



PATIENT

Marceline Ogilby

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

15 Years

WEIGHT

6.58 lbs

INTERPRETED BY

Heike Rudolf, DVM, Dr.
med. Vet., DipECVDI
DVR

IMAGING PERFORMED BY

DTLAVets

HOSPITAL NAME

DTLAVets

REFERRING VET

Dr. Flores

INVOICE

15983

DATE

05/06/26

PRESENTING CLINICAL SIGNS

Patient presents for 4-6 weeks of persistent diarrhea, occasional vomiting and at least 4 months of progressive weight loss despite BAR and eating well.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem25/T4/freeT4(ed) unremarkable. Normal QPL. Exam was generally unremarkable with exception of mild sarcopenia. On abdominal US normal SI wall layering with exception of a suspicious segment of SI that appears to lose layering and is suspicious for intraluminal mass near ICJ and hyperechoic mesentery with lymphadenopathy. No free fluid.

RADIOGRAPHIC STUDY OF THE THORAX

R/L lateral and VD are provided, totaling 4 radiographs for interpretation.

06.05.2026

RADIOGRAPHIC FINDINGS

The body condition score is 5-6/9 with smooth, alternating layers of fat and soft tissue opacity. Suture wires are present in the mid abdominal body wall.

The bony structures appear physiological.

The abdominal organs are surrounded by little fat; diaphragm and abdominal wall are intact.

The liver is located within the costal arch.

The head of the spleen appears physiological.

The stomach is empty. Distribution and size of the small intestinal loops appear physiological. Descending colon and rectum contain a small amount of unformed fecal matter. The ascending colon seems to contain a moderate amount of gas; on the VD view a small intestinal loop parallels this structure and also contains gas. On the lateral views its position varies and the number of gas filled loops does so as well.

The left renal shadow has a physiological size, shape and opacity; the right is obscured by intestinal loops. The bladder is moderately full and the bladder neck is located cranial to the pubic brim.

The sublumbar region appears physiological.

RADIOGRAPHIC DIAGNOSIS

- Likely gas in ascending colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gas filled structure in question most likely represents the ascending colon. To prove this, pneumocolonography can be performed. Alternatively, two orthogonal views can be obtained the following day by which time the gas should have moved on. If mass and lymphadenomegaly are repeatedly seen ultrasonographically, it may be possible to obtain samples for cytology. Ruling out pancreatitis with fPLi is recommended if it has not already been done. A hyperechoic mesentery is suggestive of inflammation so CRP levels should be checked.



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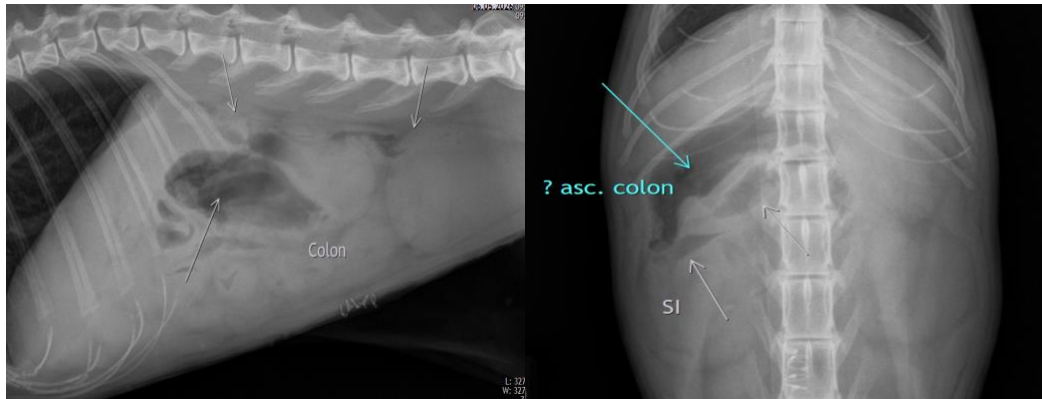
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Heike Rudolf, DVM, Dr. med. vet., DipECVDI, DVR
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