



PATIENT

Baby Cat Hawks

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

8.94 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lucas Budden

HOSPITAL NAME

Frontier Veterinary
Hospital

REFERRING VET

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INVOICE

13462

DATE

01/29/26

PRESENTING CLINICAL SIGNS

- Clinical signs: Hx chronic enteropathy
- History: Doing well at home. Moved here from Russia. Was diagnosed with chronic enteropathy in Russia after ultrasound in November 2025. Signs at that time included vomiting and diarrhea. No current symptoms at this time with treatment plan. Ultrasound to get baseline since move from Russia. Had lab work before leaving Russia and had a high calcium. Recent testing showed normal total and ionized calcium levels. History of chronic neutrophilic bronchitis.
- Current medications: Budesonide 0.5 mg + 3 ml 0.9% saline twice a day (inhalations) Bromhexine Hydrochloride 2 mg twice a day 10 days a month Malt paste Sentry Hairball Relief Probiotics Royal Canin Gabapentin and trazodone to facilitate imaging, Milbemax, Advantage, Vitalcan Hydrolyzed diet

Abnormal PE/Chem/CBC/UA Results: Physical exam: BCS 5/9, mild dental tartar, no abdominal pain, normal exam otherwise Lab work: calcium/ionized/PTH 1/20/26 total calcium normal 9.3 ionized calcium normal 1.3 PTH <0.5 last lab work in November of 2025, not currently available pending interpretation since records are in Russian

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 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 3.5 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

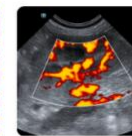
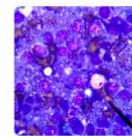
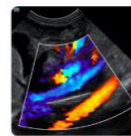
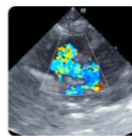
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.27 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 0.83 cm width level of the mid spleen.

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. 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.

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 duodenum wall measured 0.24 cm wall width. The jejunum wall measured 0.21 to 0.22 cm wall width. The ileocolic wall measured 0.34 cm wall width.

Normal visible colon wall layers were present with apparent formed feces in lumen. The descending colon wall measured 0.13 cm wall width.

Pancreas

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 was evident.

Free Abdomen

Intermittent normal to mildly prominent jejunocolic lymph nodes were present. The lymph nodes were not consistent with inflammatory or neoplastic criteria with an example measuring 0.25 cm in width.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal gastrointestinal tract/colon.
- Normal pancreas.
- Intermittent normal to mildly prominent jejunocolic lymph nodes- likely incidental.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically normal abdomen without evidence of visceral pathology, specifically no evidence of gastroenterocolic mural pathology or pancreatitis. Given the patient is clinically stable, continued monitoring with as needed gastrointestinal support which may include continued probiotics and current diet. Recheck sonogram is recommended if recurrent gastrointestinal signs or weight loss.



