



PATIENT

Scratch Austin

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

13y

WEIGHT

10.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Myers, VMD

HOSPITAL NAME

Hershire AH

REFERRING VET

Susan Zhang, DVM

INVOICE

12852

DATE

11/20/25

PRESENTING CLINICAL SIGNS

History: 6/2024 had AUS visa sonopath for chronic soft stool/V+-->"The small intestine exhibited subjective mild and likely chronic wall changes suggestive of chronic inflammatory enteropathy criteria, i.e., IBD or other chronic inflammatory enteropathy. " Had been managed well with cerenia and fortiflora until recently--seen 10/27 for chronic D+ despite being on fortiflora. unchanged 2/6 HM and 0,7lb weight loss in 1 yr. Never did try a hydrolyzed diet. CBC/chem/T4--ALT mild elevation 135. UA 1.060, unremarkable otherwise.

Meds: Persistent diarrhea despite fortiflora, GI biome, metronidazole, and prednisolone at 1mg/kg/d dose.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor, non-dependent, echogenic to 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.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.1 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 0.37 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 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 borderline to mildly enlarged in size. 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 appeared to be partially divided into two compartments both containing anechoic content. The common bile duct was not visualized.



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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 generalized 1:3 muscularis/mucosa ratio. Segmental propensity for borderline prominent to thickened small intestinal wall and mildly thickened mucosa. Small intestine wall measured 0.25 - 0.26 cm. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent semi-formed feces in lumen.

Pancreas

The left pancreas was normal in size and mild capsule asymmetry with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Intermittent, mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node measurement was 1.8 cm x 0.58 cm. No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Intact small intestine wall exhibiting segmental subjective borderline thickened wall/mucosa
- Mild heterogeneous left pancreas
- Similar appearing nonspecific borderline to mild hepatomegaly
- Mild intermittent subjective benign mesenteric lymphadenopathy
- Static chronic renal changes
- Static minor urine sediment
- Partial bilateral gallbladder
- Normal containing semi-formed fecal matter

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Similar sonographic presentation compared to the previous study without evidence of progressive pathology. Nonspecific chronic enteropathy, i.e. IBD with possible suppressed mural changes owing to Prednisolone suspected. Chronic triad disease remains a potential. No evidence of neoplastic criteria. A GI panel to include PLI/TLI/Cobalamin/Folate is suggested. Continued supportive care with consideration for a hydrolyzed diet trial may prove beneficial. Consideration for potential adverse effects on normal gastrointestinal flora with Metronidazole use is suggested.



