



PATIENT

Popcorn Caron

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4 Years 9 Months

WEIGHT

9 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Black River Veterinary
Hospital

REFERRING VET

Dr. Amanda Zeliff

INVOICE

72787

DATE

12/26/25

PRESENTING CLINICAL SIGNS

Chronic Diarrhea Clinical findings: Stool never fully formed. Metro helps a little. No vomiting, e/d normal. Tried GI Biome, novel protein diet, tyland, psyllium and none have helped much. Current medications: Metronidazole, Metamucil, Fortiflora

Abnormal PE/Chem/CBC/UA Results: CBC/Chem -WNL Sending out TLI, PLI, B12/Folate today.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **left kidney** presented mild increased cortical echogenicity and stable infarct at the cranial pole. No evidence of active inflammation. Left kidney measured 3.39 cm.

The **right kidney** presented similar changes as the left yet was subnormal in size at 2.8 cm with cortical remodeling and infarct at the cranial pole.

Adrenal Glands

The **right adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Right measured 0.27 cm.

The region of the **left adrenal gland** was unremarkable.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

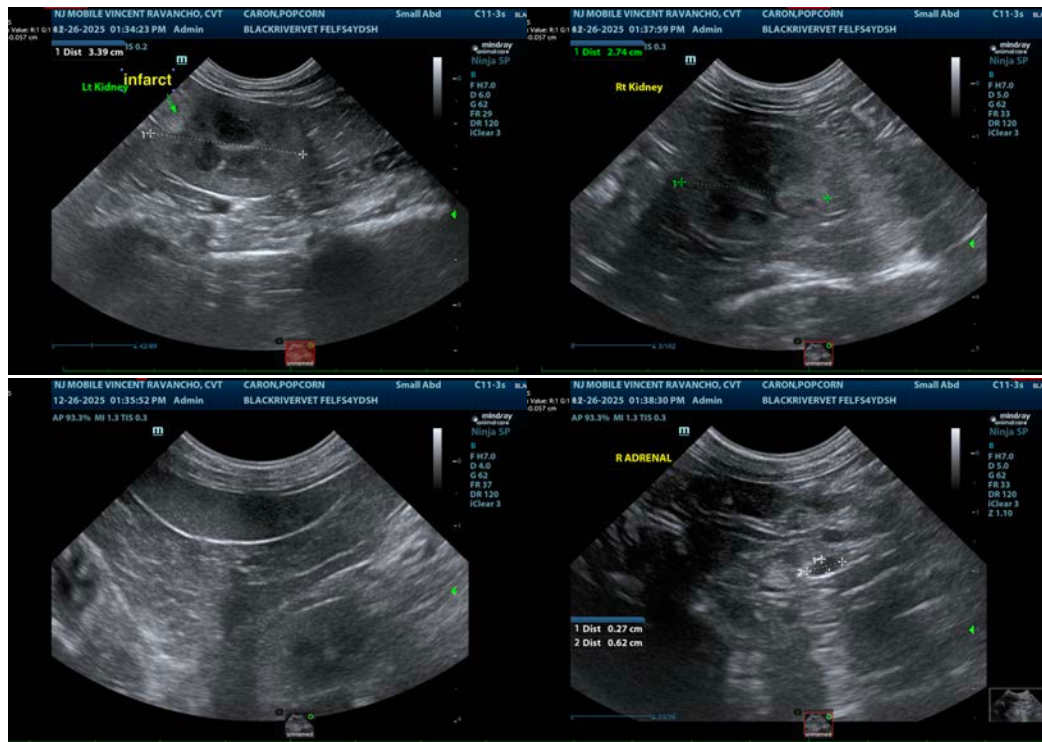
The **pancreas** presented subtle heterogeneous parenchymal changes consistent with remodeling. History of pancreatitis likely.

ULTRASONOGRAPHIC FINDINGS

- Stable renal infarcts with mild degenerative changes.
- Minor pancreatic remodeling.
- Structurally unremarkable GI tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary intolerance, occult parasitism are primary concerns in this patient. Structurally insignificant inflammatory bowel also a potential. Full urinary workup warranted, given the degenerative renal changes. Prednisolone trial may be necessary in this patient, given the patient history. Malassimilation/maldigestion is a strong potential, yet the GI tract is largely benign and remodeling of the pancreas is minor.





