



PATIENT

Jessie Bongo

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

5.2

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Honsted

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Honsted

INVOICE

12064

DATE

11/05/25

PRESENTING CLINICAL SIGNS

P presented for vomiting multiple times today and lethargy. P has a chronic history of GI issues for years. P was seen at AEHV on 7/31 for vomiting and bloody diarrhea. At that time full BW/FPL and radiographs were taken. P was diagnosed with pancreatitis and treated on an outpatient basis with a cerenia injection, metronidazole, diigel and profender. P then went to rDVM who performed an ultrasound and diagnosed p with IBD and chronic pancreatitis. P is on prednisolone tapering dose and just changed to SID dosing today. Diarrhea is no longer bloody and is formed but still soft. rDVM had also prescribed oral cerenia and metronidazole as well but those have been completed for some time per o. P is on Rx GI diet but o has been wondering if p needs a hydrolyzed diet instead. Current Medications: Prednisolone SID

Abnormal PE/Chem/CBC/UA Results: Bloodwork: CBC - lymphocytopenia, HGB 19.6, MCV 53.7, MCH 21.4, MCHC 39.8 Chem - TP 8.4, Glu 378, Chol 332, BUN 10.7 EPOC - BE -5.3, Na 144, Ca 1.19, Lactate 3.5, BUN 9, Glu 415 FPLi - Abnormal PCV/TS - 42%/11.2 Serum ketones - trace

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 change 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 4.2 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized likely secondary to steroid therapy.

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



PATIENT

Jessie Bongo

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

5.2

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Honsted

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Honsted

INVOICE

12064

DATE

11/05/25

The stomach presented intact wall layering. The stomach was overall nondistended containing mild anechoic fluid and lumen gas.

The visualized small intestinal segments exhibited intact overall nonthickened wall and maintained wall layer ratio. Mild duodenal corrugation and nonobstructive duodenal ileus with generalized empty jejunum to the level of the ileum and ileocolic junction. The duodenum wall measured 0.32 cm width. The jejunum wall measured 0.25 cm width. The ileocolic wall measured 0.43 cm width.

The visualized colon exhibited overtly normal intact wall layering and nondistended size containing soft fecal matter.

Pancreas

The left and right pancreas presented mildly swollen in appearance exhibiting homogenous mildly hypoechoic parenchyma.

Free Abdomen

Minor indistinct colic lymphadenopathy was present. Generalized primarily peripancreatic hyperechoic omentum and scant pockets of peritoneal free fluid were also present.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Mild nonobstructive hypomotile stomach.
- Probable chronic enteropathy.
- Peripancreatic to generalized hyperechoic omentum and scant free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suppression of gastroenterocolic mural changes, secondary to Prednisolone therapy, is possible. Correlation with a GI panel to include PLI, TLI, cobalamin and folate is recommended. Chronic IBD or other inflammatory enteropathy in conjunction with pancreatitis and less likely potential for triaditis or suppressed to occult neoplasia are all potentials. Dietary trial, high colony count probiotics such as Proviabio, cobalamin supplementation (pending GI panel) and as needed gastrointestinal support is recommended. Sonographic monitoring is indicated if continued or progressive gastrointestinal signs with intestinal biopsies are potentially required for a definitive diagnosis.



PATIENT

Jessie Bongo

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

5.2

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Honsted

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

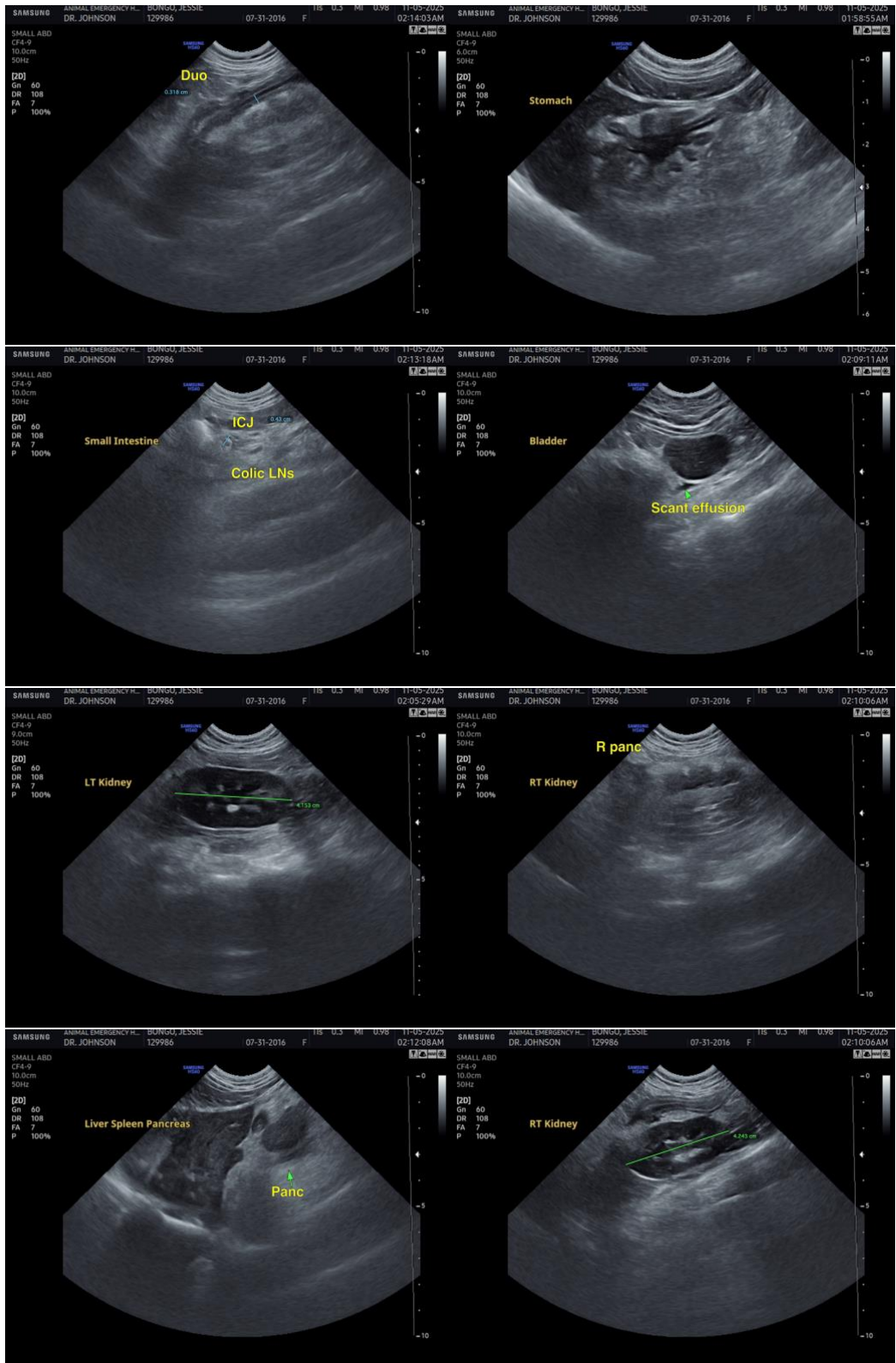
Dr. Honsted

INVOICE

12064

DATE

11/05/25





PATIENT

Jessie Bongo

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

5.2

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Honsted

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Honsted

INVOICE

12064

DATE

11/05/25

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