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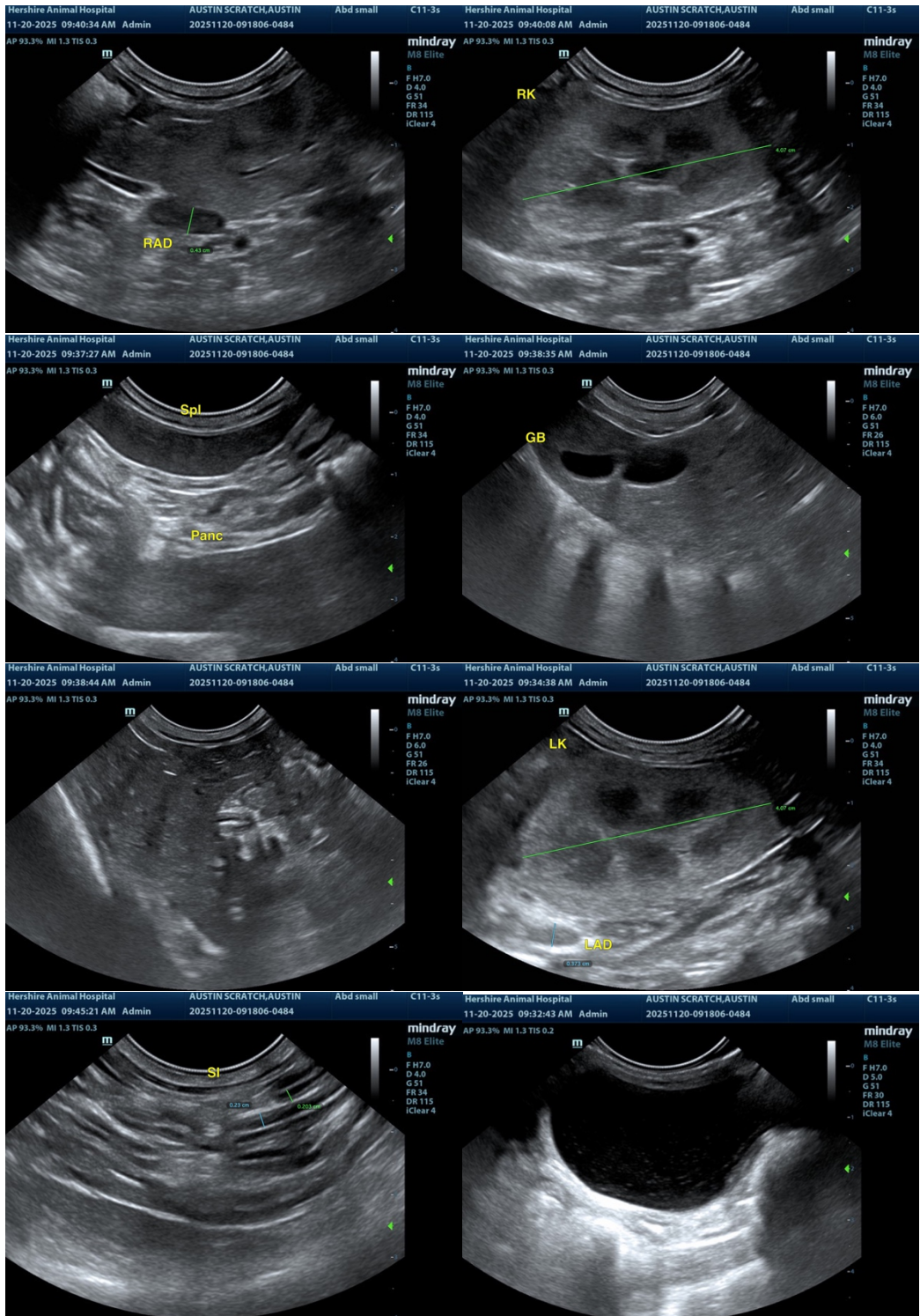
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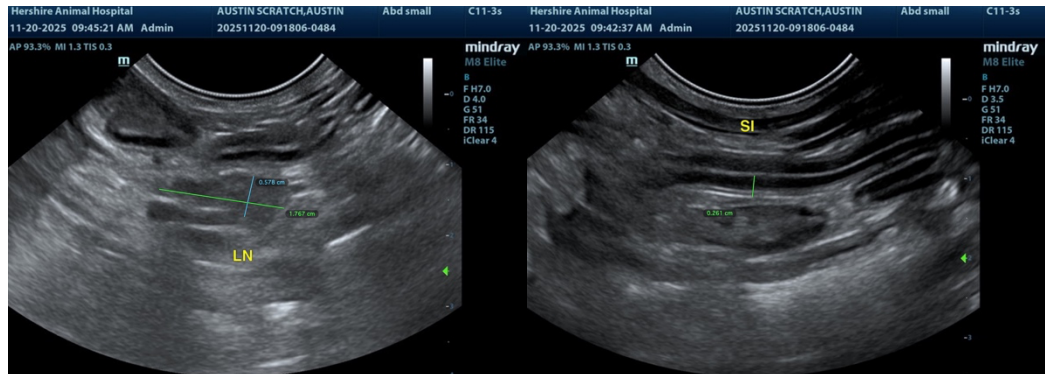
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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