



PATIENT

Roger Feldner

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

9y

WEIGHT

9.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Midland Park VH

REFERRING VET

Dr. Shokoft

INVOICE

13020

DATE

1/7/26

PRESENTING CLINICAL SIGNS

History: Recheck after treatment for pancreatitis and recheck spleen. No further vomiting and good appetite but persistent diarrhea.

Meds: Provable forte.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was non-distended with urine which prohibited full evaluation of the bladder wall. Subjective mildly asymmetrical thickened ventral urinary bladder wall extending into apex. Mild anechoic urine with mild particulate urine sediment was present. Ventral urinary bladder wall measured 0.48 cm width. The visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone.

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

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.35 cm. The right adrenal gland measured 0.32 cm.

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.

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. Duodenum wall measured 0.2 cm, jejunum wall measured 0.20 cm, and ileocolic wall measured 0.40 cm.



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The colon walls presented mildly intact yet mildly thickened visible wall layering with mild thickened to echogenic submucosa. Soft fecal matter and gas was present in the colon lumen with lumen dilation. Descending colon wall measured 0.23 cm.

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Pancreas

The pancreas was normal in size and contour with mild heterogeneous remodeled parenchyma compared to adjacent non-reactive or inflamed omentum.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Sonographically normal gastrointestinal tract
- Suspect mild colitis
- Sonographically normal mild heterogeneous pancreas
- Normal bilateral kidneys
- Probable mild cystitis with mild urine sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Dietary trial which may include high-dose diet trial with fiber supplementation or higher fiber diet. Cobalamin supplementation pending assessment of Cobalamin level, continued high colony count probiotic (Proviale), empirical deworming is patient is outdoors, and concurrent diarrhea PCR panel could be considered. No sonographic evidence of persistent pancreatitis, although mild to chronic pancreatitis may present sonographically unremarkable.

