



PATIENT

Aika Wood

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

15yr

WEIGHT

7.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Salem AC

REFERRING VET

Dr Ito

INVOICE

23626

DATE

01/19/2026

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings:
 - Loose stool with bright red blood once a week over the last several months
 - Defecating in inappropriate areas
 - Vomits hairballs every few days
 - Mild dehydration
 - Right ocular discharge/right nasal discharge
- ABNORMAL Lab work Values
- -WBC 19.3 (high normal 19.5)
- --Monocytes 1.3 (high normal 1.0)
- --Granulocytes 17.0 (high normal 13.0).
- -BUN 40.6 (high normal 32)
- -Globulins 5.0 (high normal 4.8)
- Current Medications
- Proviale Forte
- Radiographic Findings
- No rads taken

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of pinpoint medullary mineral were present. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 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 0.43 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 0.9 cm in width at the level of the mid spleen.



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Liver/Gallbladder

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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 minor non-organized debris. The cystic and common bile ducts were normal.

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Gastrointestinal

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

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.24 cm width. The jejunum wall measured 0.23 cm width. The descending colon wall measured 0.20 cm width.

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Borderline thickened colon wall layers were present with apparent formed to semi formed feces in lumen.

Pancreas

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The left pancreas was normal in size with capsule asymmetry and non-homogenous hypoechoic parenchyma compared to adjacent non-reactive or inflamed omentum.

Free Abdomen

INTERPRETED BY

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

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(Canine and Feline)

ULTRASONOGRAPHIC FINDINGS

Primary

- Subjective mild colitis
- Sonographically unremarkable gastrointestinal tract with non-shadowing gastric ingesta-consistent with food echogenicity
- Chronic renal changes exhibiting pinpoint mild medullary mineral
- Possible chronic pancreatitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal obstruction or current gastrointestinal hairball. Correlation with most recent meal ingestion recommended. A GI panel to include PLI/TLI/Cobalamin/Folate with consideration for concurrent diarrhea PCR panel is recommended. Cobalamin supplementation, empirical deworming if clinically indicated Panacur SID x 7-10 days, dietary trial which may include hydrolyzed diet with fiber supplementation or higher fiber diet and high colony count probiotics such as Provable may prove beneficial. Concurrent as needed hairball therapy is recommended.

