



## PATIENT

Jasper Strachey

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

5 Months

## WEIGHT

3.8 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Belan

## HOSPITAL NAME

Fish Creek Pet Hospital

## REFERRING VET

Dr. Brust

## INVOICE

12141

## DATE

11/07/25

## PRESENTING CLINICAL SIGNS

Chronic enteritis colitis last few months not responding to treatment. Chest and Ab. X-rays unremarkable

Abnormal PE/Chem/CBC/UA Results: Non diagnostic general panel, Giardia , parvo and FIV and FELV neg

## 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 4.1 cm in length. The right kidney measured 3.8 cm in length.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm width.

### Spleen

The spleen was mildly enlarged, exhibiting 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 1.0 cm width level of the mid spleen.

### 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 with no signs of ileus, obstruction or foreign material.



**PATIENT**

Jasper Strachey

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Small intestine wall measured 0.24 cm wall width. Ileocolic wall measured 0.33 cm wall width.

**SPECIES**

Feline

Normal visible colon wall layering was maintained. The colon was nondistended containing soft fecal matter. The descending colon wall measured 0.15 cm wall width.

**Pancreas**

**BREED**

DSH

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.

**SEX**

Neutered Male

**Free Abdomen**

Intermittent mildly swollen to hypoechoic jejunocolic lymph nodes were visualized with an example measuring 1.5 cm x 0.70 cm. No evidence of peritoneal effusion was present.

**AGE**

5 Months

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

3.8 kg

**Primary Findings**

- Sonographically normal gastrointestinal tract/colon with soft fecal matter.
- Intermittent mildly swollen jejunocolic lymphadenopathy.

**Secondary Findings**

- Mild splenomegaly- suspected secondary to anesthesia.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Dietary intolerance, infectious disease, occult parasitism, nonstructural inflammatory bowel favored with emerging FIP or less likely, neoplasia given lymphadenopathy are all potentials. Correlation with pending lymph node cytology is recommended. A GI panel to include PLI, TLI, cobalamin and folate with concurrent diarrhea PCR panel is recommended. Pending additional diagnostics, dietary trial with potential long term dietary therapy, cobalamin supplementation (pending assessment of cobalamin level), empirical deworming despite fecal testing (Panacur SID for 7-10 days), as needed gastroprotectants and high colony count probiotics are recommended.

