



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Drishti Ziegler Post	History: Previously had a biopsy and was started on Prednisolone, was responding very well but patient contracted ringworm and was having a hard time clearing it so Prednisolone was stopped- concerned about starting it back up. Now is losing weight and constantly asking for food but not finishing portions. History of seizures, hypothyroid, and IBD; Is on Levothyroxine 0.1 mg 1/2 tablet once daily, Lorazepam 0.5 mg 1/4 tablet twice daily, Gabapentin 25 mg twice daily, Maropitant 24 mg 1/4 tablet three times weekly, Keppra 250mg 1/2 tablet twice daily, Provable once daily, and Terbinafine 250 mg once daily.
<b>SPECIES</b>	
Feline	
<b>BREED</b>	
Domestic Shorthair	
<b>SEX</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Spayed female	<b>Urinary System</b>
<b>AGE</b>	The <b>urinary bladder</b> , trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. There was a moderate amount of hyperechoic, suspended debris within the urine. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.
5 years	
<b>WEIGHT</b>	
12 lbs	The <b>kidneys</b> revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney was <u>3.72 cm</u> and the right kidney was <u>3.88 cm</u> in length.
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
Kim Radway, DVM, DABVP (Canine/ Feline)	Both <b>adrenal glands</b> were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The left adrenal gland was <u>0.97 cm by 0.25 cm</u> and the right adrenal gland was <u>1.09 cm by 0.24 cm</u> in size.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Renee Ziegler Post	The <b>spleen</b> presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.
<b>HOSPITAL NAME</b>	<b>Liver</b>
For Cats Only VC	The <b>liver</b> revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.
<b>REFERRING VET</b>	
Dr. Ziegler Post	
<b>INVOICE</b>	
78419	
<b>DATE</b>	
6/8/26	



## PATIENT

Drishti Ziegler Post

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

Spayed female

## AGE

5 years

## WEIGHT

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DABVP (Canine/  
Feline)

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## Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. There was no evidence of enlarged, hypoechoic or rounded mesenteric lymph nodes in the images provided. There was a mildly prominent colonic lymph node that measured 0.58 x 1.3 cm in size within the image set. There was no evidence of free abdominal effusion.

## Pancreas

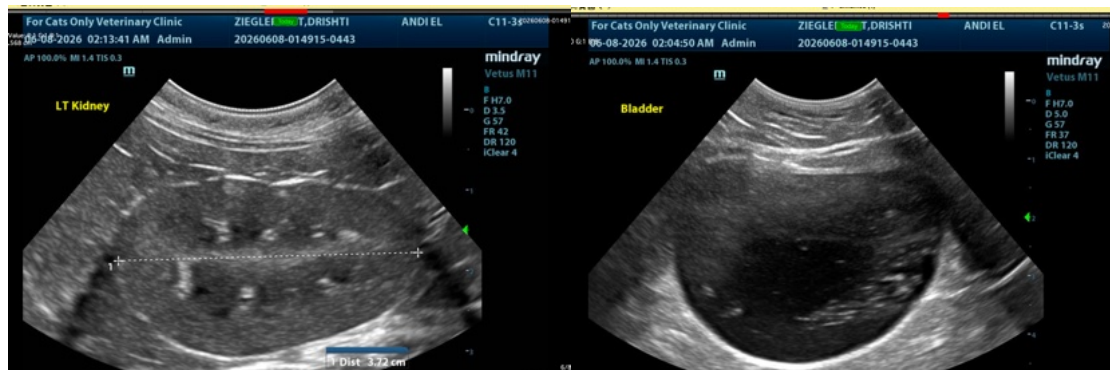
The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour were acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

Mildly enlarged colonic lymph node.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient generally had normal abdomen including the appearance of the muscularis layer throughout the intestinal tract. There were also no discrete masses, dramatically enlarged mesenteric lymph nodes or free effusion present. Based on the previous intestinal biopsy that diagnosed inflammatory bowel disease, it is recommended to consider feeding this patient a hypoallergenic diet in addition to continuing the daily proviable probiotics for additional control and support of the underlying chronic enteropathy. If this patient continues to have weight loss and intermittent appetite since the prednisolone was discontinued, initiating treatment with Budesonide for a more localized effect on the gastrointestinal tract while minimizing the systemic and skin effects, should be considered.