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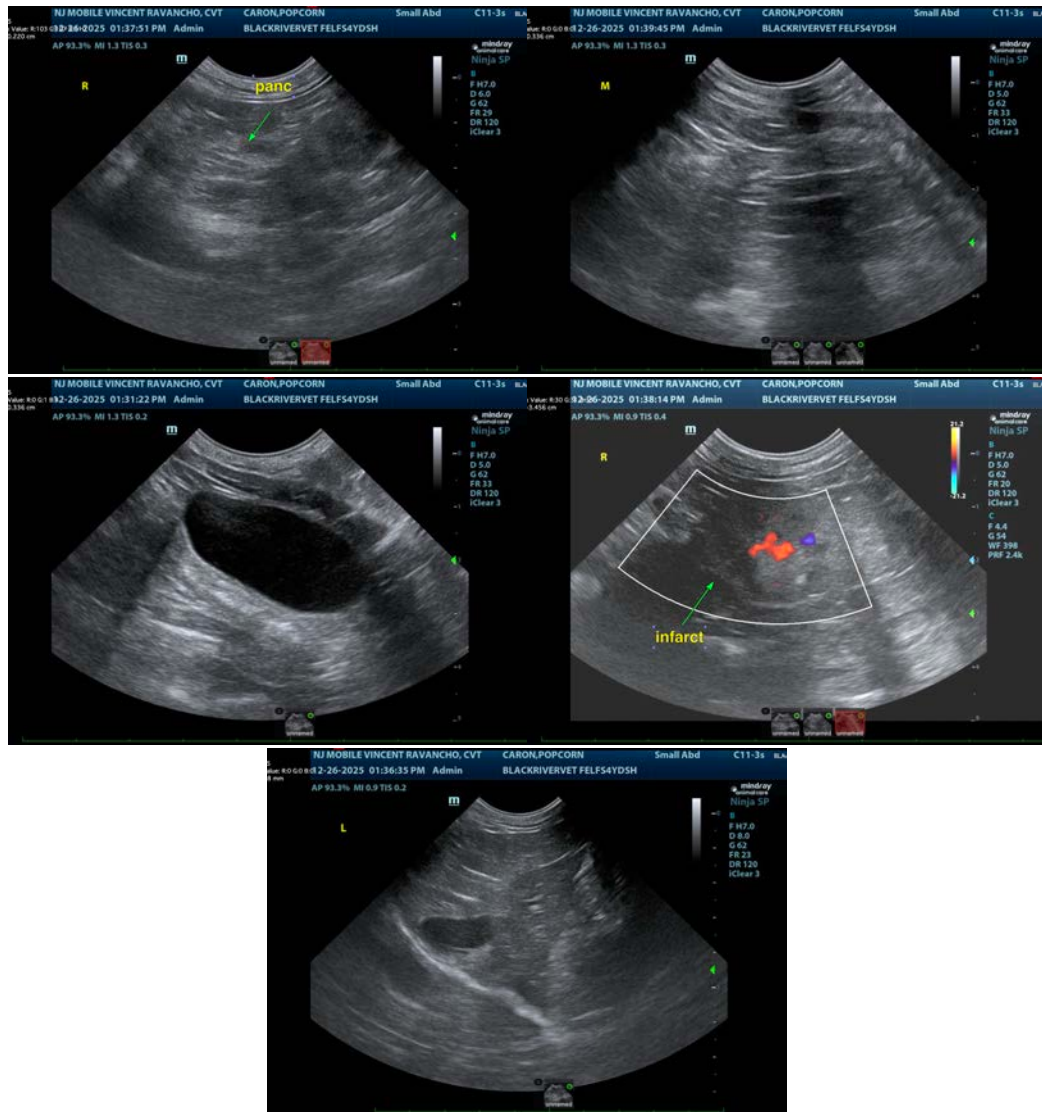
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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