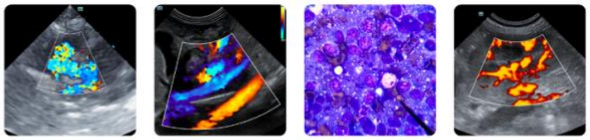

PATIENT

Galaxy Mullin

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2 Years

WEIGHT

11.9

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Rivera

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Dr. Rivera

INVOICE

12944

DATE

01/04/2026

PRESENTING CLINICAL SIGNS

Bloody diarrhea x3 days Hx of liver issues Hx of Roundworms

Findings: 1) CBC: WNL 2) CHEM: GLOB 5.2 (2.8-5.1) 3) UA (cysto): SG > 1.050, RBC 11/hpf 4) Pancreatic Lipase: WNL 5) AUS: report pending 6) Fecal: NPS

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. Nondependent particulate mild 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.

The area of the aortic trifurcation was free of pathology.

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 4.1 cm in length. The right kidney measured 4.2 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 0.39 cm width

The area of the right adrenal gland was 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 contained variably echogenic, mild nonshadowing ingesta/chyme without evidence of obstruction to pyloric outflow.

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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. Small intestine wall measured 0.24 cm wall width.

Normal visible colon wall layers were present with semi formed fecal matter in lumen. Descending colon wall measured 0.20 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

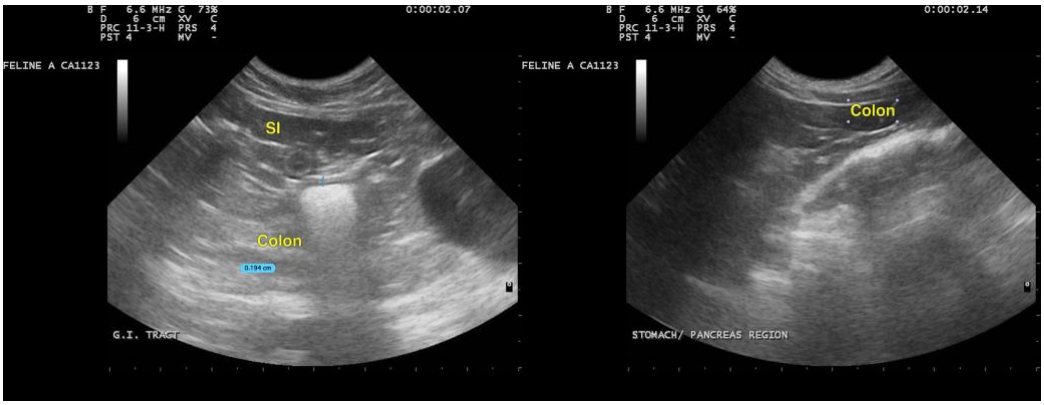
No visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Overall sonographically unremarkable gastrointestinal tract with gastric ingesta and semi formed fecal matter in colon- gastric ingesta consistent with food echogenicity.
- Mild urine sediment.
- Sonographically normal liver/gallbladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant gastroenterocolic mural pathology. The hematochezia suggests large bowel diarrhea origin with potential mild colitis which may present sonographically normal. A GI panel to include PLI, TLI, cobalamin and folate may be considered to assess for nonstructural intestinal disease as a contributing factor. Gastrointestinal support, empirical deworming despite fecal testing (Panacur SID for 7-10 days) with clinical monitoring should prove beneficial. Sonographic reassessment is indicated if progressive gastrointestinal signs. Urine culture and sensitivity on sterile urine sample is recommended if inflammatory sediment.



