

PATIENT

REESE CARMAN

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

4yr

WEIGHT

7.92lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Rivera

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr Feldt

INVOICE

23538

DATE

1/13/2026

PRESENTING CLINICAL SIGNS

11/2025 Feral cat, brought in for diarrhea. DX Fecal Negative. CBC/Chem WNL. FIV Positive. Diarrhea resolved with Provable. Made him an indoor cat Intermittent vomiting since 12/30/25, past couple days vomiting after every meal despite cerenia.

Abnormal PE/Chem/CBC/UA Results: Diffuse thickening of intestines.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination was 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. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated with interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.8 cm in length. The right kidney measured 3.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

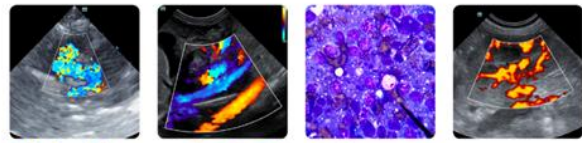
Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. The spleen measured 0.97 cm in width at the level of the mid spleen.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild gravity dependent non-organized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered to inverted muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Increased mucosa echogenicity. An example of thickened intestinal wall measured 0.39 cm in width.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No peritoneal effusion was present.

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 2.5 cm x 0.41 cm.

Mild peri-intestinal hyperechoic omentum.

ULTRASONOGRAPHIC FINDINGS

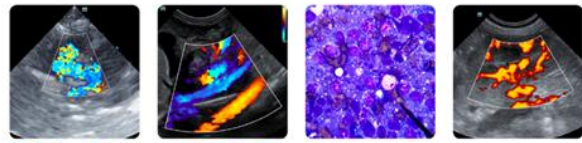
Primary

- Intact diffusely thickened small intestine.
- Semi-formed to soft fecal matter in colon.
- Normal empty stomach.
- Normal area of pancreas.
- Mild gallbladder debris.
- Non- specific bilateral renal medullary rim sign.
- Intermittent primarily mild mesenteric lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IBD or other inflammatory enteropathy, intestinal neoplasia such as lymphoma or FIP all potentials. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Definitive diagnosis would require intestinal biopsies for histopathology.

Gastrointestinal support which may include dietary trial, continued high colony count probiotic i.e. Provable, empirical deworming despite fecal testing, cobalamin supplementation pending assessment of cobalamin level or empirical IBD protocol with clinical and as needed sonographic monitoring would be reasonable.



