



PATIENT

Lucy Robart

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2014

WEIGHT

11.5

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

Aloha Animal Hospital

REFERRING VET

Dr. Freese

INVOICE

12418

DATE

11/21/25

PRESENTING CLINICAL SIGNS

Chronic bloody stool, vomiting, decreased appetite

Medication: Purina EN

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. 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 3.5 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

No obvious pathology in the area of the left or right adrenal glands.

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

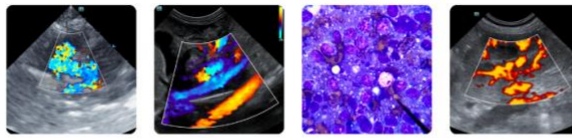
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin 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 without retained ingesta, fluid or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty without evidence of mechanical/metabolic ileus to the level of the colon. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.32 cm width.

Normal visible colon wall layers were present with semi formed to soft fecal matter in lumen.



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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 was evident.

Free Abdomen

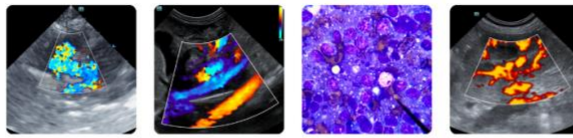
No peritoneal effusion was present. Regional peri-ileocolic hyperechoic reactive omentum or possible steatitis. Mild prominent nonhomogenous colic lymph nodes were visualized with an example measuring 0.93 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Overall, structurally unremarkable gastrointestinal tract/colon with semi formed to soft fecal matter.
- Peri-ileocolic reactive omentum/steatitis.
- Mild nonspecific yet subjective benign colic lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although not sonographically evident, the chronic hematochezia suggests probable mild chronic colitis. Concurrent nonstructural enteropathy may present sonographically normal. Further assessment including a GI panel (PLi, TLI, cobalamin and folate) and concurrent diarrhea PCR panel is warranted. Dietary trial which may include higher fiber diet or hydrolyzed diet with fiber supplementation, high colony count probiotics such as Provable, empirical deworming (Panacur SID for 5-7 days), cobalamin supplementation (pending assessment of cobalamin level) and as needed gastrointestinal support with monitoring of clinical signs may prove beneficial. No evidence of neoplastic criteria.