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Fish Creek Pet Hospital

**REFERRING VET**

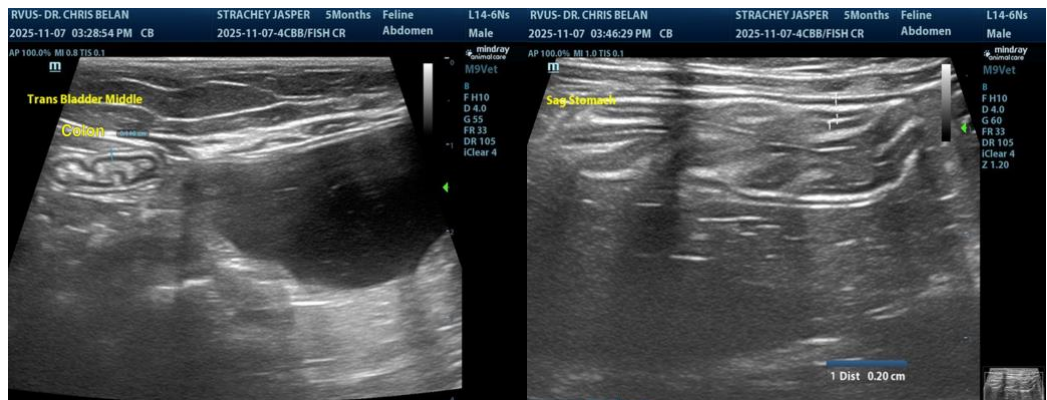
Dr. Brust

**INVOICE**

12141

**DATE**

11/07/25





**PATIENT**

Jasper Strachey

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

5 Months

**WEIGHT**

3.8 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Fish Creek Pet Hospital

**REFERRING VET**

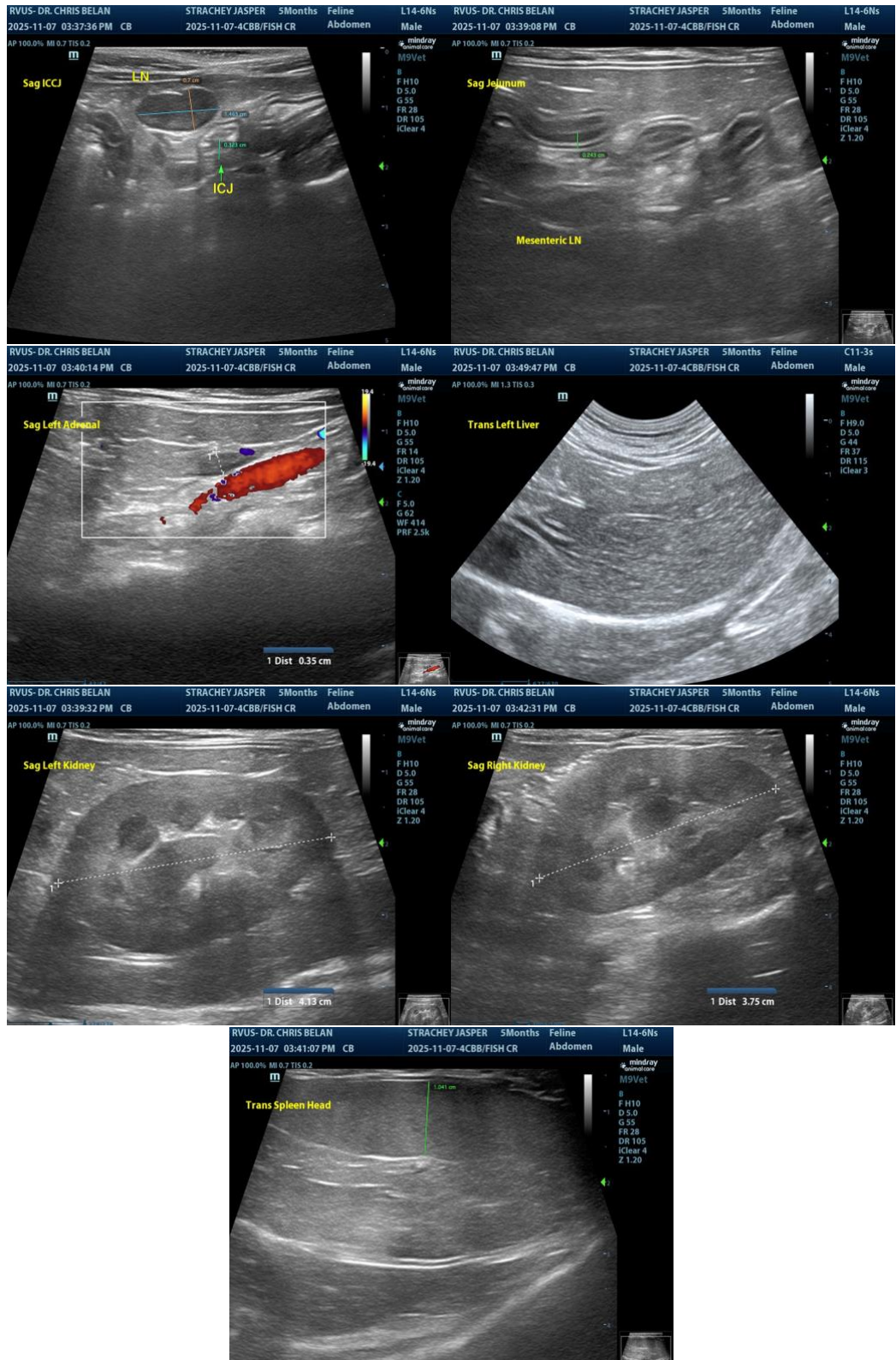
Dr. Brust

**INVOICE**

12141

**DATE**

11/07/25





## PATIENT

Jasper Strachey

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

5 Months

## WEIGHT

3.8 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Belan

## HOSPITAL NAME

Fish Creek Pet Hospital

## REFERRING VET

Dr. Brust

## INVOICE

12141

## DATE

11/07/25

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](mailto:info@SonoPath.com)