



## PATIENT

Milo Gosselin

## SPECIES

Feline

## BREED

DSH

## SEX

NM

## AGE

8 years

## WEIGHT

3.87 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jill Rankin

## HOSPITAL NAME

Bridgeland VC

## REFERRING VET

Dr. Ale

## INVOICE

10576

## DATE

1/22/26

## PRESENTING CLINICAL SIGNS

The patient has a four-year history of presumed Inflammatory Bowel Disease (IBD) and pancreatitis, presenting for a recent recurrence of vomiting and softer stool.

Approximately four years ago, the patient was diagnosed with pancreatitis after presenting to an emergency clinic for vomiting and pain. A subsequent ultrasound suggested IBD, which was presumed to be the diagnosis without biopsy confirmation. The patient was started on a hydrolyzed protein plus SO diet, which led to a significant improvement in appetite and a decrease in vomiting frequency to about once a month.

Recently, the patient's clinical signs have worsened. Over the last four days, he has vomited daily, and his stool has become softer. A trial of probiotics did not result in improvement. A general senior blood panel has been submitted and were reported as unremarkable. A cobalamin and folate are currently pending. A urine sample was collected today but results pending.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were 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. The left kidney measured 3.7 cm in length. The right kidney measured 3.7 cm in length.

### 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 at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width at the caudal pole.

### 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



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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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with minor gallbladder debris. The common bile duct was not definitively visualized.

### **Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

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 ileus, obstruction, or foreign material. The jejunum wall measured 0.21-0.24 cm width. The ileocolic wall measured 0.31 cm width.

Normal visible colon wall layers were present with soft fecal matter.

### **Pancreas**

The pancreas was normal in size with symmetrical contour and mild heterogeneous to subtle hypoechoic parenchyma compared to adjacent nonreactive or inflamed omentum.

### **Free Abdomen**

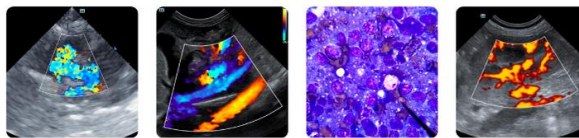
Mild enlarged jejunocolic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of peritoneal effusion was noted.

## **ULTRASONOGRAPHIC FINDINGS**

- Structurally unremarkable gastrointestinal tract / colon with soft fecal matter
- Intermittent mild jejunocolic lymphadenopathy - consistent with benign criteria
- Subjective mild chronic pancreatitis
- Minor gallbladder debris
- Mild urine sediment

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

There is no evidence of significant gastroenterocolic mural pathology or mechanical gastrointestinal obstruction. Underlying to chronic gastrointestinal disease in conjunction with chronic pancreatitis may present as sonographically normal. Correlation with pending diagnostics recommended.



