



PATIENT

Ramsey Bonanno

SPECIES

Feline

BREED

Ragdoll

SEX

MN

AGE

14yr

WEIGHT

10.9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS, Certified
Veterinary
Sonographer (IVUSS)

HOSPITAL NAME

Norfolk County
Veterinary Service

REFERRING VET

Emily McCabe, DVM

INVOICE

22909

DATE

11/09/2025

PRESENTING CLINICAL SIGNS

Has had two FB surgeries. Biopsy diagnosed IBD as well. Was on prednisolone, but hasn't been on it in ~ 4 years. Presented on 11/5 for diarrhea. Has a grade III/VI heart murmur ad gallop rhythm. BW: elevated spec 24.9. Bicavity ultrasound: AUS to check ofr FB/neoplasia, Echo to check if heart can withstand steroid treatment.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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. The left kidney measured 3.8 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

Spleen

The spleen exhibited mild enlargement (1.2 cm in width at the mid spleen) with 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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A solitary, non-disruptive non-homogenous cystic intraparenchymal nodule was present measuring 1.2 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The proximal common bile duct was dilated and mildly tortuous without overt post hepatic obstruction. The common bile duct measured – cm diameter.

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.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mildly thickened jejunum wall was present. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.23 cm width. The jejunum wall measured 0.29 cm width. The ileocolic wall measured 0.37 cm width.

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The colon exhibited intact borderline mild thickened wall. The colon was non-distended containing semi-formed fecal matter consistent with patient history.

Pancreas

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The pancreas was mildly prominent in size with mild asymmetrical capsule contour, non-homogenous remodeled focally cystic parenchyma with prominent pancreatic duct.

Free Abdomen

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Mildly prominent jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 1.2 cm in diameter.

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No evidence of peritoneal effusion.

Subtle peripancreatic hyperechoic omentum was present.

ULTRASONOGRAPHIC FINDINGS

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Primary

- Chronic enteropathy with mild concurrent colitis
- Chronic / chronic active pancreatitis with remodeling
- Intermittent mild jejunocolic lymphadenopathy
- Bilateral chronic renal changes
- Liver nodule - likely small biliary cyst adenoma
- Mild gallbladder debris
- Mild splenomegaly

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic IBD or other inflammatory enteropathy in conjunction with mild colitis, chronic/ chronic active pancreatitis and potential triaditis are suspected. Mild potential for low grade to emerging intestinal neoplasia such as lymphoma is felt less likely given current sonographic presentation yet not technically excluded. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Empirical therapy for IBD, colitis and potential triaditis with clinical and as needed sonographic monitoring if persistent or progressive gastrointestinal signs or weight loss would be reasonable.

Assuming normal clotting status and using a 25g needle, a splenic FNA for screening cytology could be considered if the patient was not sedated or persistent splenomegaly.

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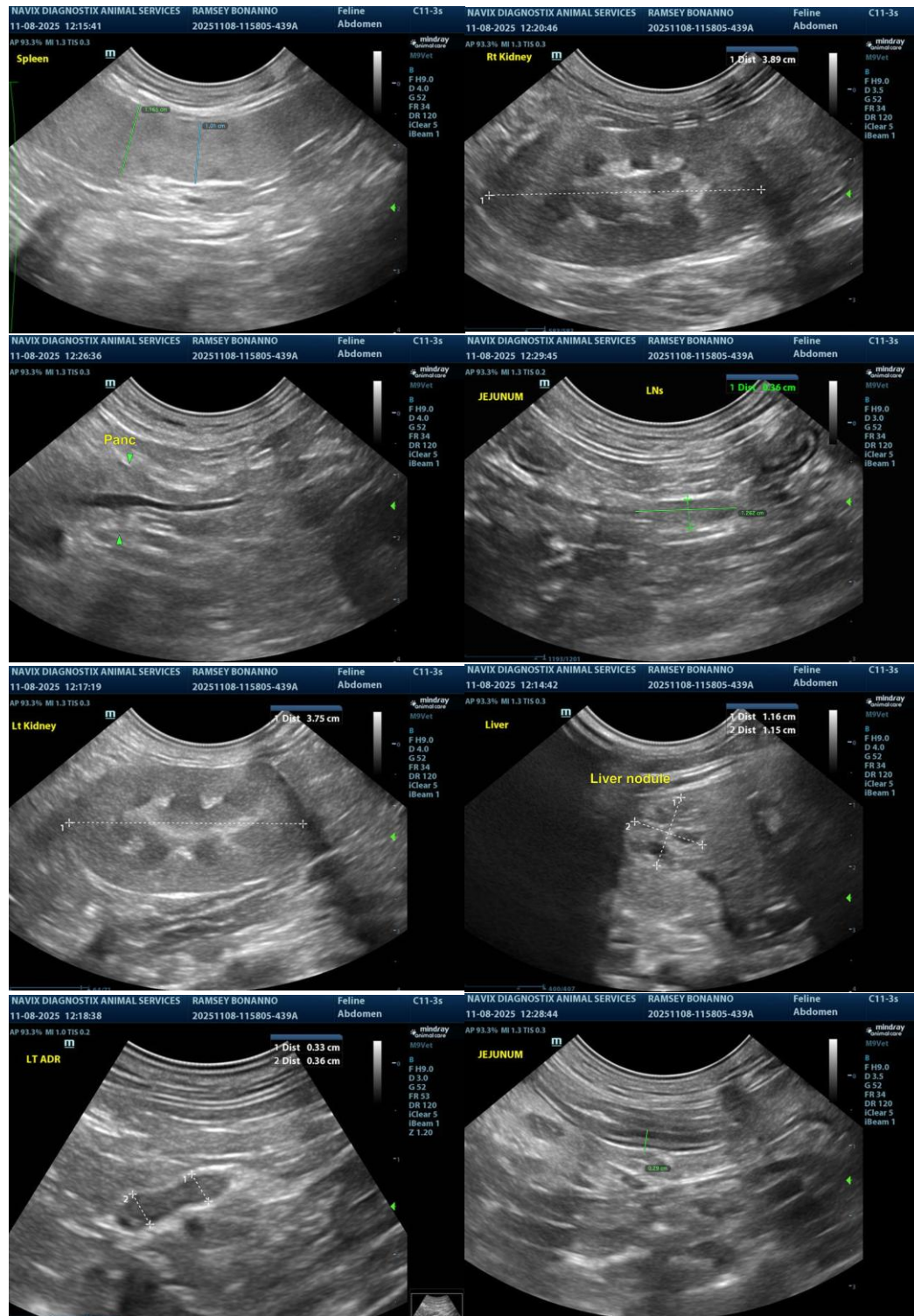
Emily McCabe, DVM

