



## PATIENT

Shadow Bueno

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

16 Years

## WEIGHT

8.8 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Gillian Striano-Kaplan

## HOSPITAL NAME

Ramsey Veterinary  
Hospital

## REFERRING VET

Dr. Stewart

## INVOICE

12666

## DATE

12/11/25

## PRESENTING CLINICAL SIGNS

Pet presented for decreased appetite/lethargy for 3-4 days, hasn't eaten in 2 days, previously eating Hills Biome, vomited 1x a few days ago, hiding in abnormal places, last had BM yesterday AM, seems to be drinking and urinating normally; on proviable q 3 days, miralax SID. History of thickened intestinal walls on previous ultrasound (see prev report from July '25). Hematuria on table during US today

Abnormal PE/Chem/CBC/UA Results: Creat 1.6, USG 1.022; UA w/ UPC pending

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Nondependent particulate accumulated dependent lumen 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.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild medullary mineral was visualized bilaterally. The left kidney measured 3.1 cm in length. The right kidney measured 3.4 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 0.37 cm width.

The right adrenal gland was not visualized.

### 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



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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. Gastric body wall measured 0.25 cm wall width.

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The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Mild segmental jejunal corrugation. Small intestine wall measured 0.30 cm wall width.

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

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The area of the pancreas was sonographically normal.

**AGE**

16 Years

**Free Abdomen**

No obvious visualized significant omental lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

8.8 pounds

**ULTRASONOGRAPHIC FINDINGS**

- Enteropathy exhibiting intact thickened intestinal wall and segmental nonobstructive corrugation.
- Normal empty stomach.
- Normal area of the pancreas.
- Chronic renal changes exhibiting mild medullary mineral.
- Mild urine sediment.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

IBD or other inflammatory enteropathy, intestinal round cell neoplasia such as lymphoma, less likely dry form FIP are possible. Low-grade to chronic pancreatitis at times may present sonographically normal. A GI panel to include PLI, TLI, cobalamin and folate may be considered. A definitive diagnosis would require intestinal biopsies for histopathology. Gastrointestinal support and consideration for empirical IBD protocol would be reasonable. Correlation with pending urinary work up is recommended.

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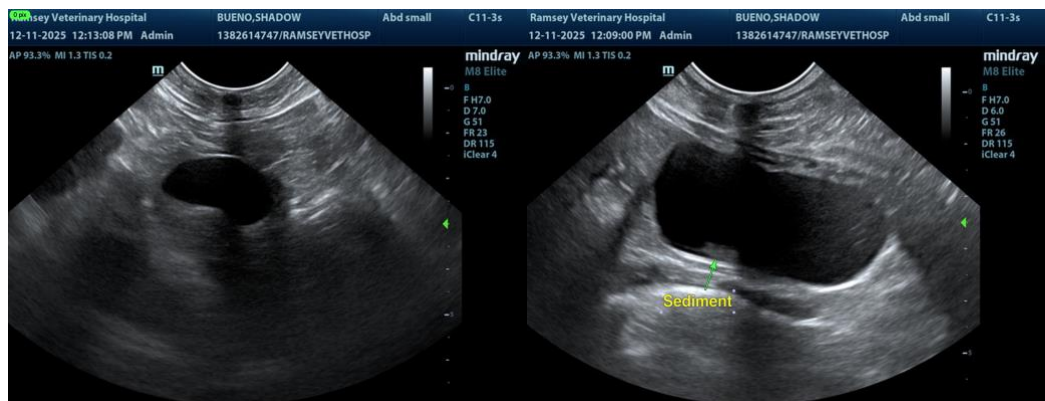
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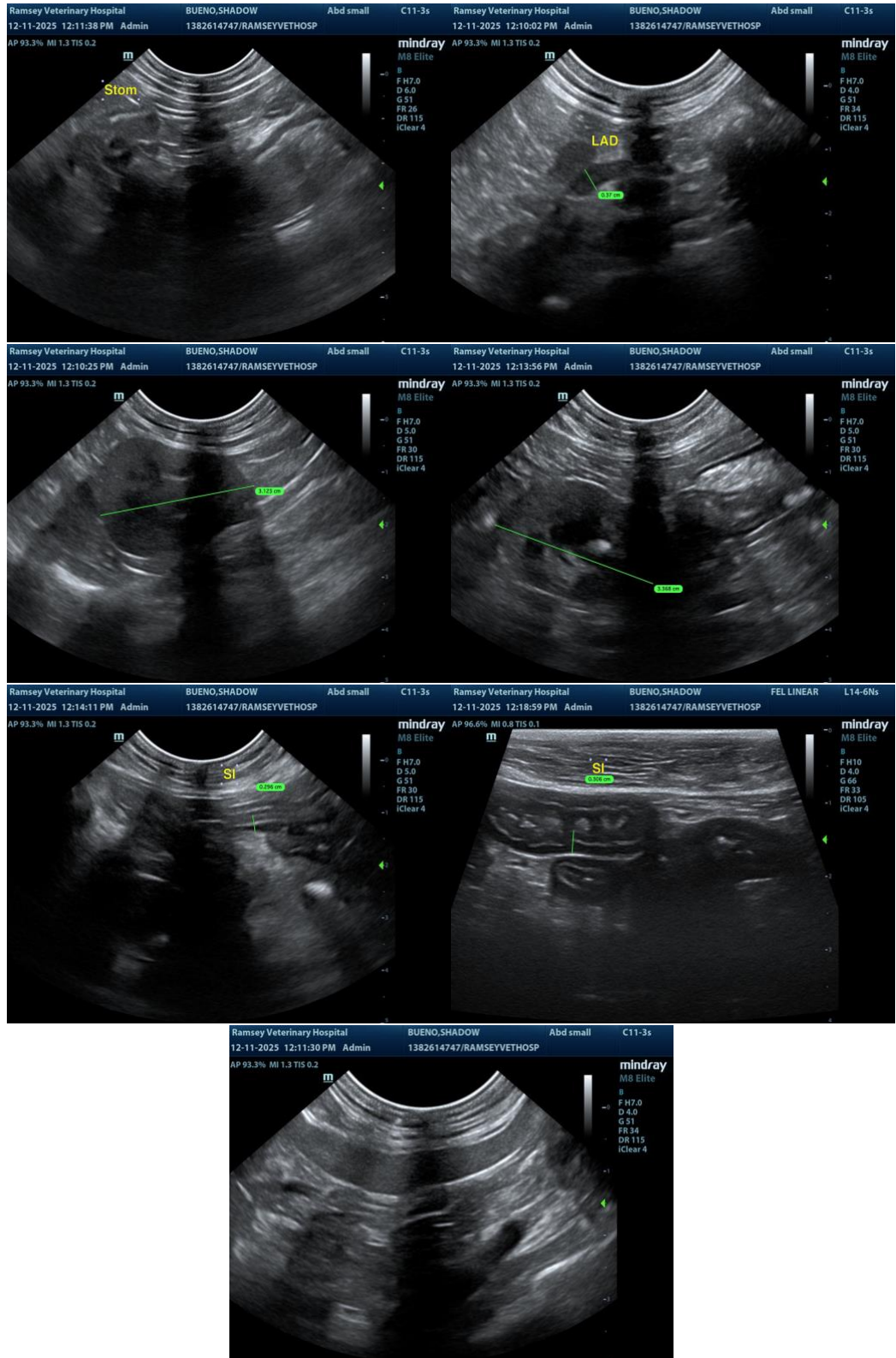
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)