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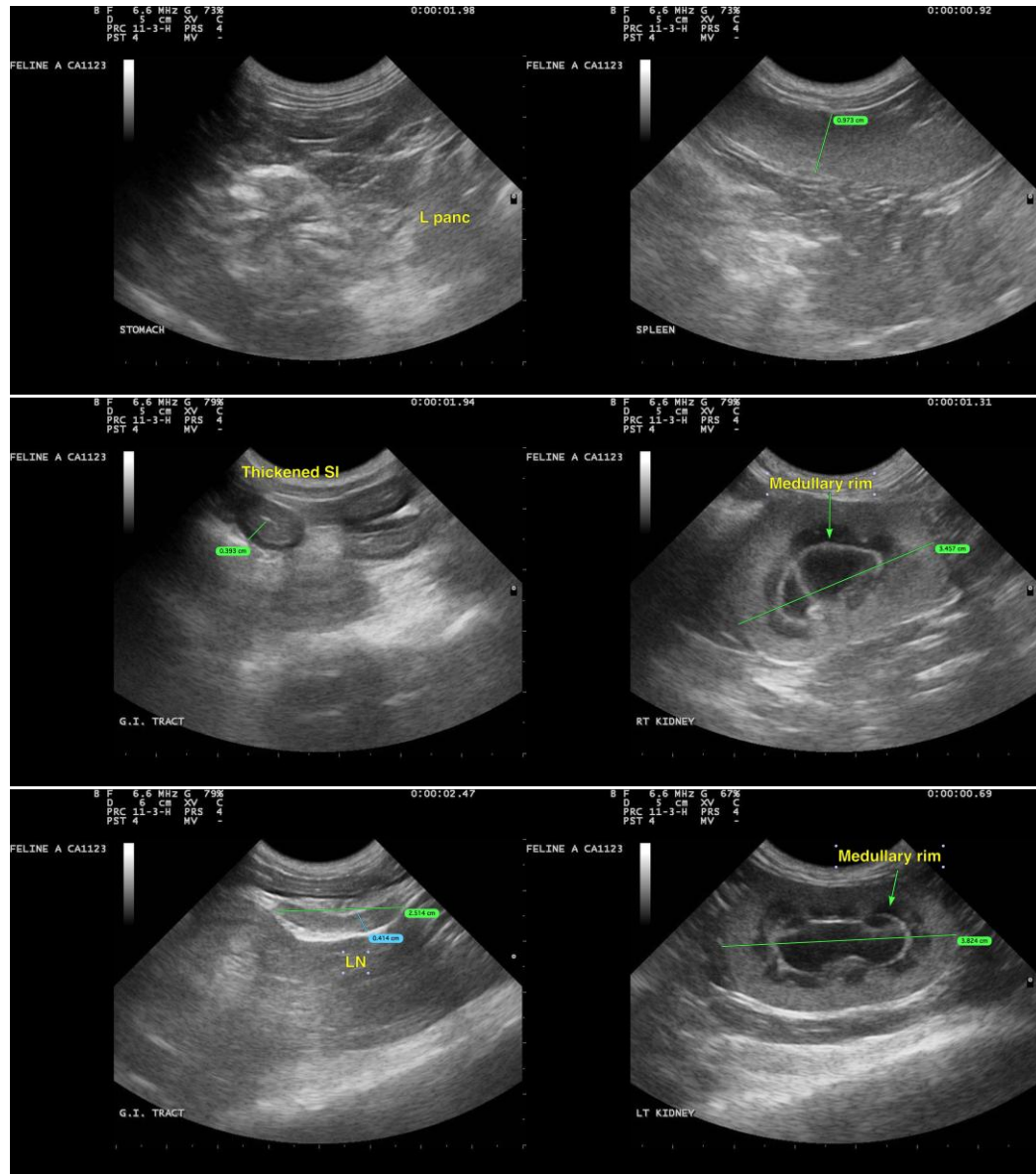
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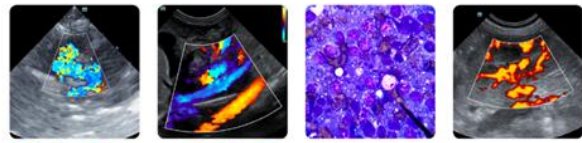
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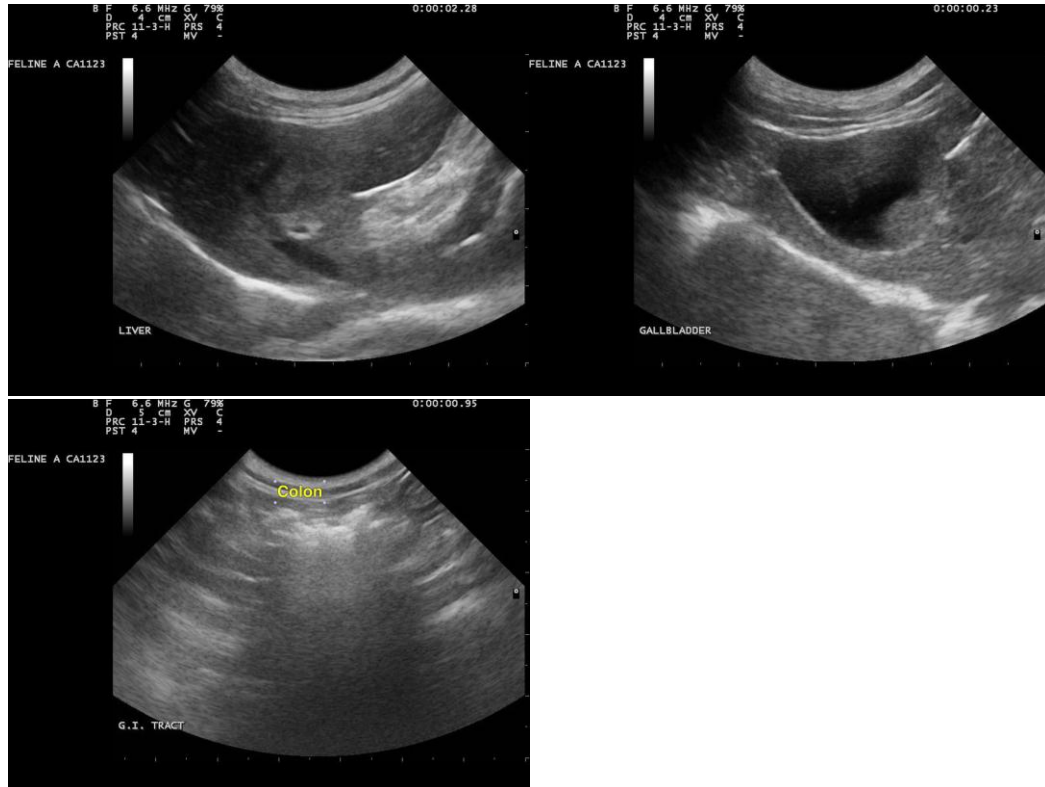
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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