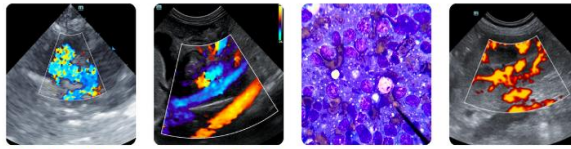
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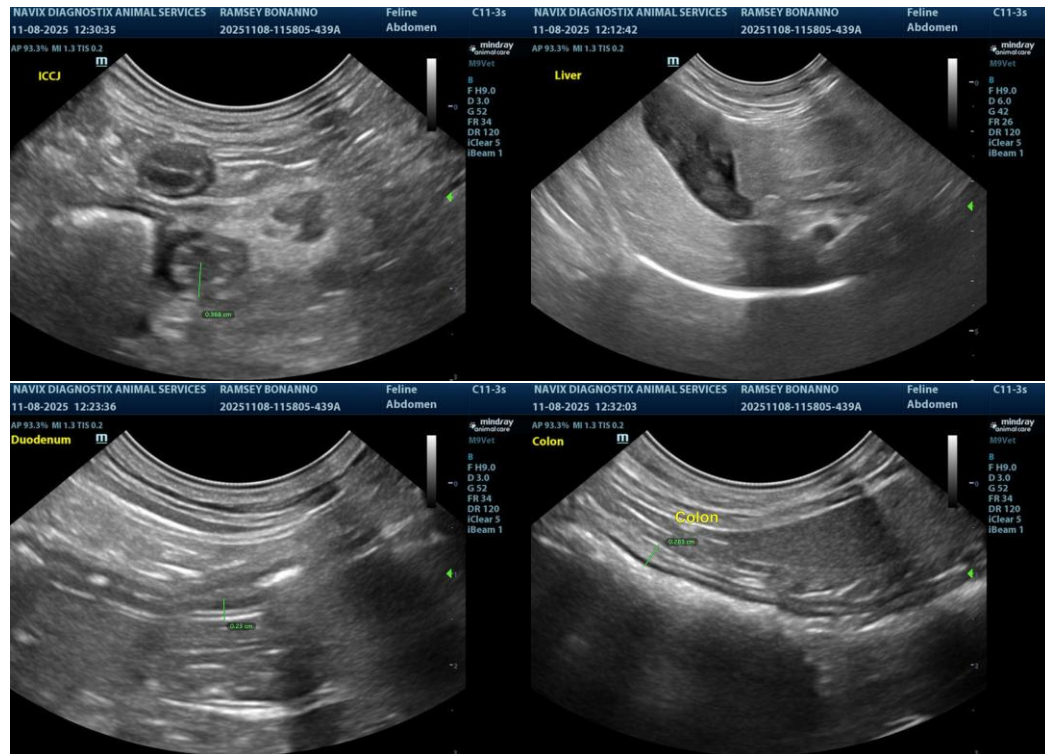
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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