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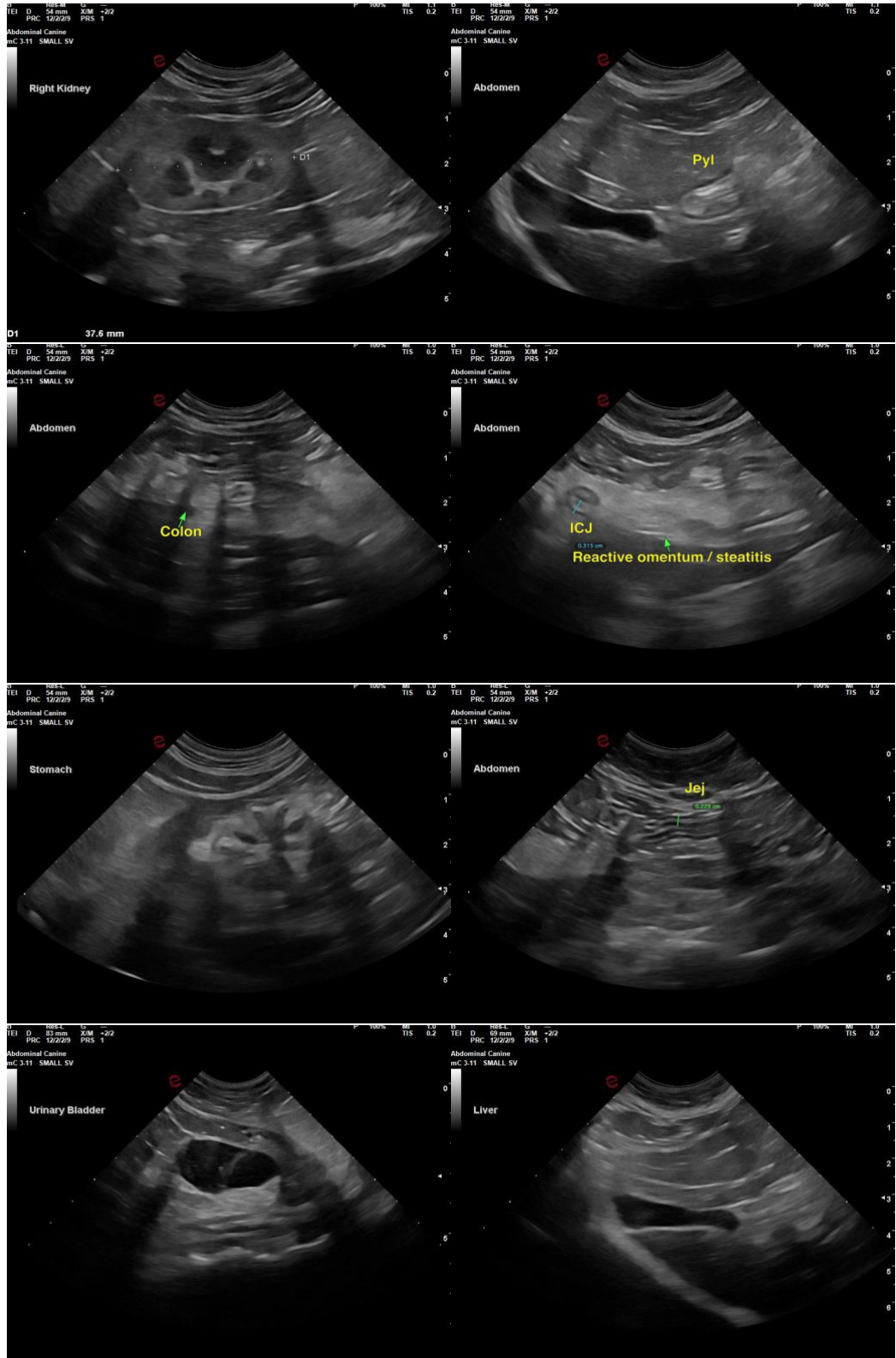
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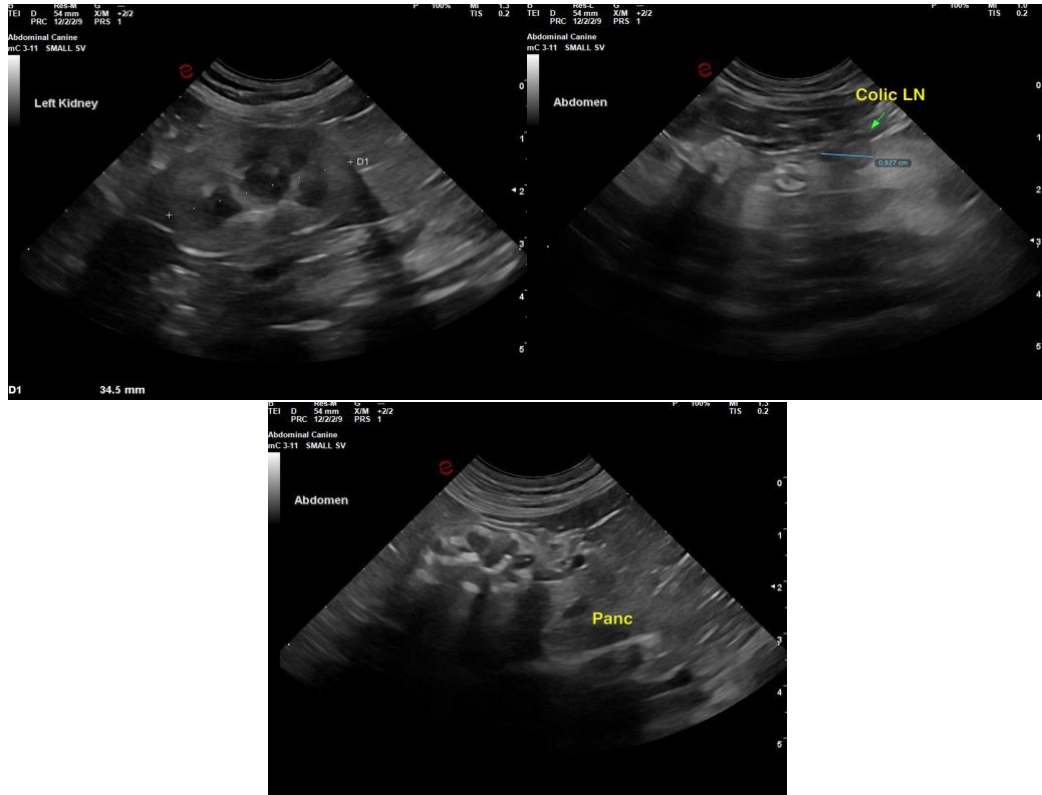
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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