



PATIENT

Sadie Duquette

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

15 yrs

WEIGHT

6.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Harold Mike Beard

HOSPITAL NAME

Animal Care VC

REFERRING VET

Self

INVOICE

12766

DATE

11/3/25

PRESENTING CLINICAL SIGNS

History: Chronic intermittent diarrhea. Licks at the air.

Abnormal PE/Chem/CBC/UA Results: Very mild weight loss over the past year. CBC lymphopenia. Chemistry okay. T4 normal. Feline GI PCR Panel negative. Key Screen GI Parasite Panel negative.

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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic 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 3.5 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.33 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 minor, echogenic, nonmineralized biliary sludge. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without ingesta, fluid or foreign material. Gastric body wall measured 0.24 cm.

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. Duodenum wall measured 0.23 cm and jejunum wall measured 0.22 cm.



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

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Pancreas

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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.

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Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

Female Spayed

- Normal empty gastrointestinal tract
- Normal visible colon with formed to semi-formed fecal matter
- Mild gallbladder debris
- Normal area of pancreas
- Mild age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

No evidence of significant visceral, specifically gastroenterocolic pathology. At times, the gastrointestinal tract may not correlate sonographically with history of chronic gastrointestinal signs. Dietary intolerance, infectious disease, occult parasitism despite fecal testing, non-structural inflammatory bowel or low-grade pancreatitis, both of which may present sonographically normal, may be possible. No evidence of abdominal neoplastic criteria. A Gi panel to include PLI/TLI/Cobalamin/Folate is recommended. 3-view chest radiographs suggested if not recently done. Dietary trial, high colony count probiotic such as Provable, Cobalamin supplementation pending assessment of Cobalamin level and empirical deworming Panacur SID for 7-10 days, if clinically indicated may be beneficial.

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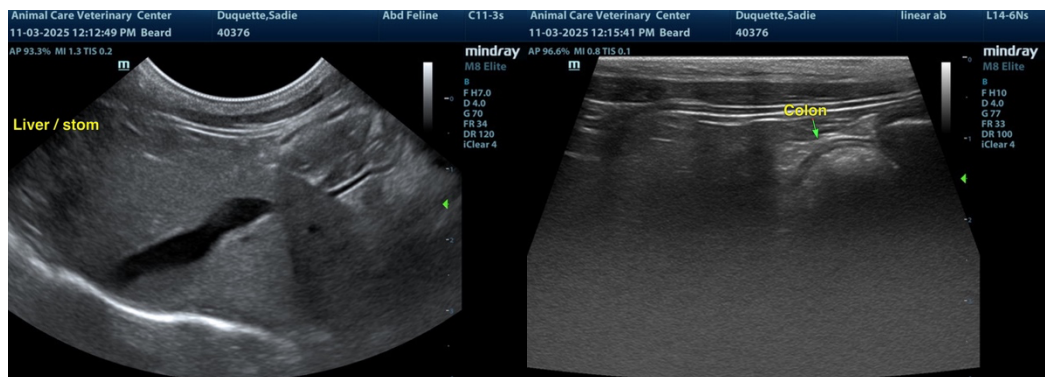
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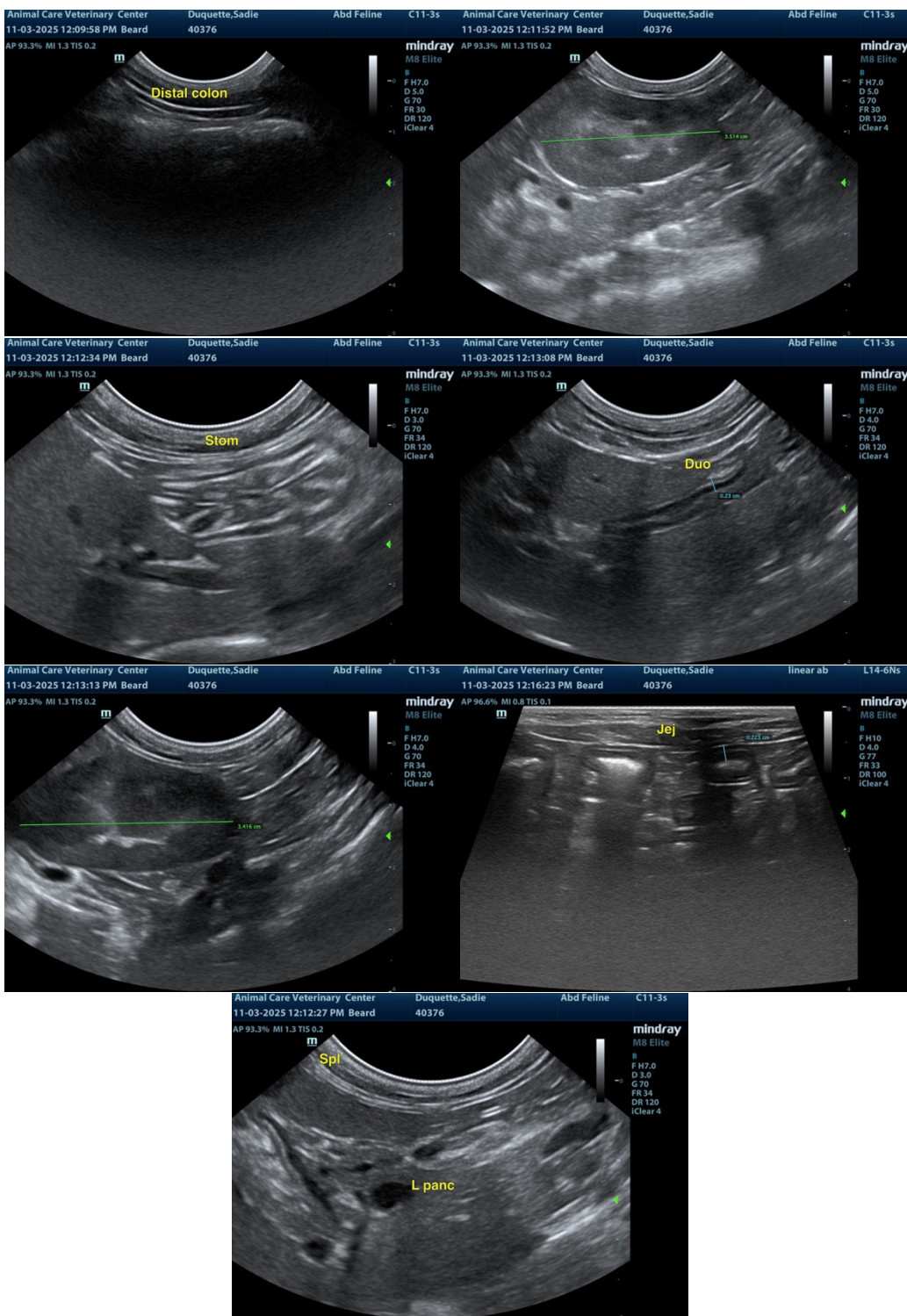
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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