



PATIENT

Piper Copley

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

3.87 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Clinic

REFERRING VET

Dr. Lisa Miller

INVOICE

72470

DATE

1/26/26

PRESENTING CLINICAL SIGNS

Presented for ADR for few days. A few days ago was vomiting with hair balls. Appetite was okay until that afternoon. decreased appetite rest of that day. Sat am gave Mirataz. Ate well this am (1/25) and then refused lunch. Lethargic. prior history of pyometra.

Concern for infiltrative bowel disease (neoplasia vs IBD); other

Abnormal PE/Chem/CBC/UA Results: PE: Subtle Pain 1/4, to palpate abdomen; Reactive to abdominal palpation, possible mass in mid abdomen cbc: nr epoc: nr chem: normal fpl: normal rads: very dilated colon with gas; obvious intramural effect at the distal colon causing narrowing of the colon; small bowel also appear irregular and thickened in certain sections. stomach lining sl thickened; kidneys appear abnormal

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 changes were noted.

The area of the aortic trifurcation was free of pathology.

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. Left kidney measured 3.5 cm. Right kidney measured 4.0 cm.

Adrenal Glands

The areas of the left and right adrenal glands were free of overt pathology.

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

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

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.



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The small intestine exhibited intact wall layering with overall maintained wall layer ratio. Borderline mildly thickened jejunum wall noted without evidence of loss of wall layer detail or intestinal mechanical/metabolic ileus to the level of the colon. Jejunum wall measured 0.26-0.29 cm. Ileocolic wall measured 0.46 cm. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen. The colon appeared overall non-distended in appearance.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No visualized significant or swollen mesenteric lymphadenopathy. No peritoneal effusion.

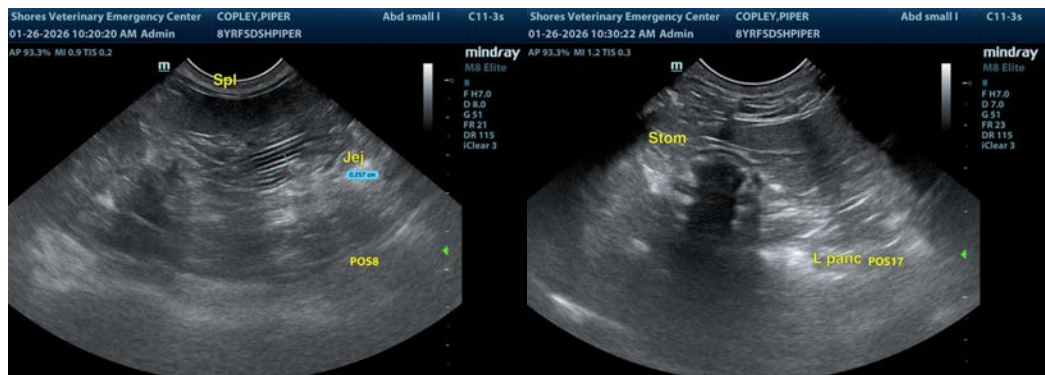
ULTRASONOGRAPHIC FINDINGS

- Normal empty stomach.
- Intact, borderline thickened small intestinal wall.
- Normal area of pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific with possible patient variant, the small intestine exhibited intact, mildly thickened wall, which may suggest mild inflammatory criteria i.e., mild IBD or other. No evidence of concurrent gastrointestinal hairball density, obstructive pattern, or gastroenterocolic tumors. Visualization of the distal colon lumen interior was obscured by formed fecal matter. No overt suspicion of intestinal neoplastic criteria, although emerging to low-grade intestinal round cell neoplasia i.e., lymphoma cannot be definitively excluded.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Current gastrointestinal support with clinical and as needed sonographic monitoring is recommended.





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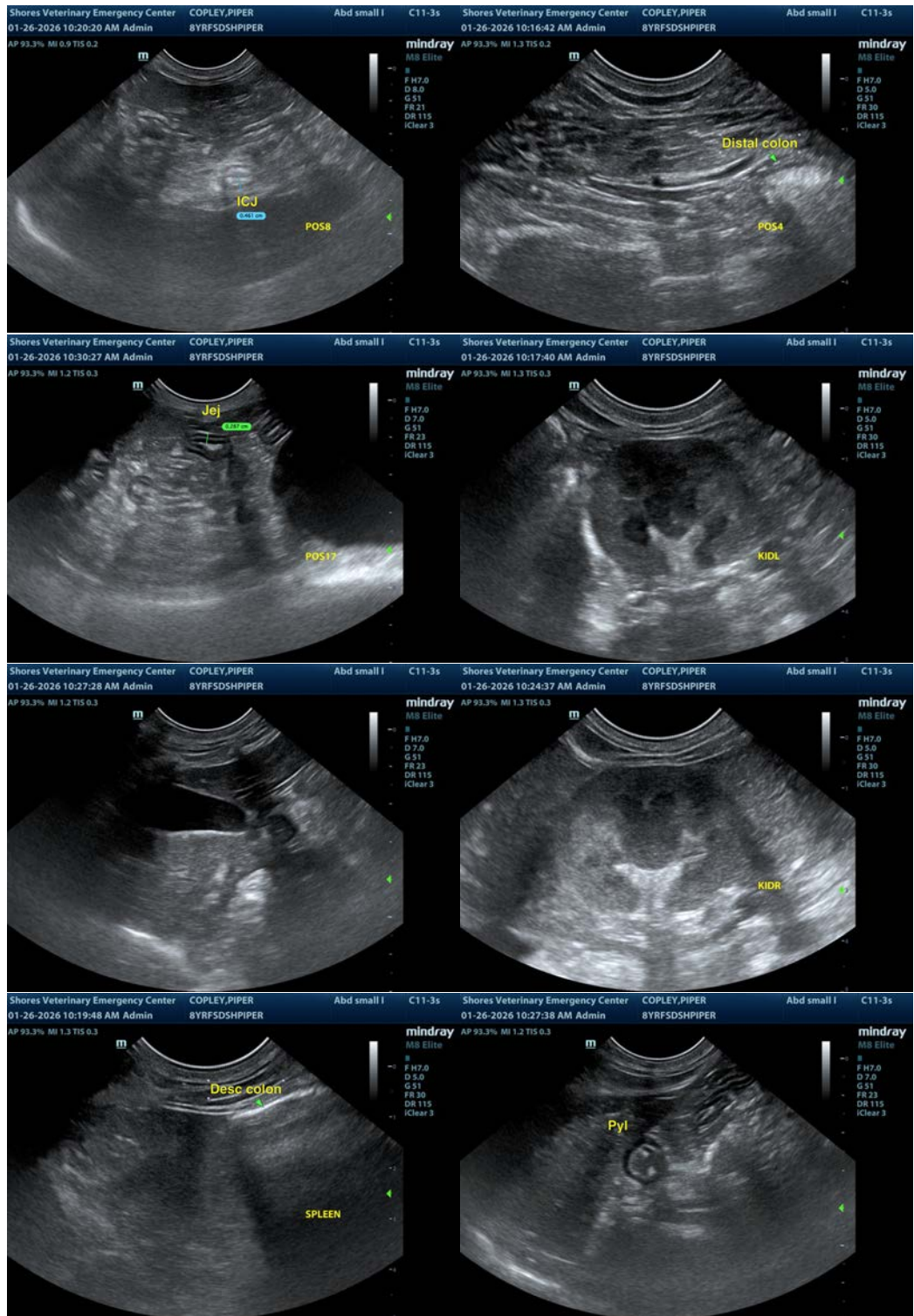
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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