



**PATIENT**

L.V. Hall

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

15yr

**WEIGHT**

2.63

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Mariya Axenoff

**HOSPITAL NAME**

Wilvet South

**REFERRING VET**

Mariya Axenoff

**INVOICE**

23601

**DATE**

01/18/2026

**PRESENTING CLINICAL SIGNS**

This morning, breathing efforted. D+ since the 5th - was put on fluids/cerenia at rDVM. rDVM mentioned systemic inflammation. Fluids last given yesterday. Last night V+ lots of water, food. O mentioned GI issues since adopted at 5 years old.

Abnormal PE/Chem/CBC/UA Results: PE: Nasal Cavity: No obvious abnormalities observed Stertor noted Cardiovascular: Abnormal: Grade III/VI parasternal murmur CBC: WBC 23.97K (high), Neutrophils 11.57K (high), Lymphocytes 10.37K (high), Monocytes 1.15K, Platelet 701K (high), Platelet crit 1.25% (high). CHEM10: Albumin 2.1 (low). Lyte 4: WNL. UA: USG 1.019 (decreased). Rectal: \*Diarrhea Musculoskeletal: Sarcopenia

**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 were present in the kidneys. 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. Mild pelvic dilation was present. The left kidney measured 3.3 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 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.

**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**



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid with no signs of ileus, obstruction or foreign material.

The small intestine presented intact mildly thickened wall layering with primarily maintained muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.27 cm – 0.29 cm in width.

The colon walls presented intact yet mild prominent wall layering with mild thickened to echogenic submucosa. Soft fecal matter was present in the colon lumen with lumen dilation. The colon wall measured 0.24 cm in width.

### **Pancreas**

The pancreas was mildly prominent size with symmetrical contour and mild non-homogenous hypoechoic parenchyma. Prominent pancreatic duct present.

### **Free Abdomen**

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

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary**

- Pancreatitis
- Chronic enteropathy pattern
- Colitis
- Mild nonobstructive hypomotile stomach
- Chronic renal changes with minor pyelectasia

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A GI panel to include PLI/TLI/B12/Folate is suggested. Chronic IBD or other inflammatory enterocolopathy combined with pancreatitis and possible associated systemic inflammation favored. No signs of mechanical GI obstruction or overt abdominal neoplastic criteria which is thought less likely. Supportive care with clinical monitoring and sonographic recheck if progressive clinical signs is recommended. Urinalysis is suggested if not done.



