperechoic omentum was noted.

Free Abdomen

Mild peri ileocolic hyperechoic omentum and mild colic lymphadenopathy were present. No obvious effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Irregular enlarged nonhomogeneous hypoechoic to cystic pancreas – mixed pattern pancreatitis, potential for pancreatic mass
- Intact variably thickened small intestine / chronic inflammatory enteropathy, IBD, or other potential for infiltrative round cell intestinal neoplasia such as lymphoma
- Bilateral chronic renal changes exhibiting pyelectasia and left kidney cortical infarct
- Small hyperechoic splenic nodules – suggestive of benign criteria, i.e., small myelolipomas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, FNA cytology of the pancreas, using a 25-gauge needle, is recommended for further clarification. Intestinal and pancreatic biopsies are likely required for definitive diagnosis.

Urinalysis +/- renal staging to include C/S, if inflammatory urine sediment, or UPC level if non-inflammatory proteinuria. Correlation with pending diagnostics with continued gastrointestinal support +/- assessment of caloric plane or for a competitive eating environment, if clinically applicable, is recommended.



PATIENT

Octavia Tilton

SPECIES

Feline

BREED

Domestic Short Hair

SEX

Female Spayed

AGE

16 years

WEIGHT

10.76 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

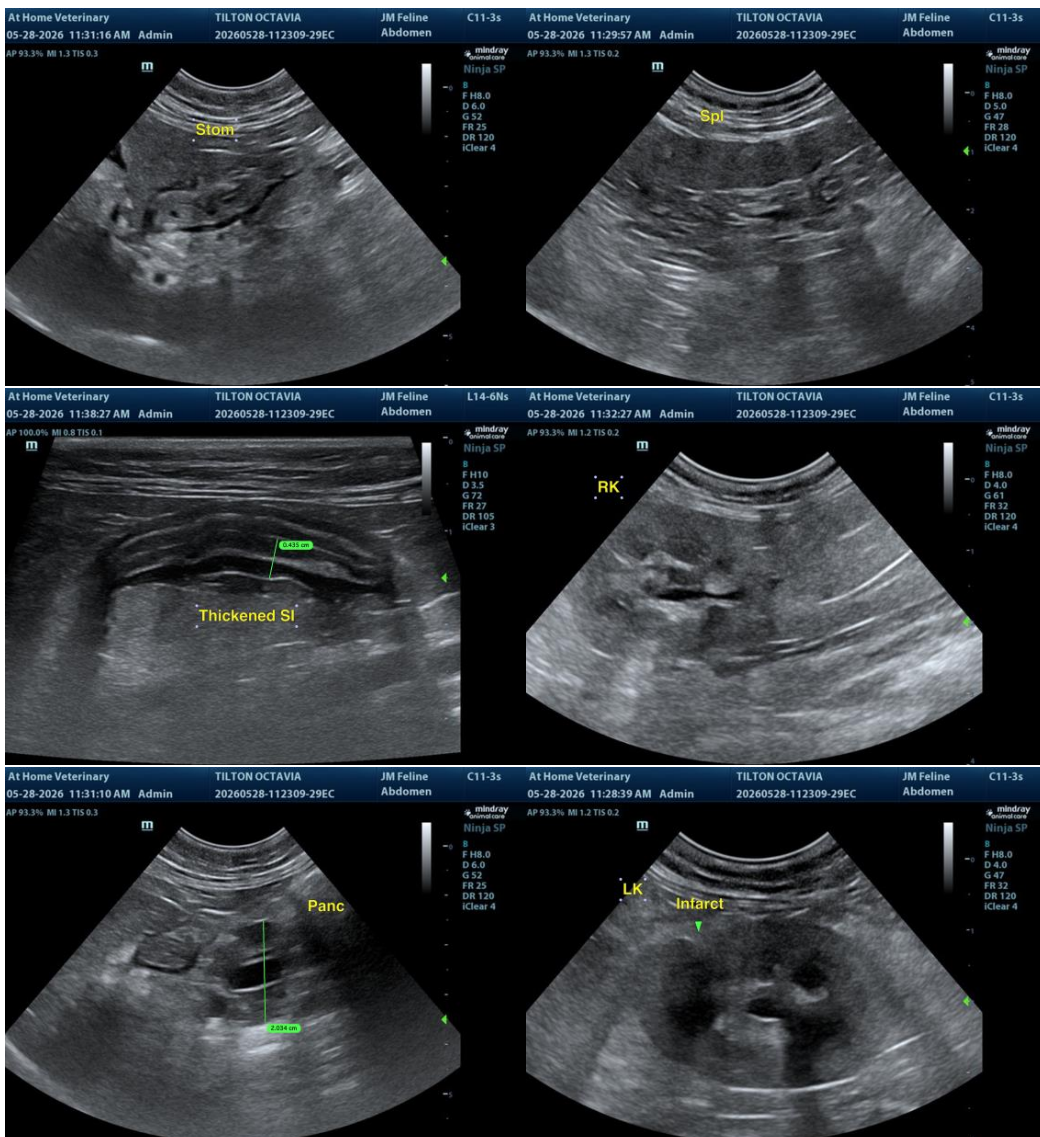
Melinda Persson

INVOICE

10940

DATE

5/28/26





PATIENT

Octavia Tilton

SPECIES

Feline

BREED

Domestic Short Hair

SEX

Female Spayed

AGE

16 years

WEIGHT

10.76 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

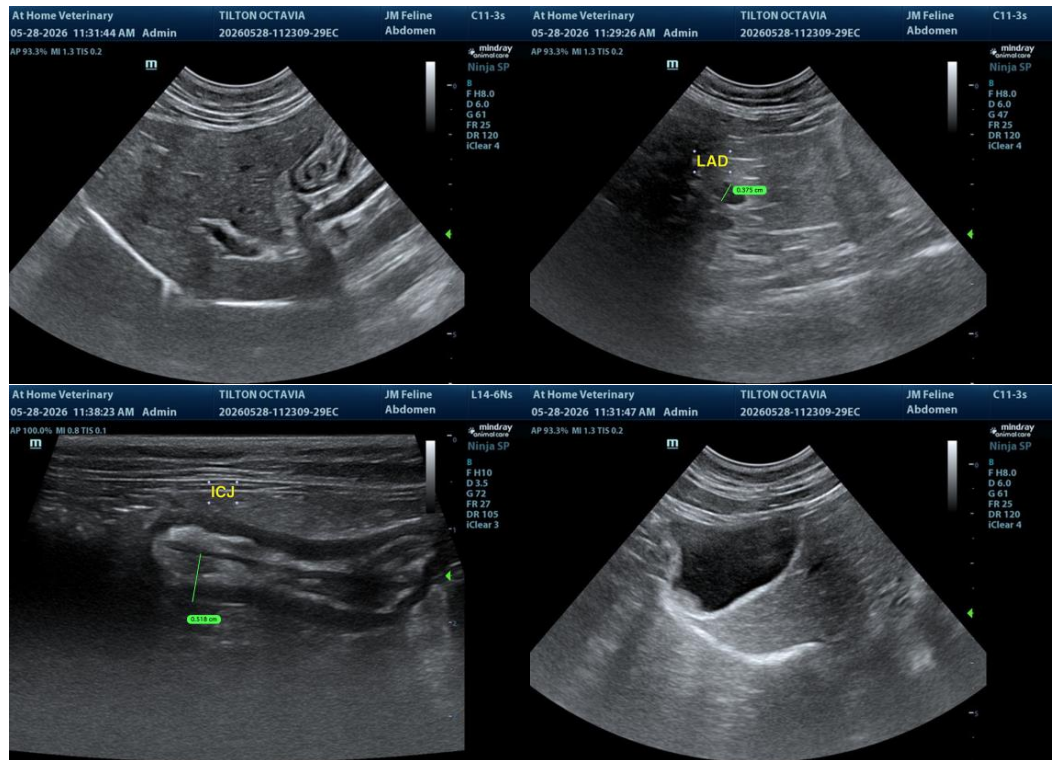
Melinda Persson

INVOICE

10940

DATE

5/28/26



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