

## PATIENT

Godiva Simms

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

2019

## WEIGHT

10.6

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Rebekah Jakum, CVT,  
ARDMS/RVT

## HOSPITAL NAME

Easton AH

## REFERRING VET

Dr. Titcher

## INVOICE

10530

## DATE

1/7/26

## PRESENTING CLINICAL SIGNS

Diarrhea, 2# weight loss in 2 weeks, eating, palpable small right kidney, abnormal intestine on radiographs, anal gland issues.

Medication: DepoMedrol

## 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. Mild, nondependent, particulate 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.

A mildly prominent medial iliac 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 0.5 cm diameter.

Normal size and margination were present in the left kidney. 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 was subnormal in size compared to the left. Areas of mild medullary mineral were noted. 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 right kidney measured 2.7 cm in length.

### *Adrenal Glands*

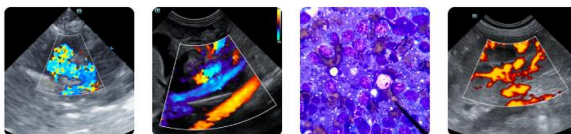
The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width and the right adrenal gland measured 0.33 cm width.

### *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.



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***Gastrointestinal***

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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.

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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. The duodenum wall measured 0.24 cm width. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.40 cm width.

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Normal visible colon wall layers were present with formed to segmental semi-formed fecal matter and gas. Formed fecal matter was present in the descending colon.

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***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 were evident.

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***Free Abdomen***

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No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Normal gastrointestinal tract
- Overall sonographically unremarkable colon containing formed to semi-formed fecal matter
- Subnormal right kidney with mild medullary mineral
- Mild urine sediment
- Mild medial iliac lymphadenopathy

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no evidence of significant visceral, specifically gastroenterocolic, mural pathology as an obvious contributing factor to the patient's weight loss and diarrhea. Potential suppression of gastroenterocolic mural changes or lymphadenopathy secondary to recent steroid administration is possible.

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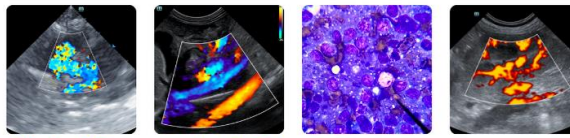
A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Assessment of caloric plane or for a competitive eating environment, dietary trial, high colony count probiotic (such as Provable), cobalamin supplementation pending assessment of cobalamin level, and empirical deworming (if patient is outdoor), with clinical and sonographic monitoring may prove beneficial.

