

PATIENT

Henry Harnden

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3 Years

WEIGHT

3.6 kg

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP (Canine
 / Feline Practice)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Acton VC

REFERRING VET

Dr. Poremba

INVOICE

13363

DATE

1/23/26

PRESENTING CLINICAL SIGNS

- Chronic diarrhea, weight loss, recent vomiting
- Exam – Normal, BCs 4/9
- Current Medications: Gabapentin

Abnormal PE/Chem/CBC/UA Results: Increased serum folate - m1 leukocytosis from m1 neutrophilia - r/o excitement, stress, inflammation - otherwise unremarkable Radiographic Findings Have not done rads. Primary Question to Be Answered in This Exam cause of chronic diarrhea etc.

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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was 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 0.43 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 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.

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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



PATIENT

Henry Harnden

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta (consistent with food echogenicity) without signs of obstruction or foreign material.

SPECIES

Feline

The small intestine presented overall intact wall layering and nonthickened wall with subjective propensity for mildly prominent segmental jejunal muscularis layer yet without evidence of loss of intestinal wall layering or mural hypertrophy to the level of the ileum. Intact subjective mildly thickened ileum wall measured 0.29 cm wall width. The ileocolic wall measured 0.33 cm wall width. The jejunum wall measured 0.22 cm wall width.

BREED

DSH

The colon exhibited intact mildly thickened descending to distal colon wall. The distal colon wall measured 0.33 cm wall width. The colon contained generalized soft fecal matter in lumen.

SEX

Neutered Male

Pancreas

The left pancreas presented normal in size with symmetrical contour and mild nonhomogenous hypoechoic parenchyma compared to adjacent nonreactive or inflamed omentum.

AGE

3 Years

Free Abdomen

A solitary visualized mildly prominent colic lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.0 cm width. No evidence of peritoneal effusion.

WEIGHT

3.6 kg

ULTRASONOGRAPHIC FINDINGS

- Mild colitis pattern with suspect concurrent ileitis.
- Mild benign colic lymphadenopathy.
- Possible mild left limb pancreatitis.

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP (Canine
 / Feline Practice)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not done, a full GI panel to include PLI, TLI, cobalamin and folate in conjunction with diarrhea PCR panel is suggested. In conjunction with sonographic evidence of distal small intestine and colon, inflammatory criteria, dietary intolerance, infectious disease, more generalized to emerging inflammatory bowel, occult parasitism, and possible mild pancreatitis are all potentials.

IMAGING PERFORMED BY

Amanda Stewart

Dietary trial, which may include hydrolyzed diet with fiber supplementation or higher fiber diet, high colony count probiotics such as proviable, cobalamin supplementation pending assessment of cobalamin level or if less than 400, and empirical deworming Panacur SID for 7-10 days may prove beneficial. Sonographic monitoring is recommended pending clinical monitoring. Enterocolic biopsies may be required for a definitive diagnosis.

HOSPITAL NAME

Acton VC

REFERRING VET

Dr. Poremba

INVOICE

13363

DATE

1/23/26



PATIENT

Henry Harnden

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3 Years

WEIGHT

3.6 kg

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP (Canine
 / Feline Practice)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Acton VC

REFERRING VET

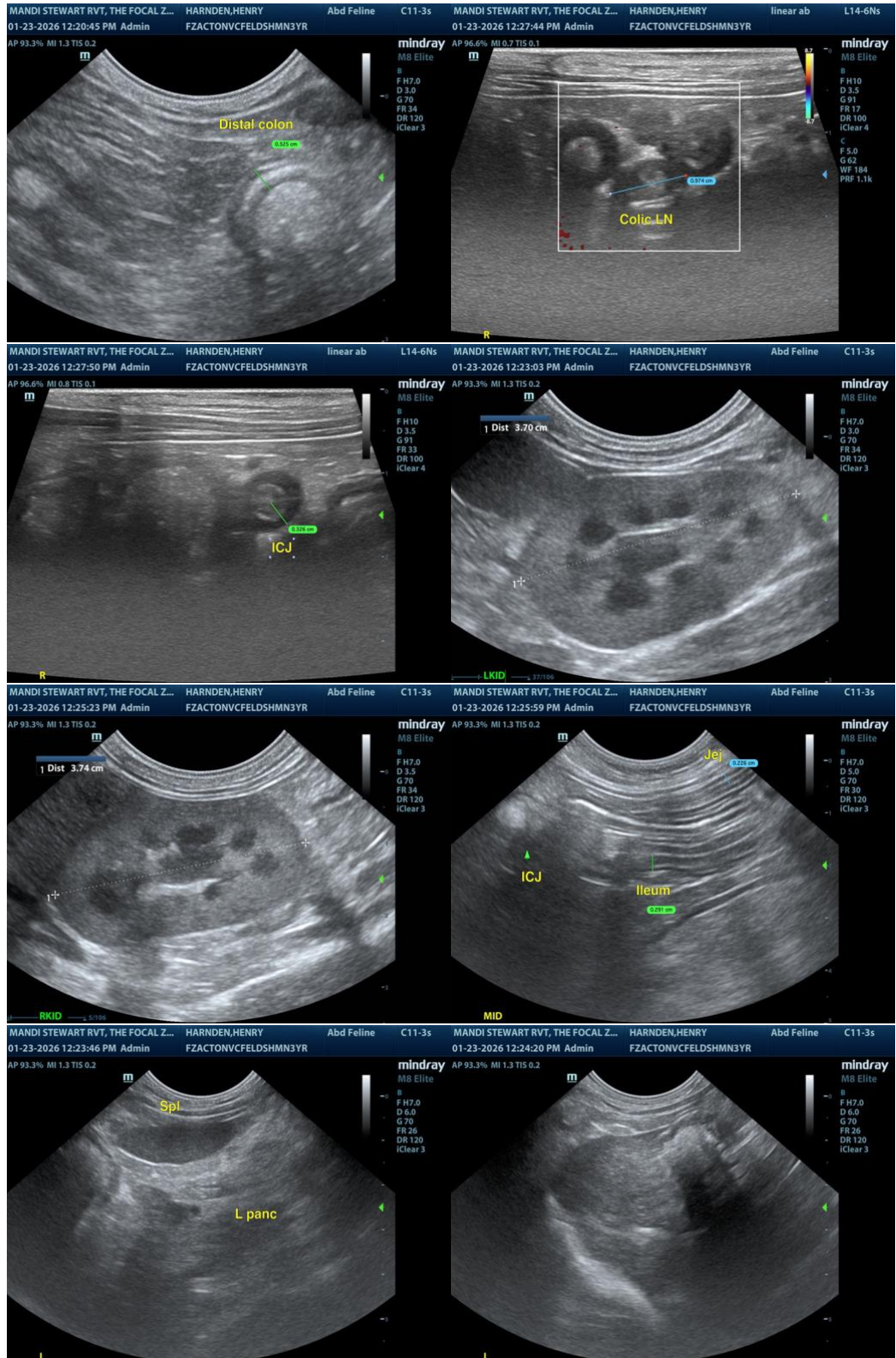
Dr. Poremba

INVOICE

13363

DATE

1/23/26





PATIENT

Henry Harnden

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3 Years

WEIGHT

3.6 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

**IMAGING
PERFORMED BY**

Amanda Stewart

HOSPITAL NAME

Acton VC

REFERRING VET

Dr. Poremba

INVOICE

13363

DATE

1/23/26

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