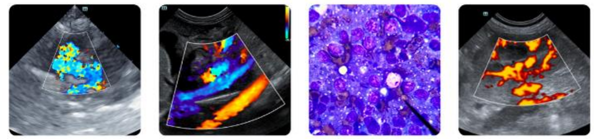

PATIENT

Stan Plummer

SPECIES

Feline

BREED

DMH

SEX

MN

AGE

8 yrs

WEIGHT

3.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Michelle DeMelo, RVT

HOSPITAL NAME

Woodstock VH

REFERRING VET

Dr. Tasha Plummer

INVOICE

10330

DATE

11/11/25

PRESENTING CLINICAL SIGNS

Workup for suspected Inflammatory Bowel Disease (IBD) prompted by a recent increase in vomiting and an episode of soft, malodorous, mucusy feces found outside of the litter box. - He has a lifelong history of being underweight - He has always vomited more frequently than an average cat and also has issues with hairballs. - Vomiting signs are noted to increase if he consumes any non-hydrolyzed food. - He has a history of suspected feline asthma or allergic airway disease, characterized by intermittent hacking cough attacks that occur between once a week and once a month. - He always had increased clear, watery discharge from his left eye and occasional sneezing with clear discharge, suspected to be from a latent herpesvirus infection. - Born with significant congenital skeletal abnormalities - pronounced kyphosis (hunched back) and decreased flexibility through his spine. - Despite skeletal issues, he has no mobility concerns - He had a brief episode of lameness as a kitten - He is described as a "hypersensitive, poor-doer/unthrifty." - A new heart murmur was auscultated during this visit, unsure if related to stress or high gabapentin dose vs real. - He lives in a three-cat household, all confirmed FIV/FeLV negative. - COUGHING: intermittent hacking cough. - SNEEZING: occasional. - VOMITING: chronic history with a recent increase in frequency. - DIARRHEA: recent stool found was soft, malodorous, and contained mucus.

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. 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 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 right adrenal gland was overtly normal in size, position, and shape measuring 0.30 cm width. No obvious pathology was noted in the area of the left adrenal gland.

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.

SonoPath.com info@sonopath.com 1.800.838.4268

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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 0.61 cm width at the level of the mid spleen.

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.

Gastrointestinal

The stomach presented normal intact wall layering. Empty fundus and gastric body lumen were noted with mild retained pyloric fluid. The pylorus wall width measured 0.27 cm in width.

The small intestine presented intact borderline thickened wall exhibiting overall maintained wall layer ratio with subjective prominent intestinal submucosa layer. The small Intestinal wall width measured 0.26 cm. Generalized empty small intestinal lumen was noted. There is no evidence of mechanical / metabolic ileus to the level of the colon.

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

Pancreas

The left pancreas was normal in size, capsule asymmetry, and mild nonhomogeneous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

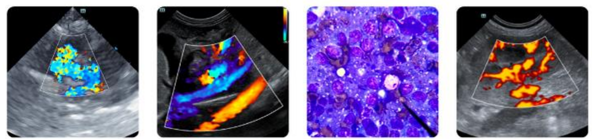
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal stomach with mild retained pyloric fluid
- Chronic enteropathy
- Possible concurrent chronic pancreatitis
- Formed to semi-formed fecal matter in colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific with possible patient variant, the small intestine exhibited mild mural changes which suggest chronic intestinal disease. Chronic IBD or other inflammatory enteropathy with potential for concurrent dietary hypersensitivity / intolerance and possible chronic pancreatitis is suspected. There is no overt evidence of gastrointestinal or abdominal neoplastic criteria.



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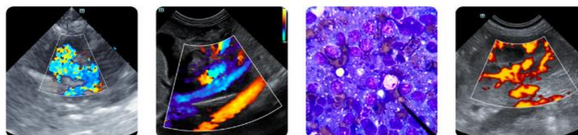
A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Definitive diagnosis would require intestinal +/- pancreatic biopsies for histopathology. Continued dietary therapy, as-needed gastroprotectant Omeprazole 1.0 mg/kg SID, consideration for cobalamin supplementation pending assessment of cobalamin levels, and if the patient is "outdoor", empirical deworming despite fecal testing is recommended.



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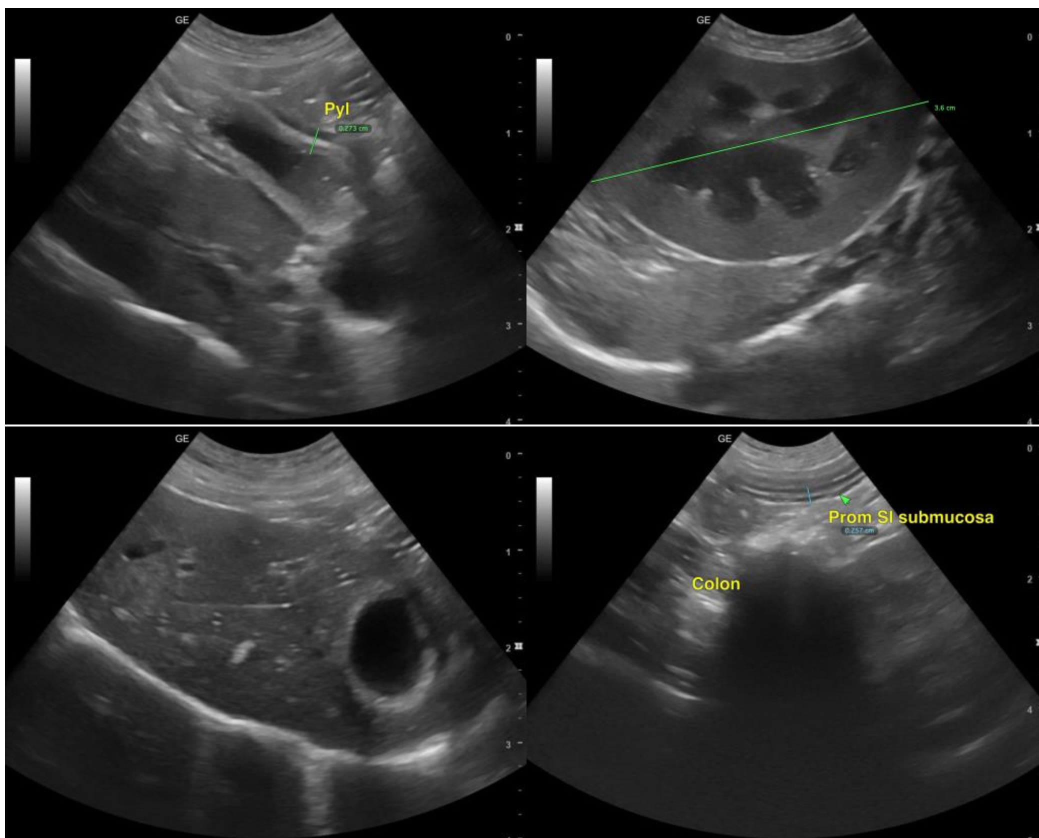

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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