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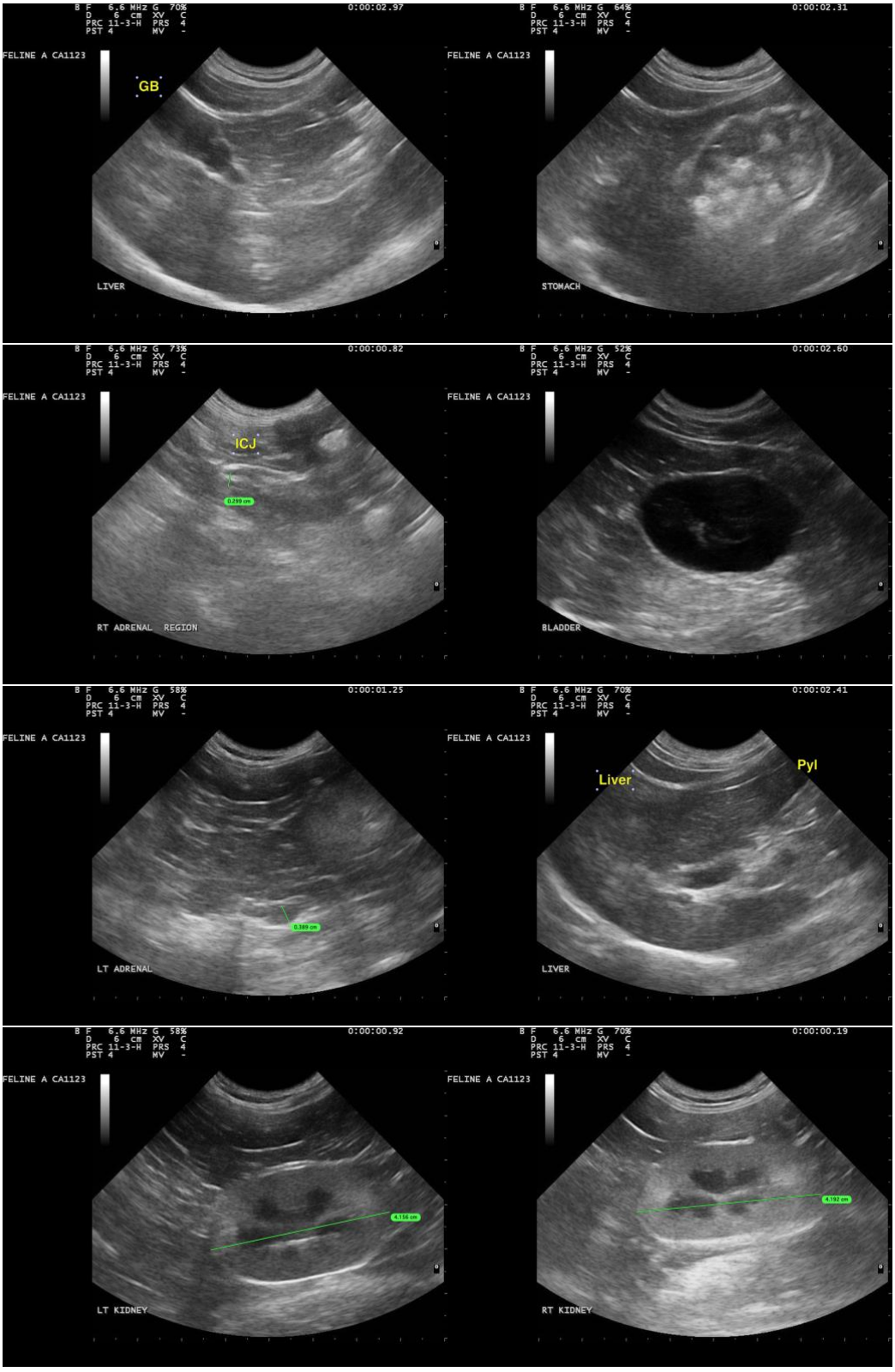

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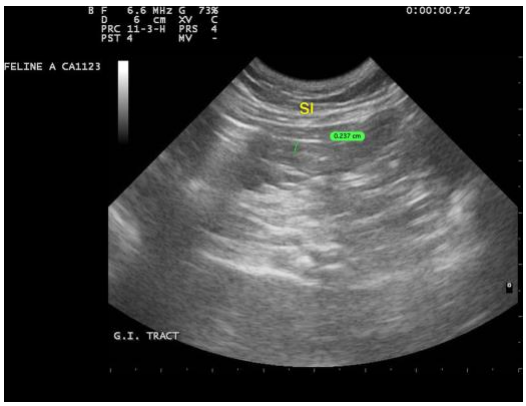

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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