



**PATIENT**

Marlee Rose

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

13 yrs

**WEIGHT**

11 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

West Salem AC

**REFERRING VET**

Dr. Crane

**INVOICE**

10592

**DATE**

1/28/26

**PRESENTING CLINICAL SIGNS**

History:

- One month history of weight loss and lethargy. Previous history of vomiting and diarrhea.
- ABNORMAL Labwork Values-T4: 2.5 - FT4ED WNL-All other lab work WNL
- Current Medications-Lactulose PRN
- Radiographic Findings-NA - Plan to perform 3-view thoracic radiographs the day of AUS

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or 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.

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 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. No evidence of pelvic dilation was present. Focal to mild areas of medullary mineral were noted. The left kidney measured 4.2 cm in length. The right kidney measured 4.3 cm in length.

**Adrenal Glands**

The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.32 cm width and the right adrenal gland measured 0.34 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 0.5 cm width at the level of the mid spleen.

**Liver/ Gallbladder**

The liver was normal in size and contour. Normal hepatic vascular volume was present. Homogeneous mild hyperechoic hepatic parenchyma was noted, exhibiting mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with 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 without evidence of retained ingesta, fluid, or foreign material.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The small Intestinal wall width measured ~0.39 cm. The ileocolic wall width measured 0.42 cm.



**PATIENT**

Normal visible colon wall layers were present with apparent formed to semi-formed fecal matter.

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***Pancreas***

**SPECIES**

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Feline

**BREED**

***Free Abdomen***

DSH

Intermittent, mildly enlarged, jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 2.1 cm x 0.84 cm. No evidence of peritoneal effusion was noted.

**SEX**

MN

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

13 yrs

- Normal empty stomach
- Intact thickened small intestinal wall
- Normal colon with formed / semi-formed fecal matter
- Intermittent to generally mild jejunocolic lymphadenopathy

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the small intestine is compatible with infiltrative enteropathy. Primary considerations may include inflammatory infiltrative enteropathy such as IBD or neoplastic infiltrative enteropathy with round cells such as lymphoma or mast cell disease, among potential etiologies. Dry form FIP may also present in this manner, yet is thought less likely, given the patient's age. Reactive mesenteric lymphadenitis or early metastatic lymphadenopathy is possible.

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Sara Hansen

Diagnosis would require biopsies for histology, obtained either via endoscopy or, ideally, full thickness biopsies via laparotomy. A GI Panel to include PLI/TLI/Cobalamin/Folate is recommended. If additional diagnostics are not elected, empirical medical therapy for IBD which may include dietary therapy, cobalamin supplementation, probiotics +/- steroid trial with assessment of clinical response and monitoring of body weight could be considered.

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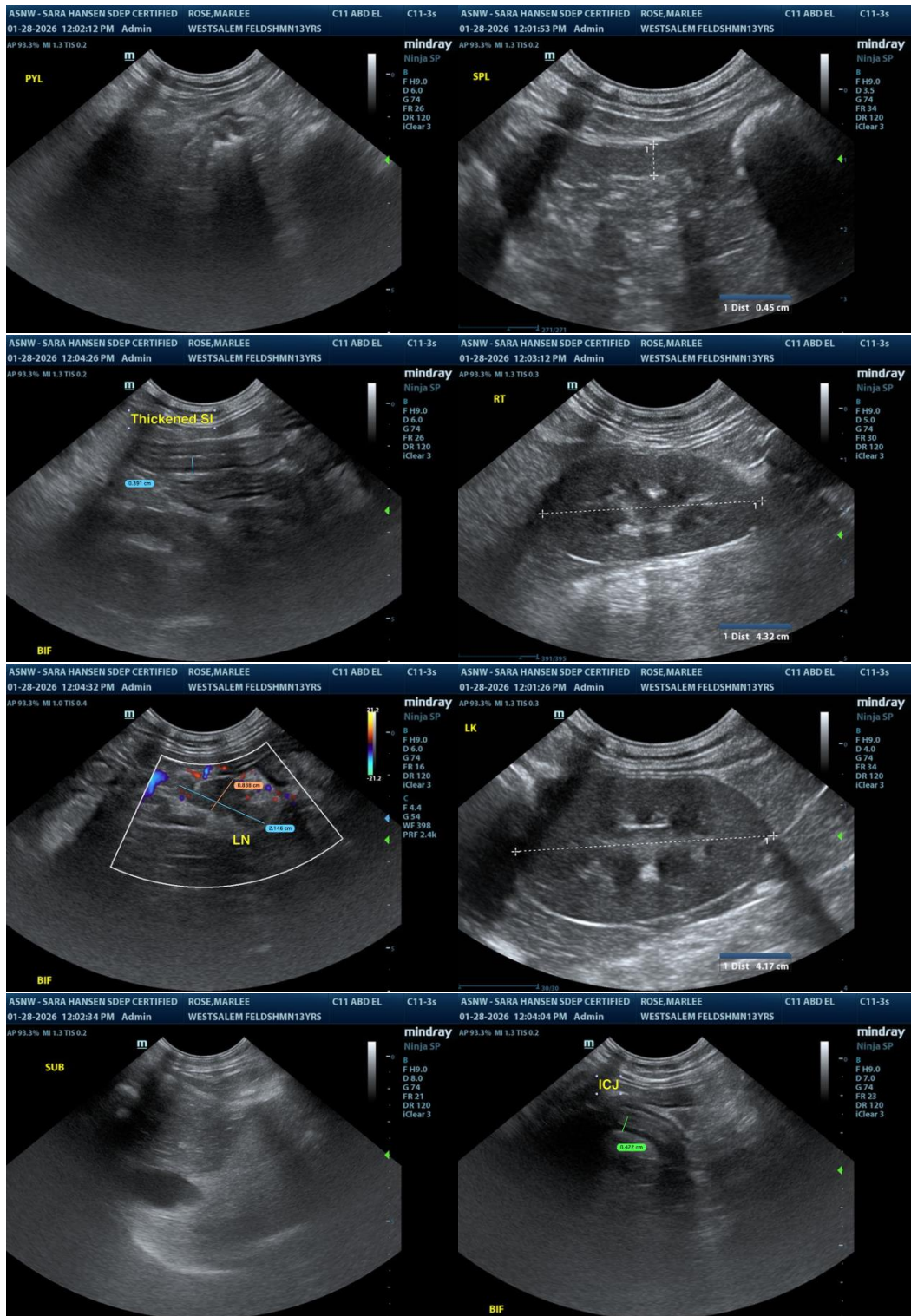
Dr. Crane

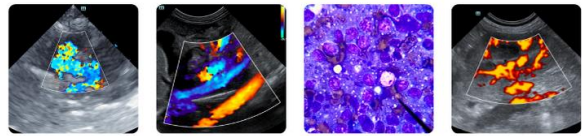
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)