



PATIENT

Ashley Brougher

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11 years

WEIGHT

6.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Jennifer Todd

INVOICE

10313

DATE

11/6/25

PRESENTING CLINICAL SIGNS

Ashley is an eleven year old, FS, DSH cat with a chronic history (>6 months) of diarrhea. Ashley's current diet was proplan and was switched to Hill's GI Biome in mid-October. Vomiting used to be more frequent, but has decreased lately. Appetite is intermittent. Very mild weight loss since June 2025. CBC/Chemistry/T4/fPL were all normal mid-Oct. Fasted GI panel (TLI, cobalamin, folate) is submitted to Texas lab today.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor nondependent 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.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were 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. A small cranial left kidney cortical cyst was present. The left kidney measured 3.1 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width and the right adrenal gland measured 0.35 cm width.

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/ Gallbladder

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 area of the gallbladder was sonographically normal. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material. Mild retained anechoic gastric fluid was noted.

The small intestine presented intact wall layering with overall maintained wall layer ratio and non-thickened intestinal wall to the level of the colon. The small Intestinal wall width measured 0.25 cm.

The colon exhibited intact borderline prominent wall. The colon was non-distended containing semi-formed fecal matter. The descending colon wall measured 0.26 cm.

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 were evident.

Free Abdomen

Intermittent mildly prominent mesenteric lymph nodes were present. The lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 2.4 cm x 0.5 cm. No evidence of peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Overall structurally unremarkable gastrointestinal tract / colon with mild retained gastric fluid and semi-formed fecal matter in colon
- Intermittent mild mesenteric lymphadenopathy
- Mild age-related renal changes with small left kidney cortical cyst
- Mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lack of gastroenterocolic mural changes or pathology at times may not correlate with history of chronic gastrointestinal signs and may suggest chronic nonspecific gastroenterocolopathy with considerations including dietary intolerance, favored chronic inflammatory enterocolopathy i.e., IBD, and chronic pancreatitis which may present as sonographically normal, without evidence of neoplastic criteria. Correlation with pending GI panel and consideration for concurrent diarrhea PCR panel is recommended. Continued dietary therapy, considerations for high colony count probiotics such as Provable and fiber supplementation, cobalamin supplementation pending assessment of cobalamin level, and as-needed gastroprotectants with clinical and as-needed sonographic monitoring if continued gastrointestinal signs or weight loss are recommended. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.



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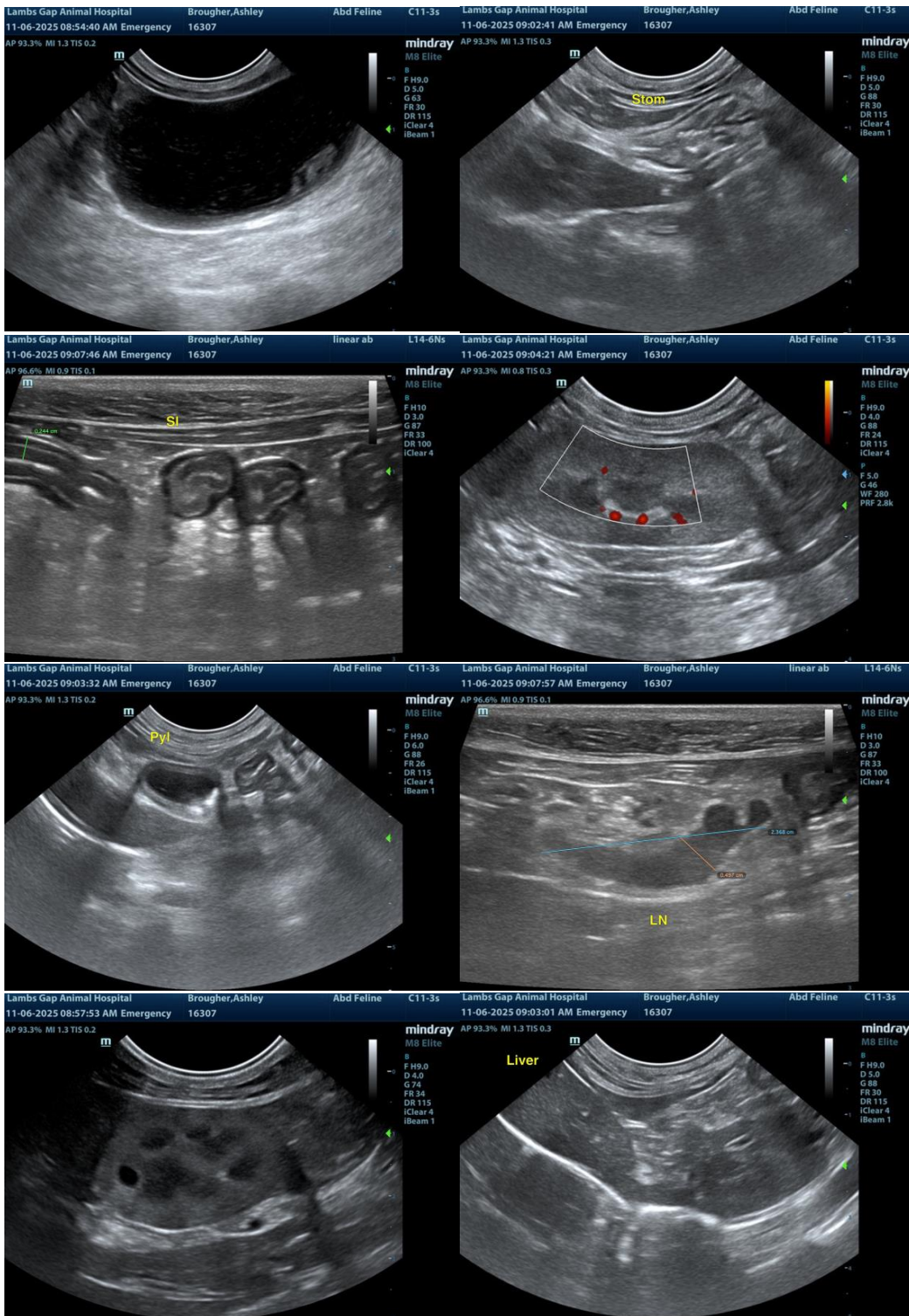
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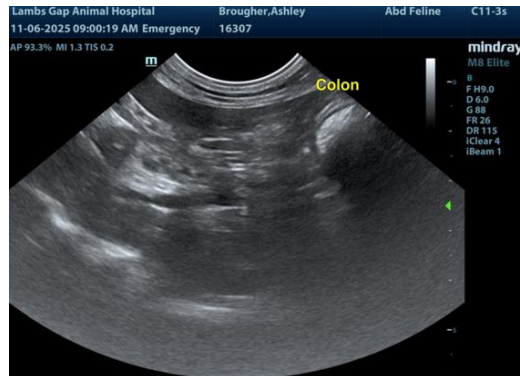
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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