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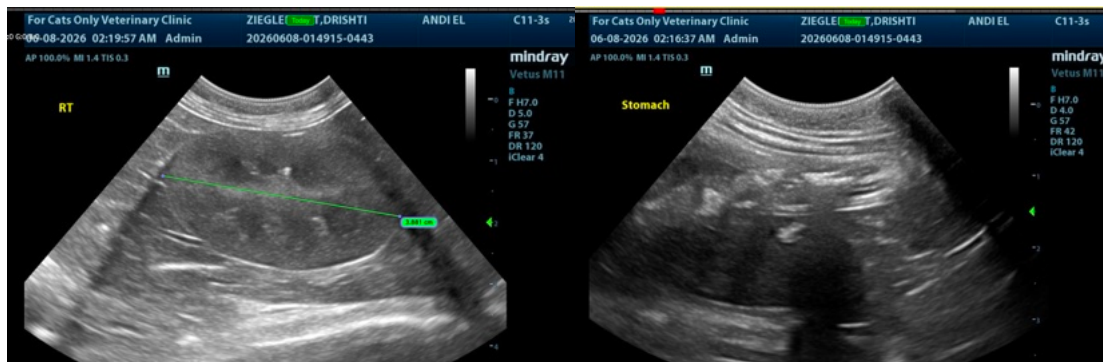
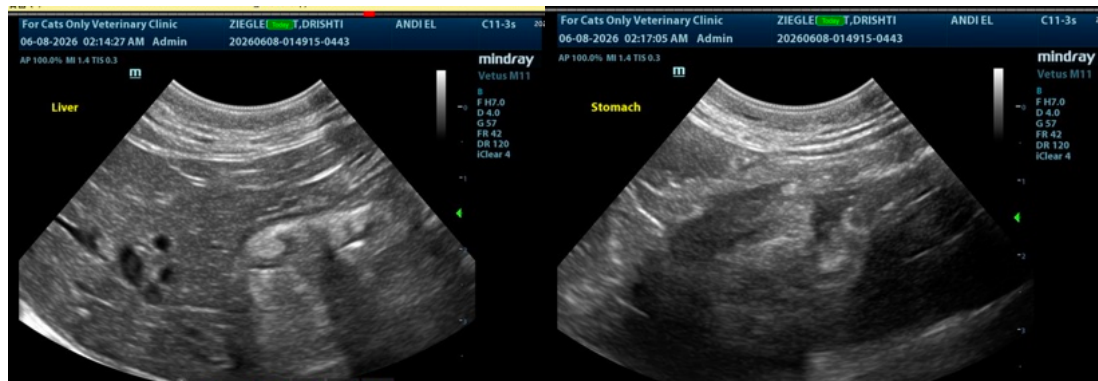
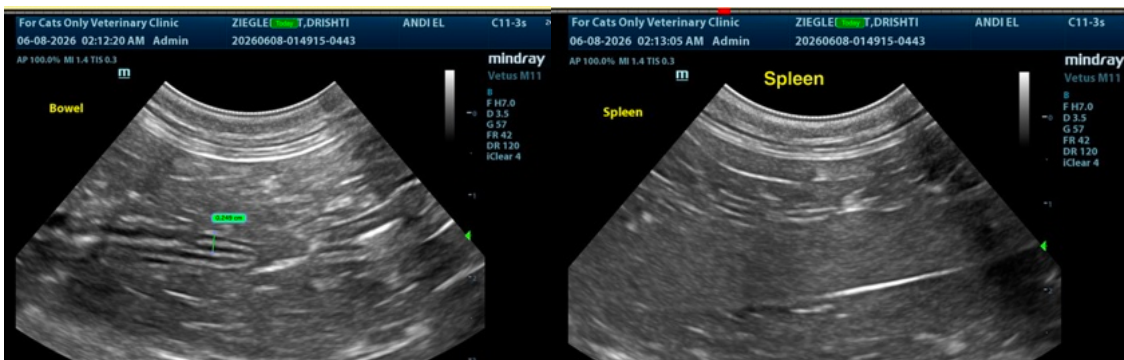
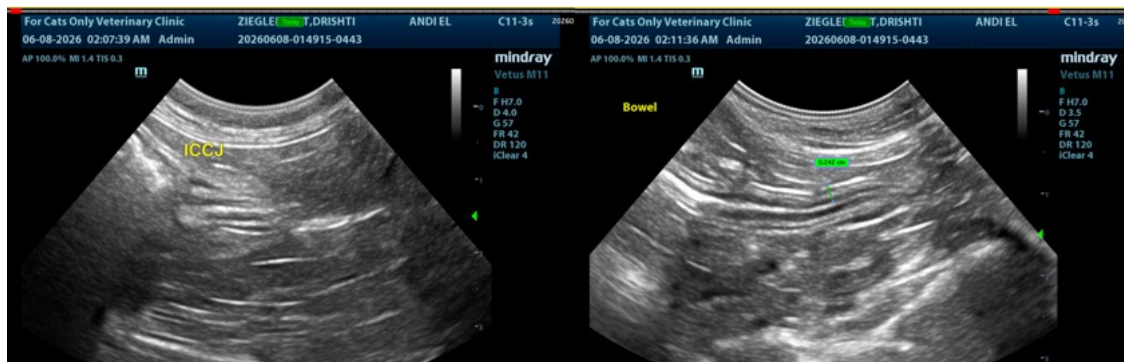
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

[info@SonoPath.com](mailto:info@SonoPath.com)