

PATIENT

Sophie Mann

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

9 Pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine /
Feline Practice)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Mountain View AH

REFERRING VET

Dr. Pablo Mendoza

INVOICE

36859

DATE

12/11/25

PRESENTING CLINICAL SIGNS

History: Vomiting/diarrhea, r/o IBD vs neoplasia vs gastroenteritis/pancreatitis History of kidney disease Relevant Medical History and Physical Exam Findings: Patient presented today for evaluation of vomiting and watery yellow diarrhea. Patient has a history of kidney disease, on presentation patient appears dehydrated, no organomegaly or masses palpated. CBC showed elevated WBC and low PLT, chemistry was unremarkable. MEDS_ Metronidazole, Cerenia, Famotidine, SQ fluids.

Abnormal PE/Chem/CBC/UA Results: WBC 21.09.

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. Primarily anechoic urine was present in the lumen. Mild nondependent particulate urine 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 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 to moderate indistinct corticomedullary border demarcation expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 2.7 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.35 cm. The right adrenal gland measured 0.32 cm.

Spleen

Generalized splenomegaly (1.4 cm in width at the mid spleen) was noted with mild asymmetrical medial capsule contour and maintained homogenous parenchyma.

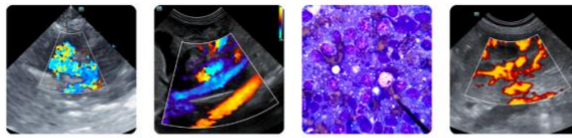
Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypochoic 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 contained mild echogenic nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented thickened wall, exhibiting segmental intact mural detail with concurrent segmental loss of intestinal mural detail. The small intestinal wall measured 0.30 cm. Segmental generally mild nonshadowing intestinal ingesta was noted without obstructive pattern to the level of the colon. The ileocolic wall measured 0.36 cm.



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The colon walls presented intact yet prominent wall layering with mildly thickened submucosa. The colon was nondistended, containing generalized soft fecal matter.

Pancreas

The pancreas was prominent in size with capsule asymmetry and nonhomogenous hypoechoic parenchyma with prominent pancreatic duct.

Free Abdomen

Scant peritoneal effusion was present.

Multiple enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. Borderline abnormal width: length ratio was noted (approximately 0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.3 cm x 0.7 cm.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild nonshadowing gastric ingesta/chyme
- Enteropathy, exhibiting generalized thickened intestinal wall and segmental intact to indistinct/loss of intestinal mural detail.
- Mildly thickened colon, containing generalized soft fecal matter.
- Pancreatitis
- Splenomegaly
- Mesenteric lymphadenopathy

Secondary Findings

- Bilateral chronic renal changes
- Minor urine sediment

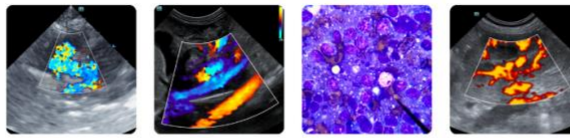
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary concern for multicentric round cell neoplasia, in conjunction with splenomegaly, segmental indistinct to loss of intestinal mural detail, and mesenteric lymphadenopathy is warranted. Diffuse inflammatory disease, including IBD or other chronic inflammatory enteropathy and mesenteric lymphadenitis, in conjunction with pancreatitis, not excluded. Further assessment may include, assuming normal clotting status and using a 25-gauge needle, splenic and accessible lymph node FNA cytology. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Imaging performed by