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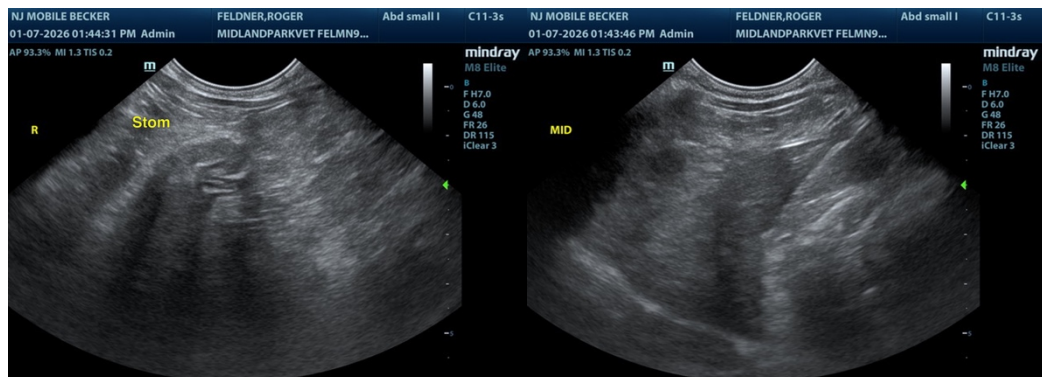
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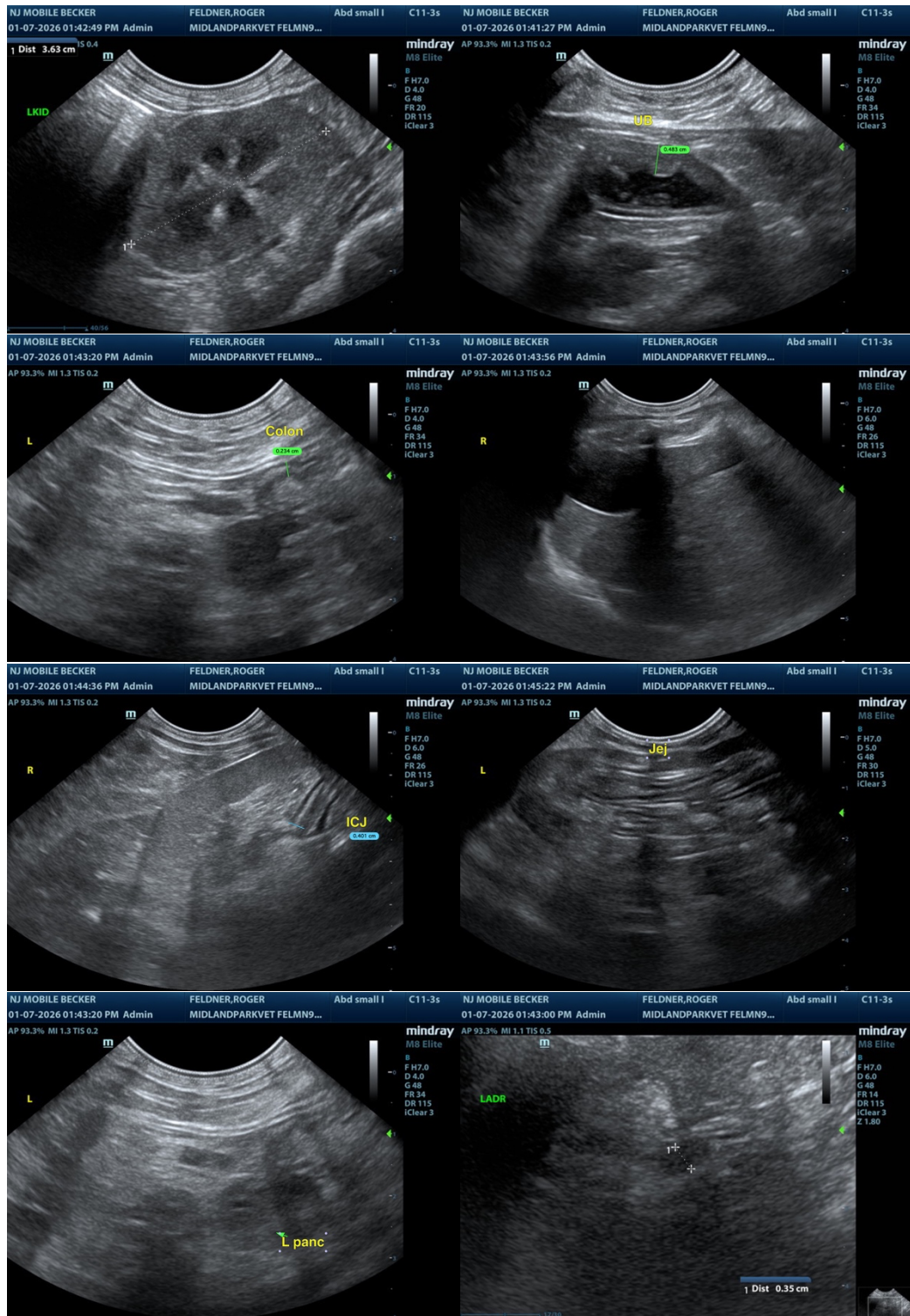
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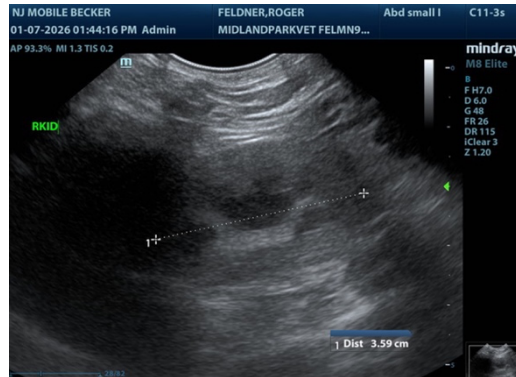
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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