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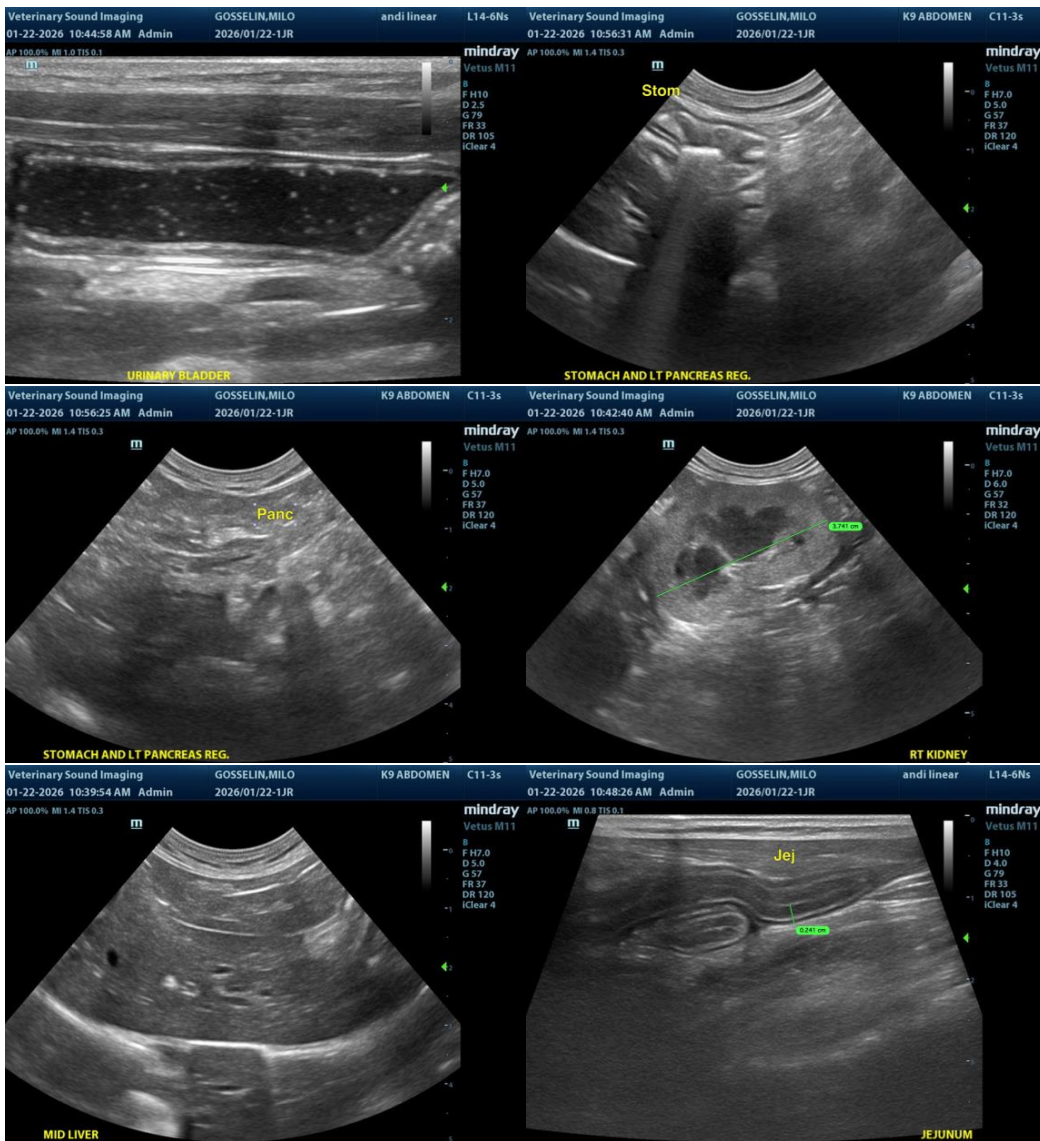
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Gastrointestinal support and empirical therapy for chronic pancreatitis which may include continued dietary therapy, probiotics, cobalamin supplementation pending assessment of cobalamin level, as-needed gastroprotectants, and consideration for empirical deworming despite fecal testing, and if clinically indicated, are suggested. Correlation with pending urinalysis +/- C/S if evidence of inflammatory sediment is recommended.





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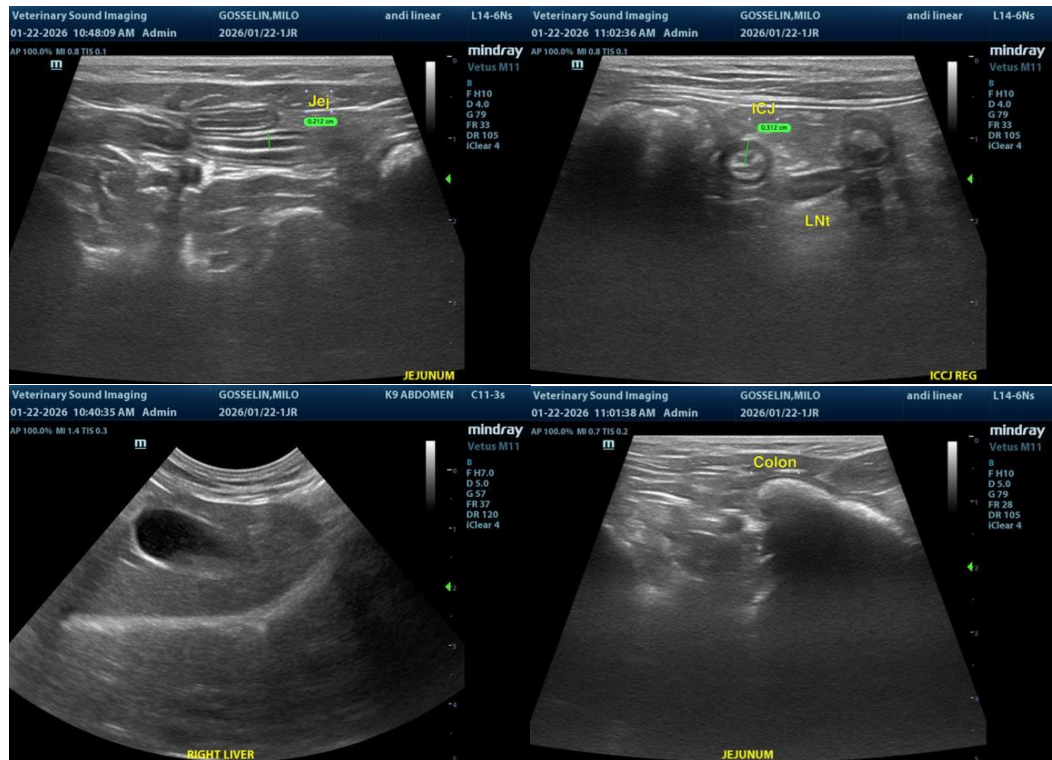
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)