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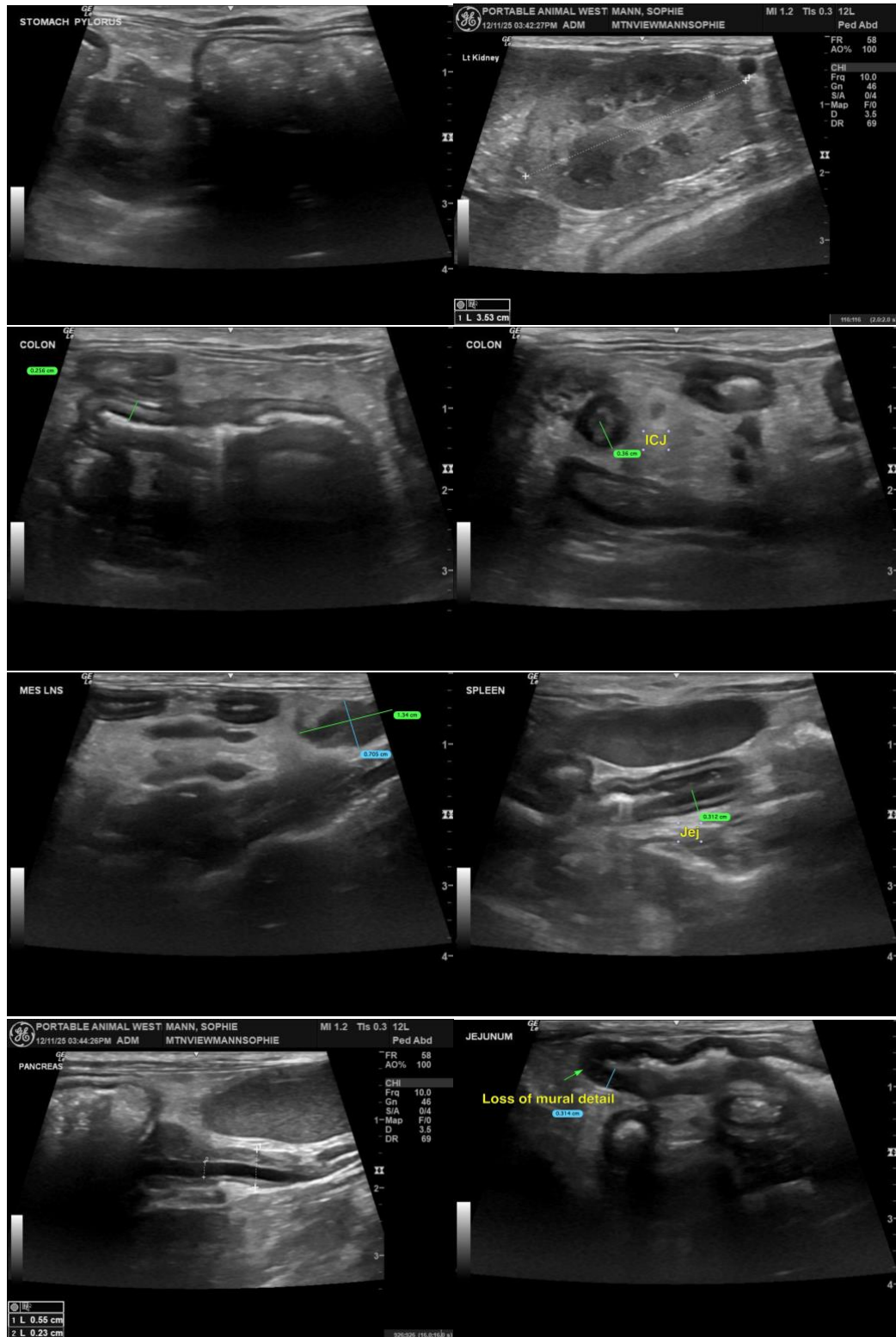
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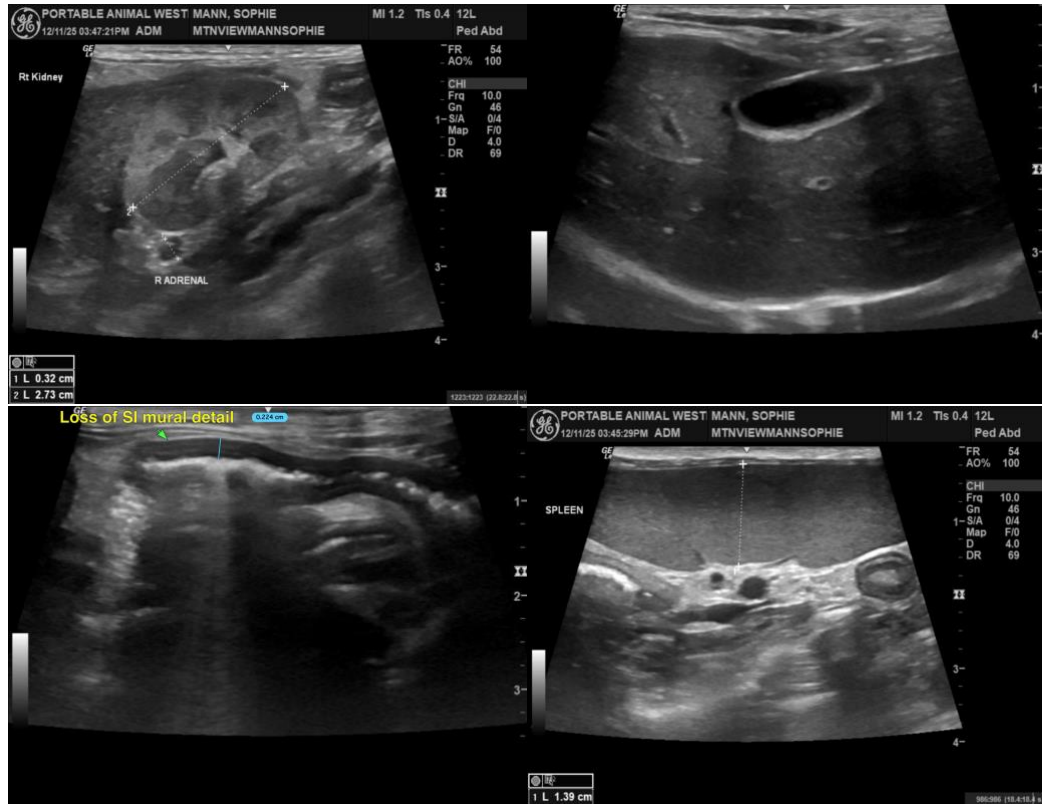
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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