



PATIENT

Ampers Roberts

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

16yr

WEIGHT

9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Rodriguez

HOSPITAL NAME

Foxfield Veterinary
Services

REFERRING VET

Rodriguez

INVOICE 23546

DATE

01/14/2026

PRESENTING CLINICAL SIGNS

Hematochezia, accidents outside litter box. Currently on Z/D HA diet

Abnormal PE/Chem/CBC/UA Results: Amylase; 1653, K: 3.1, T4: 2.9

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.

The right kidney was subnormal in size compared to the left. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of mild medullary mineral were present. The left kidney measured 4.3 cm in length. The right kidney measured 3.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

The spleen exhibited mild central splenomegaly in the area of the hilus with maintained symmetrical capsule contour and homogenous parenchyma. The mid spleen measured 1.2 cm in width. No visualized masses or nodules were present.

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 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 was empty with no signs of ileus, obstruction or foreign material.

The intestinal walls demonstrated intact wall layers with segmental thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy primarily visualized in the jejunum. The duodenum wall measured 0.25 cm width. The jejunum wall measured up to 0.35 cm width. The ileocolic wall measured 0.40 cm width.



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

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Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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Free Abdomen

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No omental masses, overt significant/swollen lymphadenopathy or peritoneal effusion was present.

DSH

ULTRASONOGRAPHIC FINDINGS

Primary

SEX

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- Intact, segmental mild to variable thickened small intestine
- Unremarkable visible colon wall with semi formed fecal matter
- Probable chronic pancreatitis
- Mild central splenomegaly
- Chronic renal changes exhibiting mild medullary mineral and mild subnormal right kidney size

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

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IBD or other inflammatory enteropathy favored while potential for emerging to occult intestinal round cell neoplasia such as lymphoma may present in similar sonographic manner. No obvious visualized colic mural pathology although mild colitis may be suspected.

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(Canine and Feline)

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. If patient is non-sedated and assuming normal clotting status a screening splenic FNA cytology could be considered to assess for occult disease vs incidental hyperplasia, hematopoiesis or inflammation.

IMAGING PERFORMED BY

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Consideration for empirical IBD / colitis therapy protocol which may include dietary trial, fiber supplementation, cobalamin supplementation pending assessment of cobalamin level, high colony count probiotic and empirical deworming may prove beneficial.

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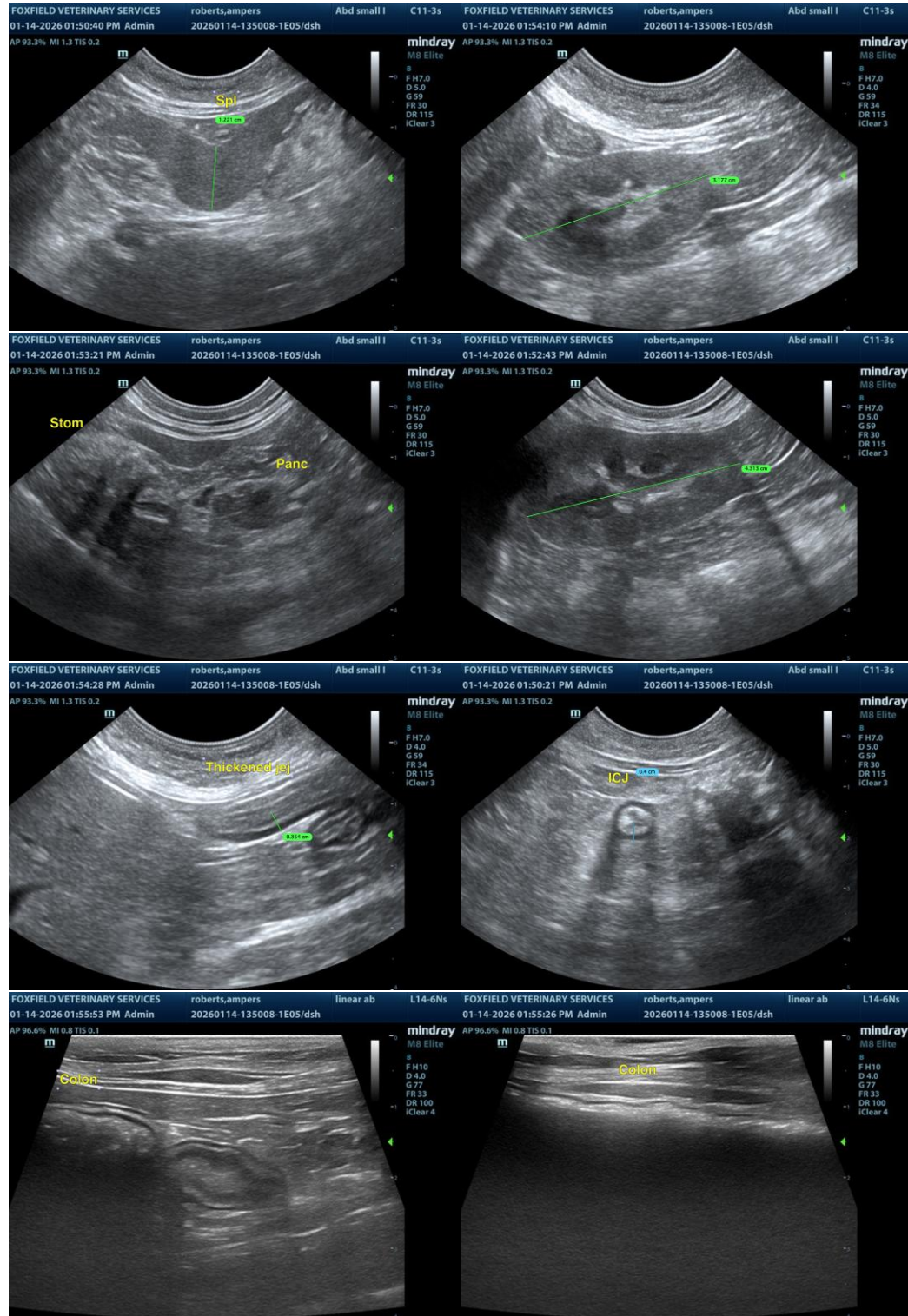
Rodriguez

INVOICE

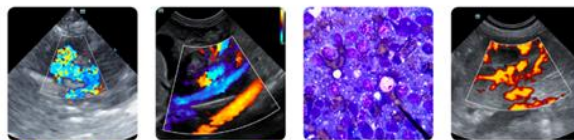
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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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info@sonopath.com

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