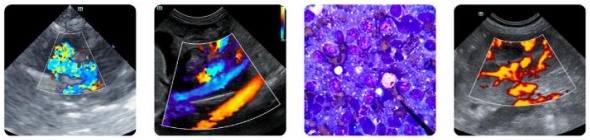



**PATIENT**

Kota Dubois

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

4Y, 11M

**WEIGHT**

5.96lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Kellie Pesola

**HOSPITAL NAME**

Stuga North Veterinary Care

**REFERRING VET**

Dr. Kellie Pesola

**INVOICE**

75557

**DATE**

6-17-26

## PRESENTING CLINICAL SIGNS

Unexplained weight loss over ~2 months. No vomiting/diarrhea. Licking hair off back legs.
Abnormal PE/Chem/CBC/UA Results: 6/3/26 T4 3.4, ran in house 6/17/26 and now at 2.2
Historically negative on FeLV/FIV snap test

## 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 was 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 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. The left kidney measured 3.0 cm in length. The right kidney measured 3.6 cm in length.

### *Adrenal Glands*

The left adrenal gland was overtly normal in size, position, and shape measuring 0.32 cm.

The obvious pathology in the area of the right adrenal gland.

### *Spleen*

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen was borderline subnormal in size measuring 0.59 cm. Possible splenic volume contraction. No evidence of masses or nodules. 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 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 contained mild retained fluid and lumen gas without evidence of retained ingesta or foreign material. The pylorus wall measured 0.28 cm.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.25 cm. The jejunum wall measured 0.20 cm.

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

### *Pancreas*

The area of the pancreas was sonographically normal.

### *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

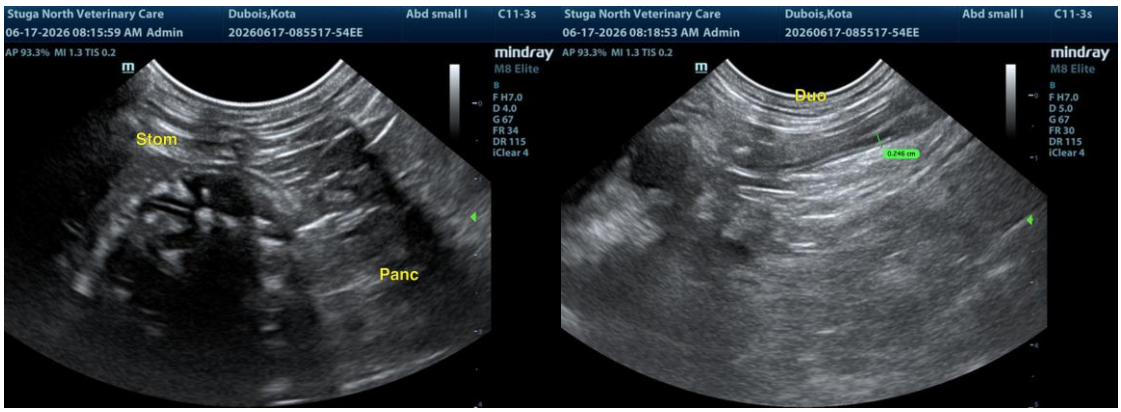
## ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract with mild retained pyloric fluid.
- Normal area of the pancreas.
- Normal urinary bladder.
- Possible mild volume contracted spleen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral pathology as a definitive cause of the patient's weight loss or clinical history.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs, neurological / musculoskeletal examination and rule out competitive eating environment are recommended to assess for or rule out occult disease or contributing factors which may cause weight loss.



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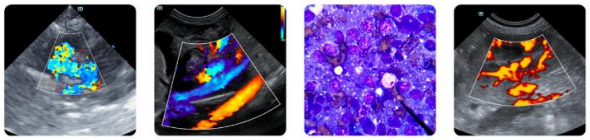

