



PATIENT

Daffodil Olheiser

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9yr

WEIGHT

2.77kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

23566

DATE

01/15/2026

PRESENTING CLINICAL SIGNS

Presents for persistent weight loss, reduced appetite, possible gastrointestinal signs. - Weight loss since October; 3.4 kg (Nov) to 2.77 kg (today) - Appetite: Asks for food, takes a few bites, then stops; interested but not eating - Gagging noted; no observed vomiting - One episode of hematochezia in October - Lethargic at home per client; previously BAR in clinic - Diet: Multiple high-quality, high-protein and sensitive stomach diets trialed (Science Diet, Fancy Feast, Tiki, dry food); minimal improvement - History of upper respiratory infection as a kitten - Juvenile dental disease; all but one tooth extracted

Abnormal PE/Chem/CBC/UA Results: Abnormal PE: -BCS 3/9, One remaining tooth, possible ropey small intestinal thickening, mildly unkempt coat Abnormal bw (10/25): SDMA 15, Amylase 1134, BUN 42, LYM 9.16; UA- cocci and WBCs present

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 mild non-dependent particulate sediment. 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 were present in the kidneys. A normal 1:3 cortex / medulla ratio and mild non-specific, increased corticomedullary echogenicity was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.4 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 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 0.76 cm in width at the level of the mid spleen.

Liver/Gallbladder

The liver was subjectively borderline enlarged in size. 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.

The gallbladder wall was thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

The small intestine presented intact generalized mild thickened wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained similar appearing non-shadowing ingesta/chyme with no signs of obstruction or foreign material to the level of the colon. The duodenum wall measured 0.31 cm width. The jejunum wall measured 0.27 cm width. The ileocolic wall measured 0.32 cm width.

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

Pancreas

The pancreas was mildly prominent in size with capsule asymmetry and mildly non-homogenous hypoechoic parenchyma. Mildly prominent pancreatic duct.

Free Abdomen

Scant pockets of perineal effusion were 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).

Generalized normal omental echogenicity was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Chronic enteropathy pattern with non-shadowing gastrointestinal ingesta- consistent with food echogenicity
- Chronic/chronic active pancreatitis
- Borderline/mildly hepatomegaly with mild edematous gallbladder
- Intermittent primarily mild mesenteric lymphadenopathy
- Scant peritoneal effusion
- Semi formed fecal matter in colon

Secondary

- Early age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic IBD or other inflammatory enteropathy, chronic active pancreatitis and potential triaditis are favored. Low-grade intestinal round cell neoplasia or emerging multicentric neoplastic criteria felt less likely.

Further assessment may include assuming normal clotting status, using 25ga needle a screening hepatic FNA cytology, given short half-life of hepatic enzymes in cats and a GI panel. Biopsy is



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required for definitive diagnosis. Empirical IBD / triaditis protocol with clinical and as needed sonographic monitoring may be considered.

