



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Franklin Moretina	History: Clinical Exam Findings: *HX - IBS diagnosed via u/s 2018 * eats z/d * eating decreased and seem uncomfortable (dental dz also a concern) *diarrhea (gets into other cat's food on occasion) * wt loss *lives with foster kittens * owner very concerned this is cancer
<b>SPECIES</b>	
Feline	Abnormal PE/Chem/CBC/UA Results: ABNORMAL Lab work Values 10/1/25 MCH 17.4 12.3 - 17.3 pg Monocytes 0.972 0.042 - 0.467 K/ $\mu$ L Eosinophils 1.218 0.209 - 1.214 K/ $\mu$ L Amylase 2,286 623 - 2,239 U/L 10/24/25 MCV 58.2 fL 35.9 - 53.1 WBC 19.26 K/ $\mu$ L 2.87 - 17.02 NEU 12.82 K/ $\mu$ L 2.30 - 10.29 MONO 1.10 K/ $\mu$ L 0.05 - 0.67 EOS 2.23 K/ $\mu$ L 0.17 - 1.57 PHOS 2.8 mg/dL 3.1 - 7.5 AMYL 2109 U/L 500 - 1500 Current Medications fortiflora, mirtaz
<b>BREED</b>	
MN	
<b>SEX</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Male Neutered	<b>Urinary System</b>
<b>AGE</b>	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.
13 yrs	
<b>WEIGHT</b>	The area of the aortic trifurcation was free of pathology.
10.2 lbs	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. Pinpoint to focal areas of medullary mineral noted. The left kidney measured 3.6 cm in length. The right kidney measured 4.0 cm in length.
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm.
<b>IMAGING PERFORMED BY</b>	
Yvonna Aranda	
<b>HOSPITAL NAME</b>	<b>Spleen</b>
Animal Care Center	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. The spleen measured 0.79 cm width level of the mid spleen.
<b>REFERRING VET</b>	
Dr. Ringling	
<b>INVOICE</b>	<b>Liver</b>
12777	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 common bile duct was not visualized without evidence of post hepatic stasis.
<b>DATE</b>	
11/5/25	



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DVM, DABVP  
(Canine and Feline)

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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 overall intact segmental normal to borderline thickened duodenojejunum extending to the level of the ileum. Intact thickened ileum wall to the level of the ileocolic junction. Jejunum wall measured 0.26 cm and ileum to ileocolic wall measured 0.52 cm. No evidence of loss of intestinal wall layering or mechanical/metabolic ileus to the level of the colon.

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

**Pancreas**

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

**Free Abdomen**

Intermittent, generally 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 2.3 cm x 0.57 cm. No evidence of omental masses or peritoneal effusion present.

**ULTRASONOGRAPHIC FINDINGS**

- Chronic enteropathy pattern accentuated by intact thickened ileum/ileocolic junction
- Intermittent, generally mild mesenteric lymphadenopathy
- Mild left limb pancreatic remodeling
- Age-related renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Chronic IBD or other inflammatory enteropathy accentuated by suspect ileitis and benign mesenteric lymphadenopathy is favored. Technically, the possibility of low-grade intestinal round cell neoplasia such as lymphoma which may present in similar sonographic manner cannot be excluded yet considered less likely. Chronic pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation. Correlation with a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Definitive diagnosis would require intestinal and lymphatic biopsies for histopathology. Screening thoracic radiographs suggested if not recently done to rule out intrathoracic pathology as a contributing factor to the weight loss. Continued empirical therapy for IBD with clinical and as needed sonographic monitoring if continued gastrointestinal signs or weight loss is recommended.