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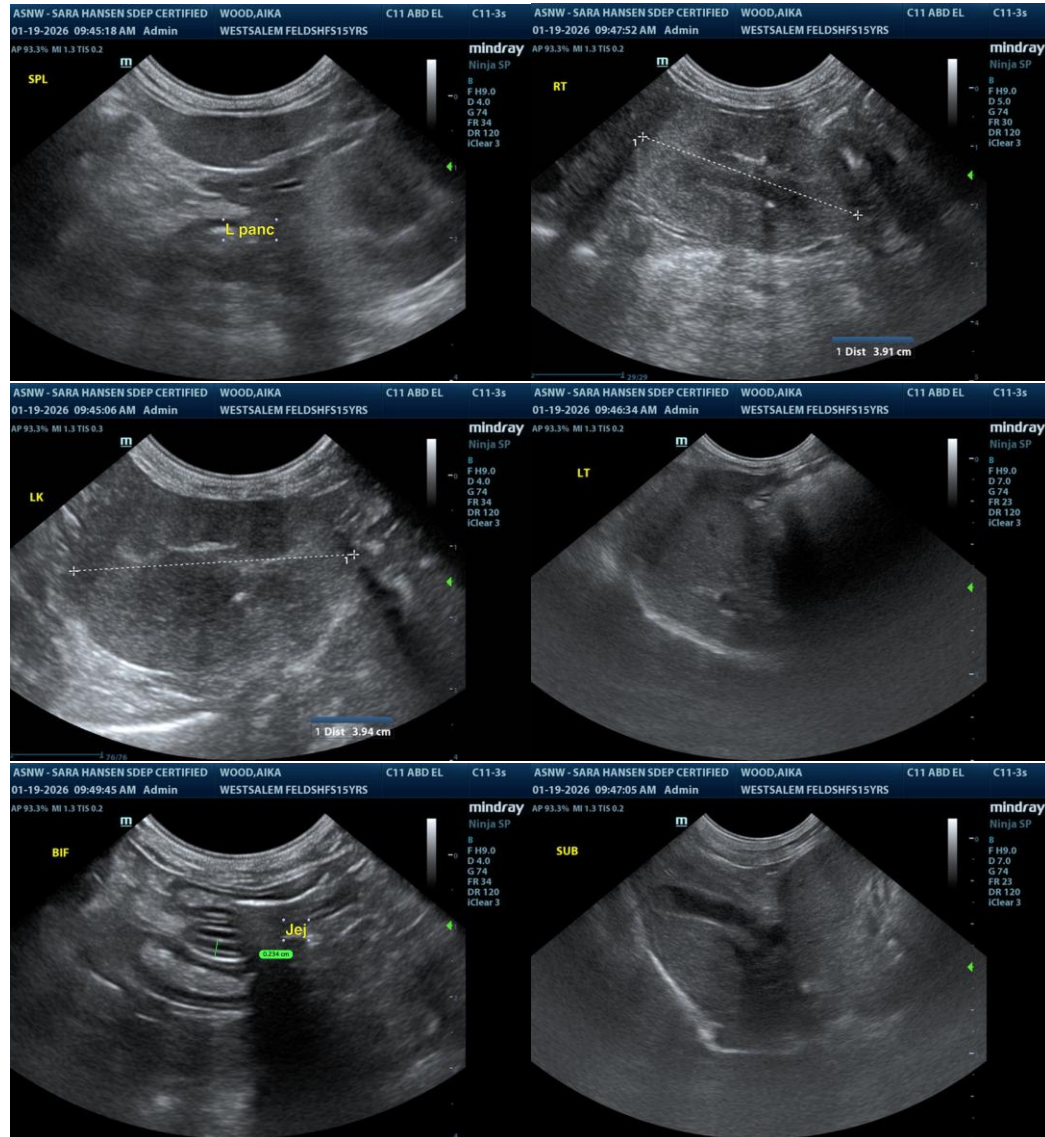
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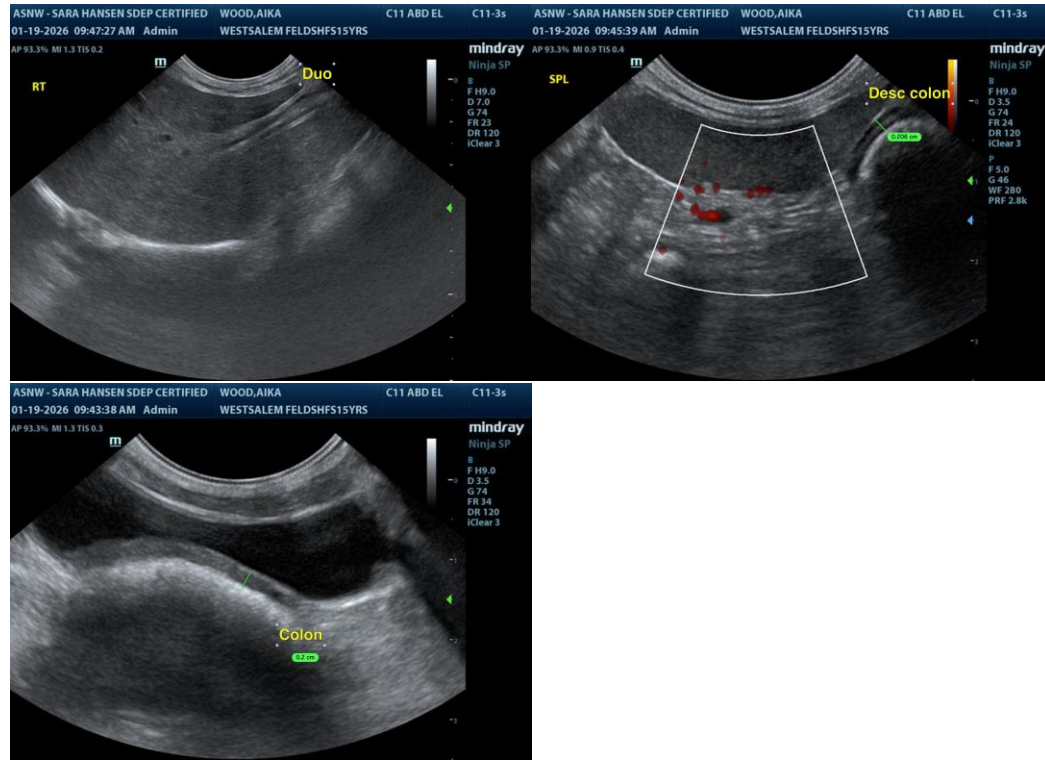
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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