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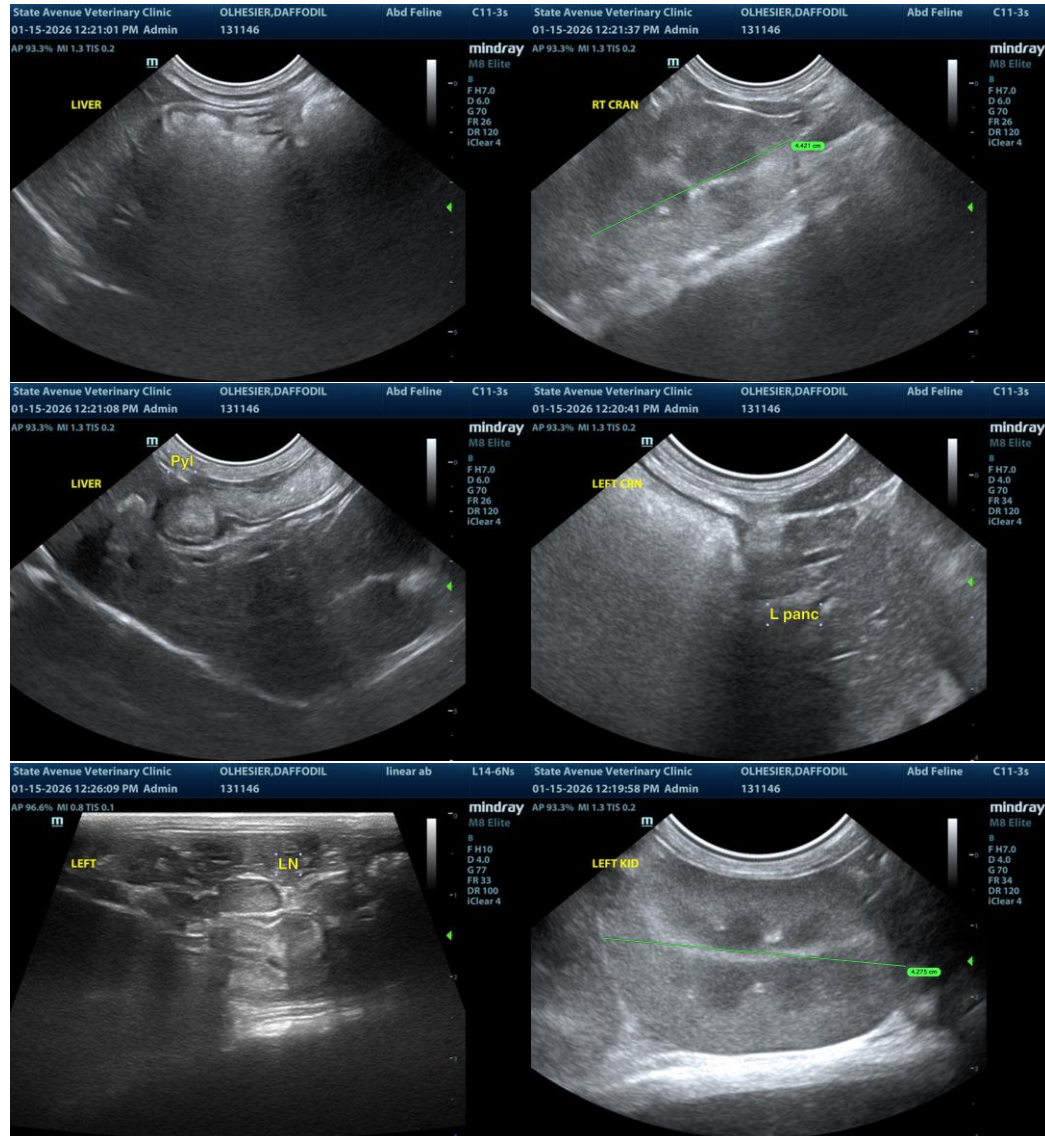
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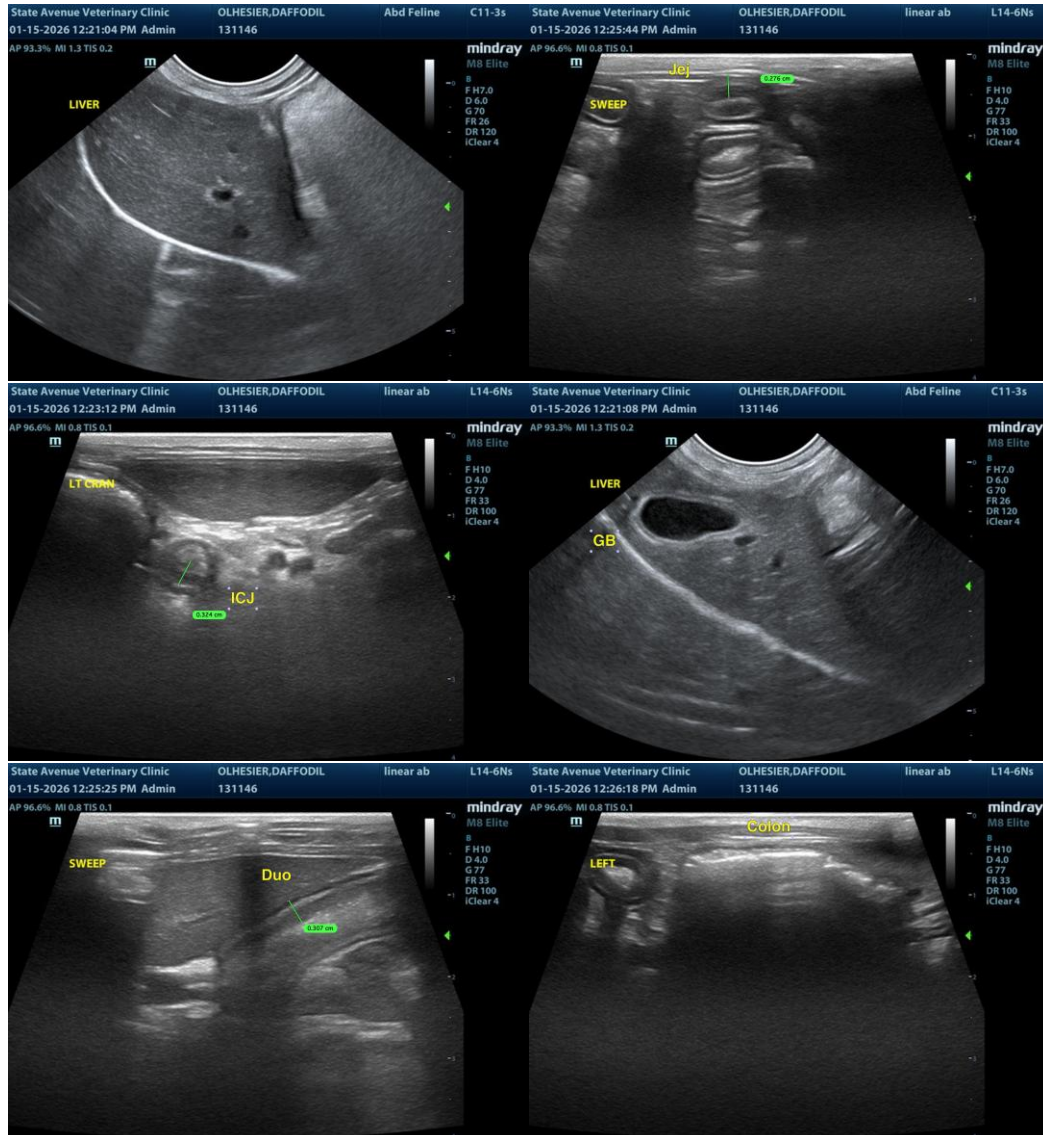
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com