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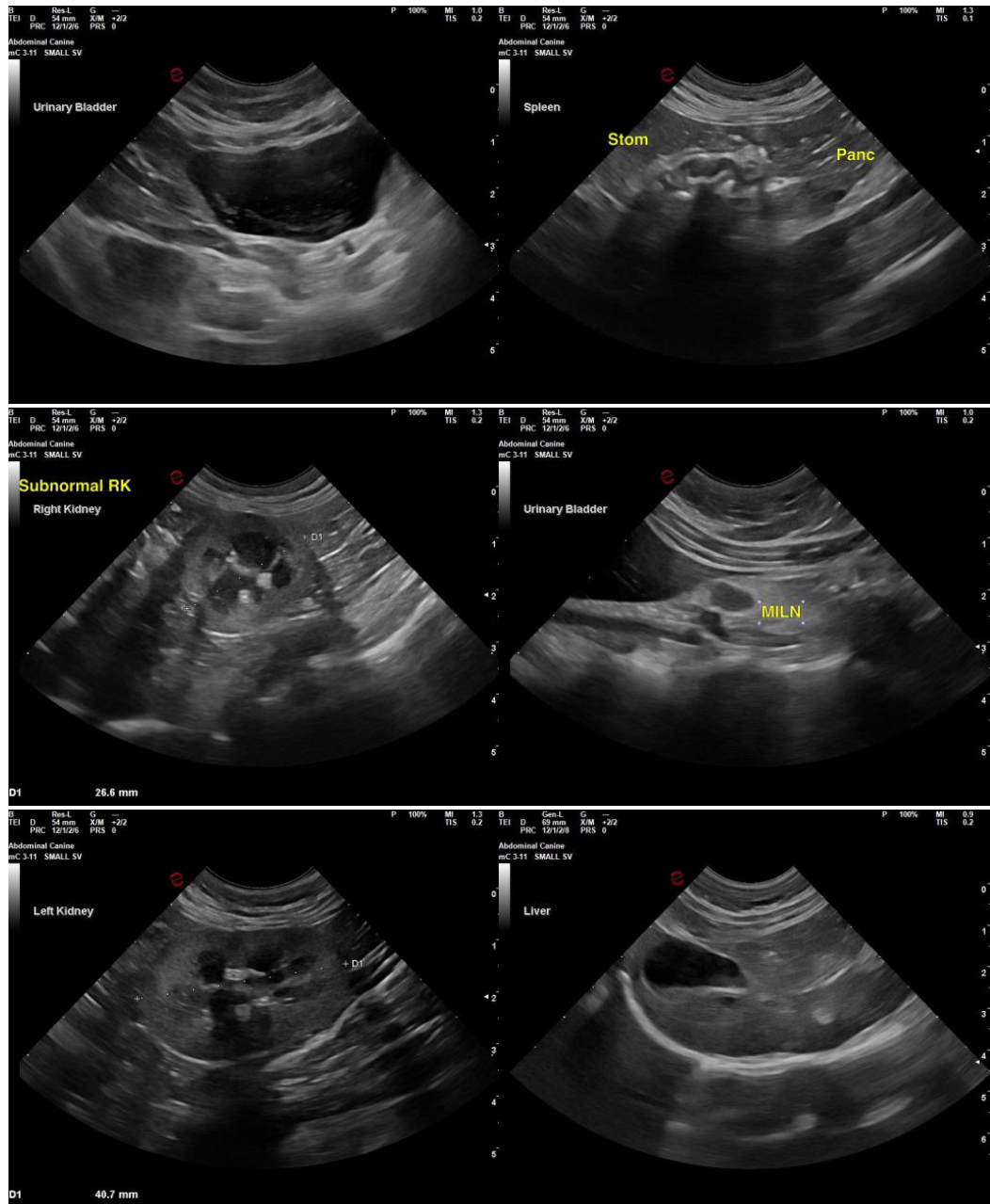
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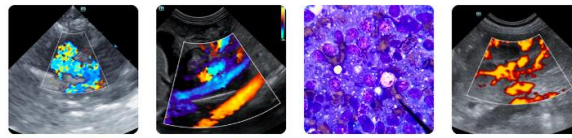
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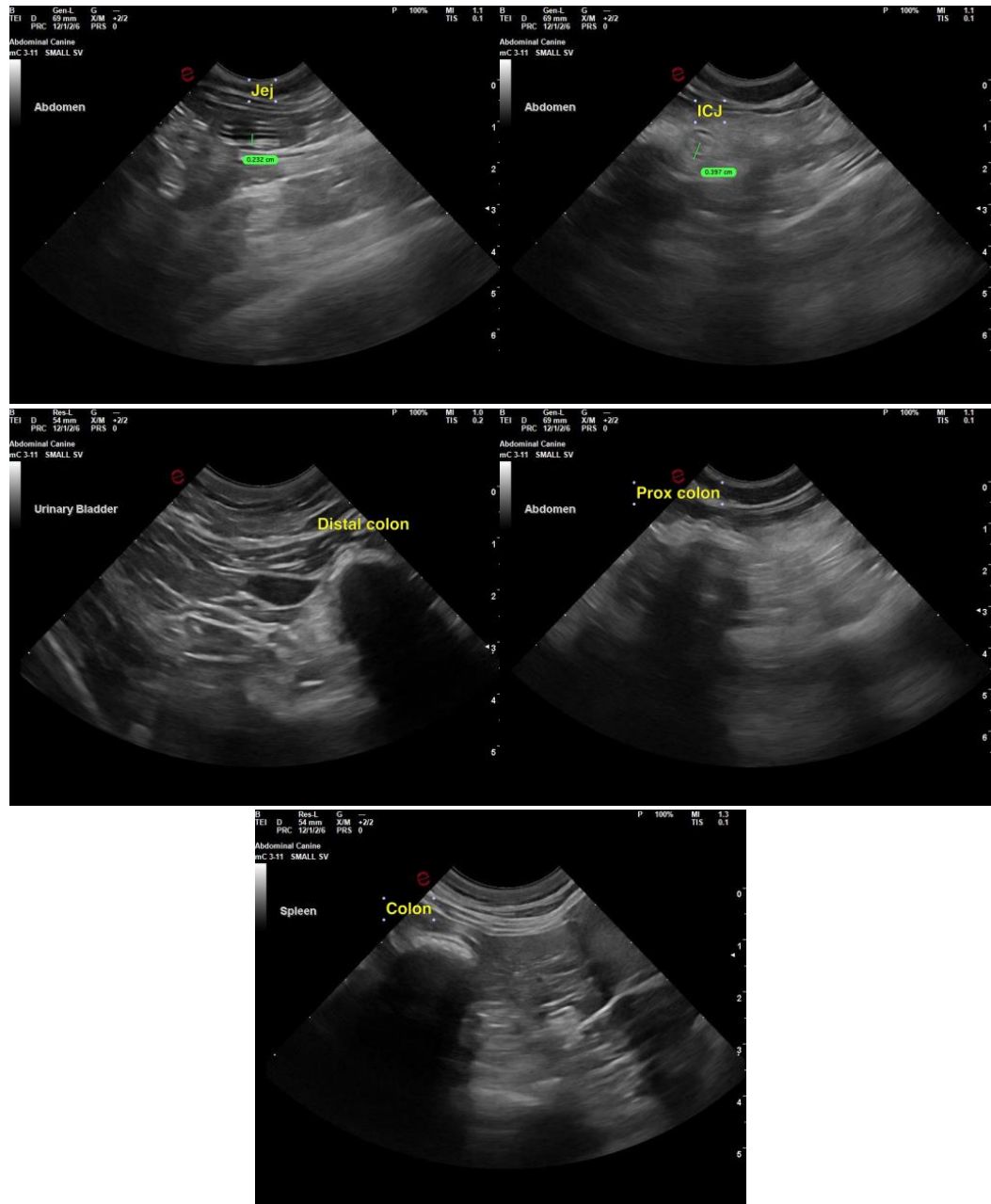
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
[info@sonopath.com](mailto:info@sonopath.com)