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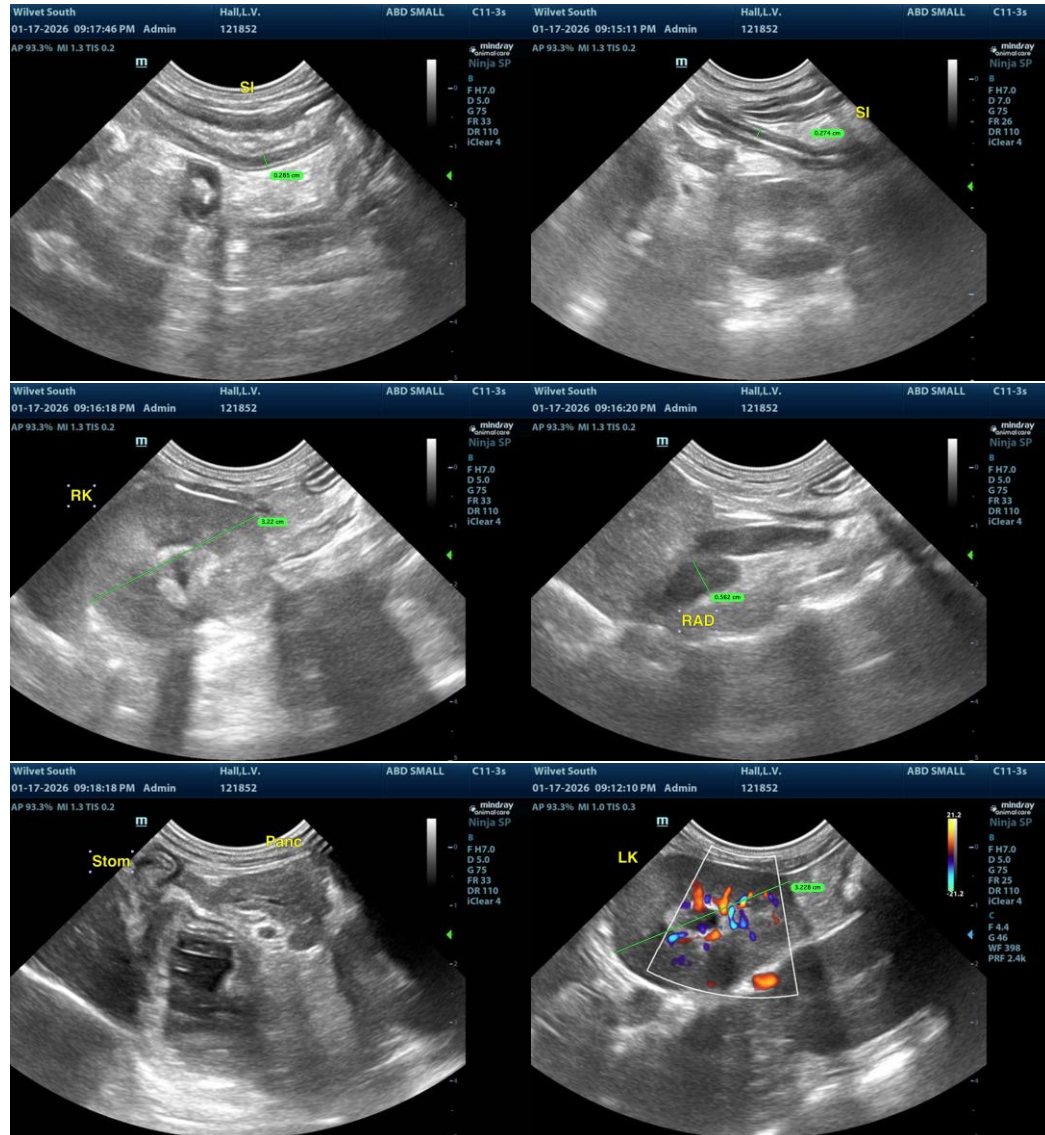
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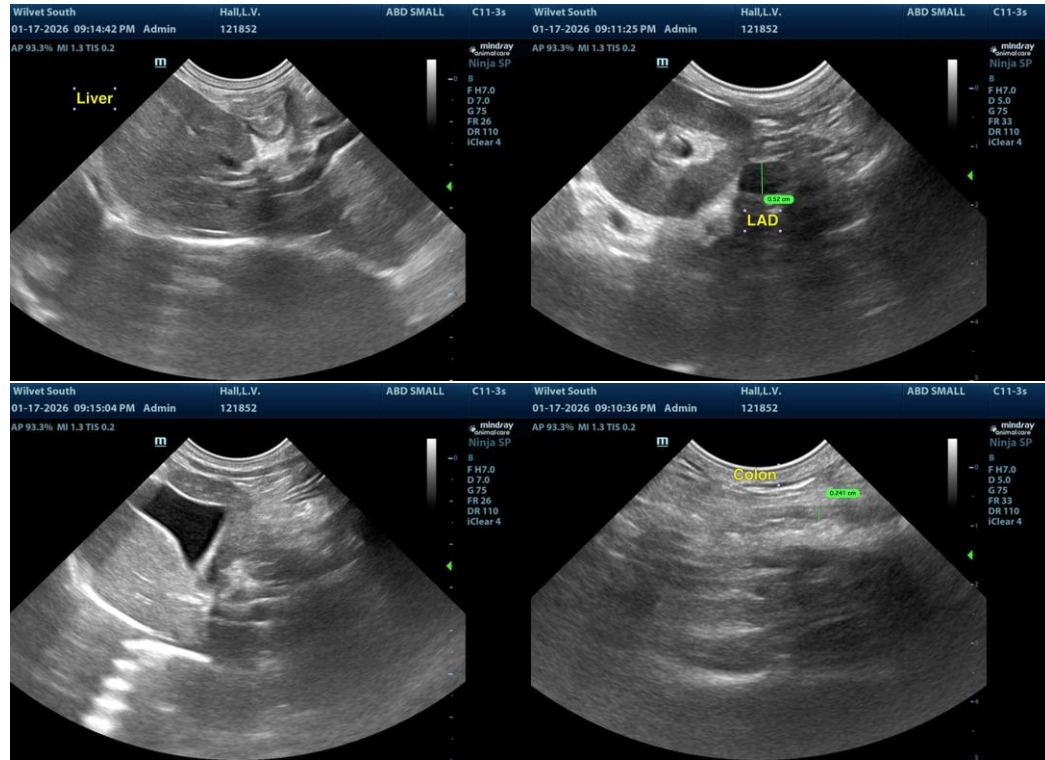
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(Canine and Feline)

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.

**IMAGING PERFORMED BY**

Mariya Axenoff

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)

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