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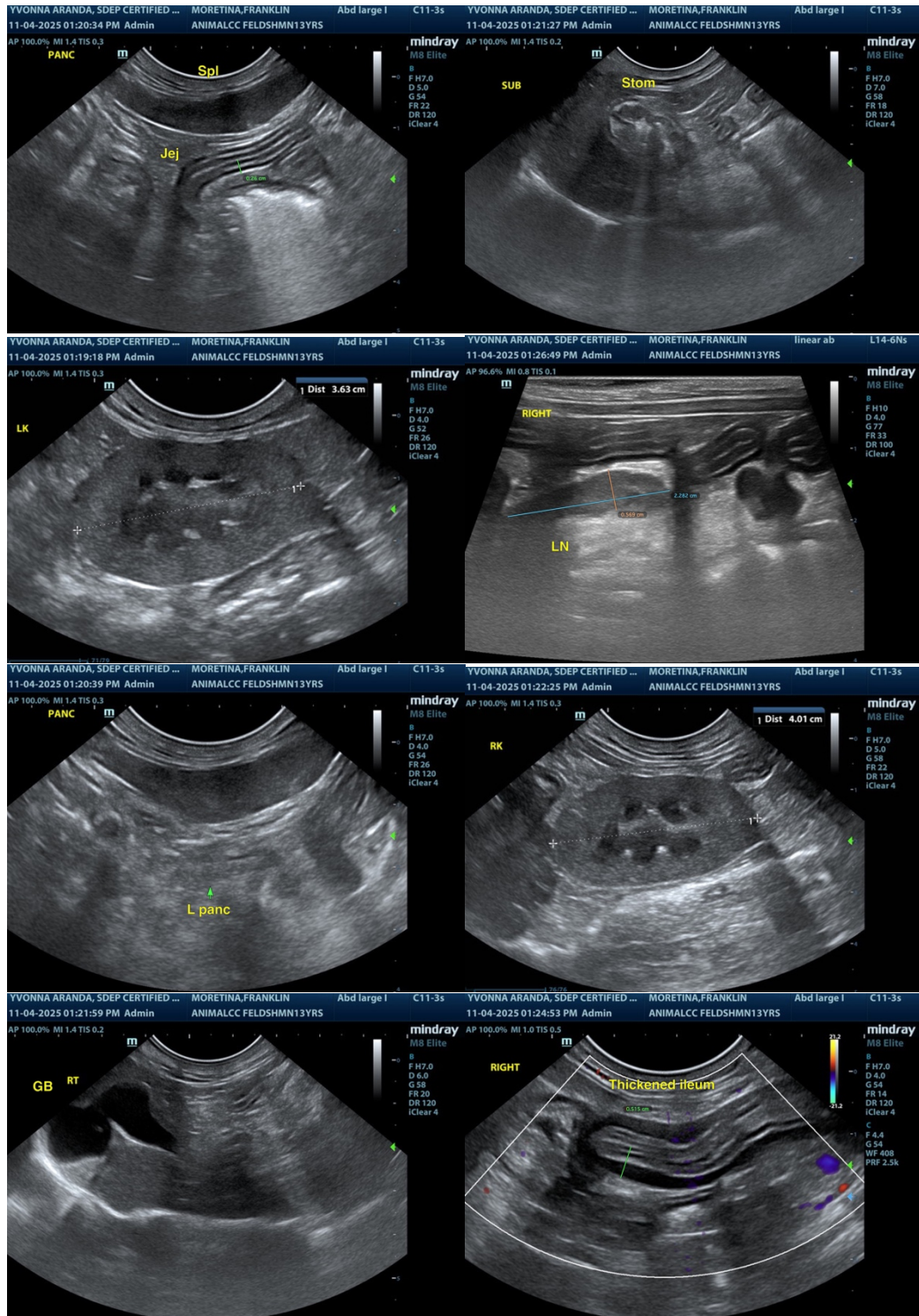
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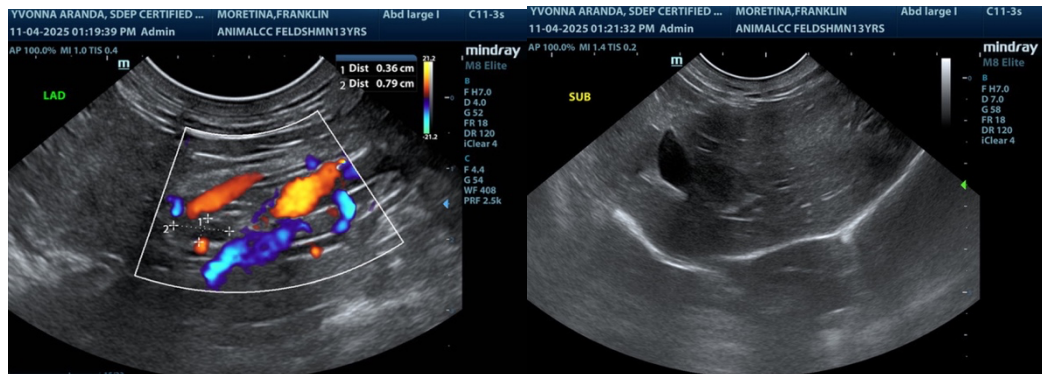
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)