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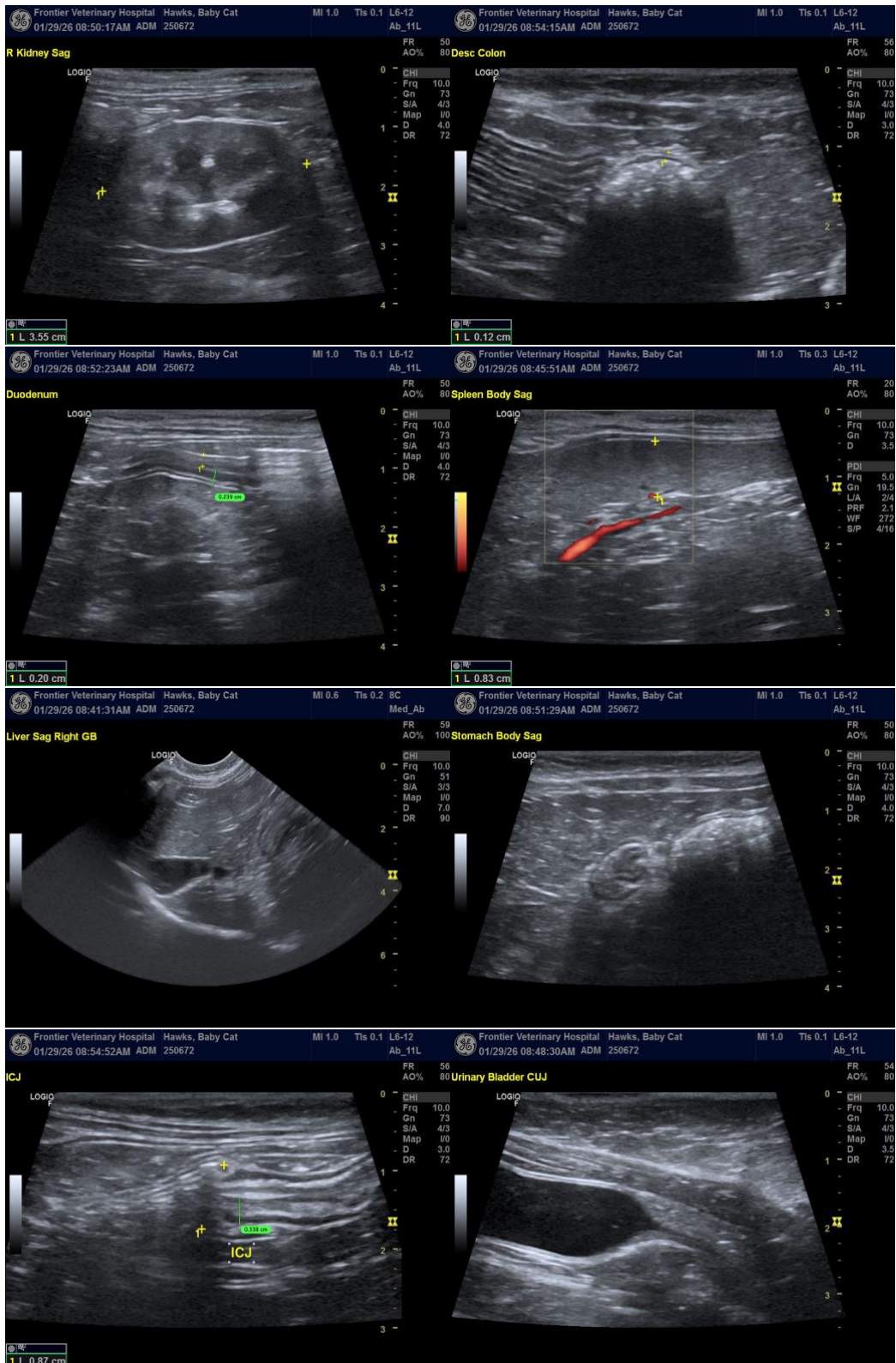
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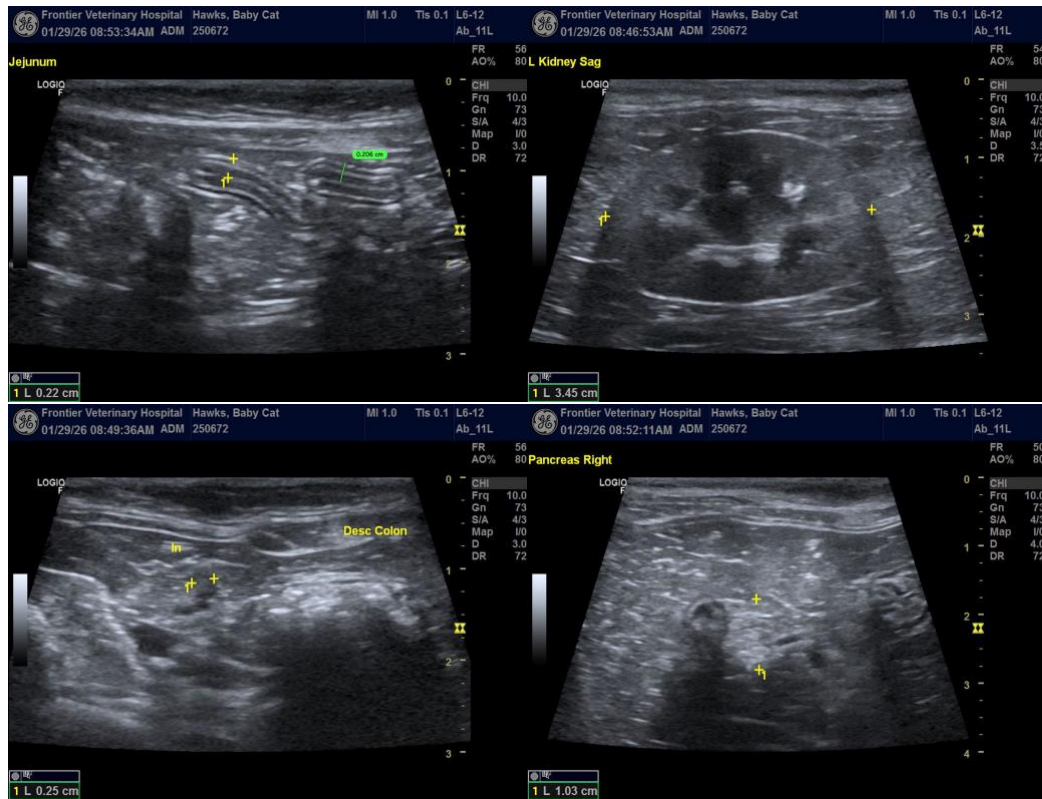
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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