Clinical Sonography & Telecytology
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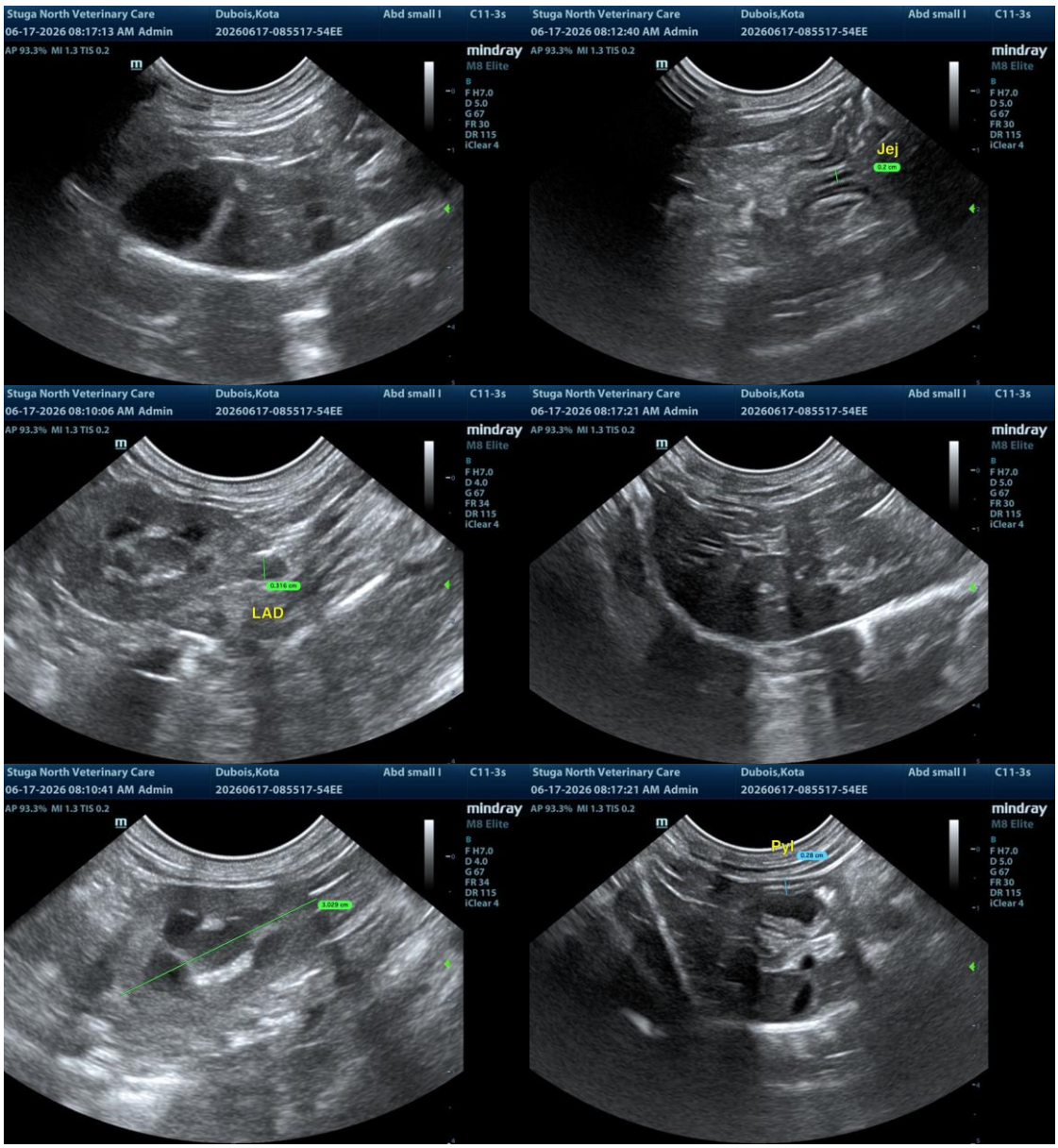

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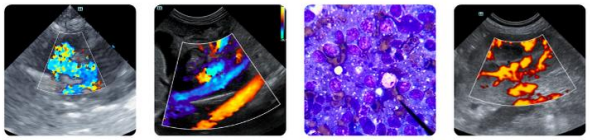

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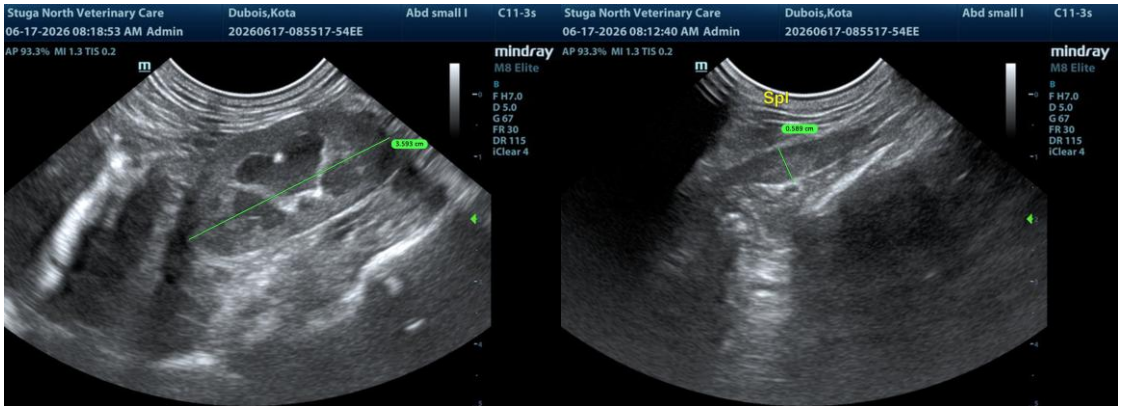


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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