



PATIENT

Cassiopeia Demarco

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

2 yrs

WEIGHT

7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Rodriguez

INVOICE

12933

DATE

12/13/25

PRESENTING CLINICAL SIGNS

History: Diarrhea and anorexia. Tx with metronidazole and supportive care Thursday. No improvement

Abnormal PE/Chem/CBC/UA Results: WNL Thursday

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 changes were noted.

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. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.3 cm. The right kidney measured 3.2 cm.

Adrenal Glands

The area of the left and right adrenal glands was free of pathology.

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

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.

The small intestine presented generalized intact primarily non-thickened wall exhibiting altered wall layer ratio owing to generalized mild thickened muscularis layer. A segment of jejunum exhibited thickened wall with indistinct mural detail. Non-thickened jejunum wall measured 0.23 cm, and segmental thickened jejunum wall measured 0.31 cm. Ileocolic wall measured 0.31 cm and duodenum wall measured 0.21 cm.



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The colon exhibited intact thickened wall with generalized non-distended colon containing non-formed fecal matter. Colon wall measured 0.30 cm.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

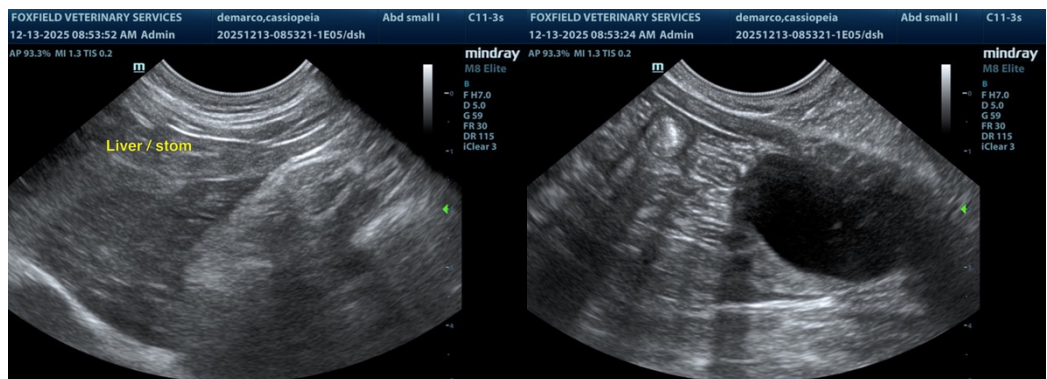
Intermittent, mildly prominent to enlarged mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of peritoneal effusion present.

ULTRASONOGRAPHIC FINDINGS

- Normal empty stomach
- Enteropathy exhibiting altered wall layer ratio and segmentally thickened jejunum with indistinct mural detail
- Intermittent mild mesenteric lymphadenopathy
- Generalized mild thickened colon containing non-formed fecal matter
- Nonspecific bilateral renal medullary rim sign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the enterocolonopathy and associated mesenteric lymphadenopathy may include inflammatory, infectious granulomatous or emerging to occult neoplasia etiologies. Definitive diagnosis would require enterocolic and lymphatic biopsies for histopathology. The current degree of lymphadenopathy likely not amenable to FNA cytology yet could be considered if persistent or progressive lymphadenopathy.





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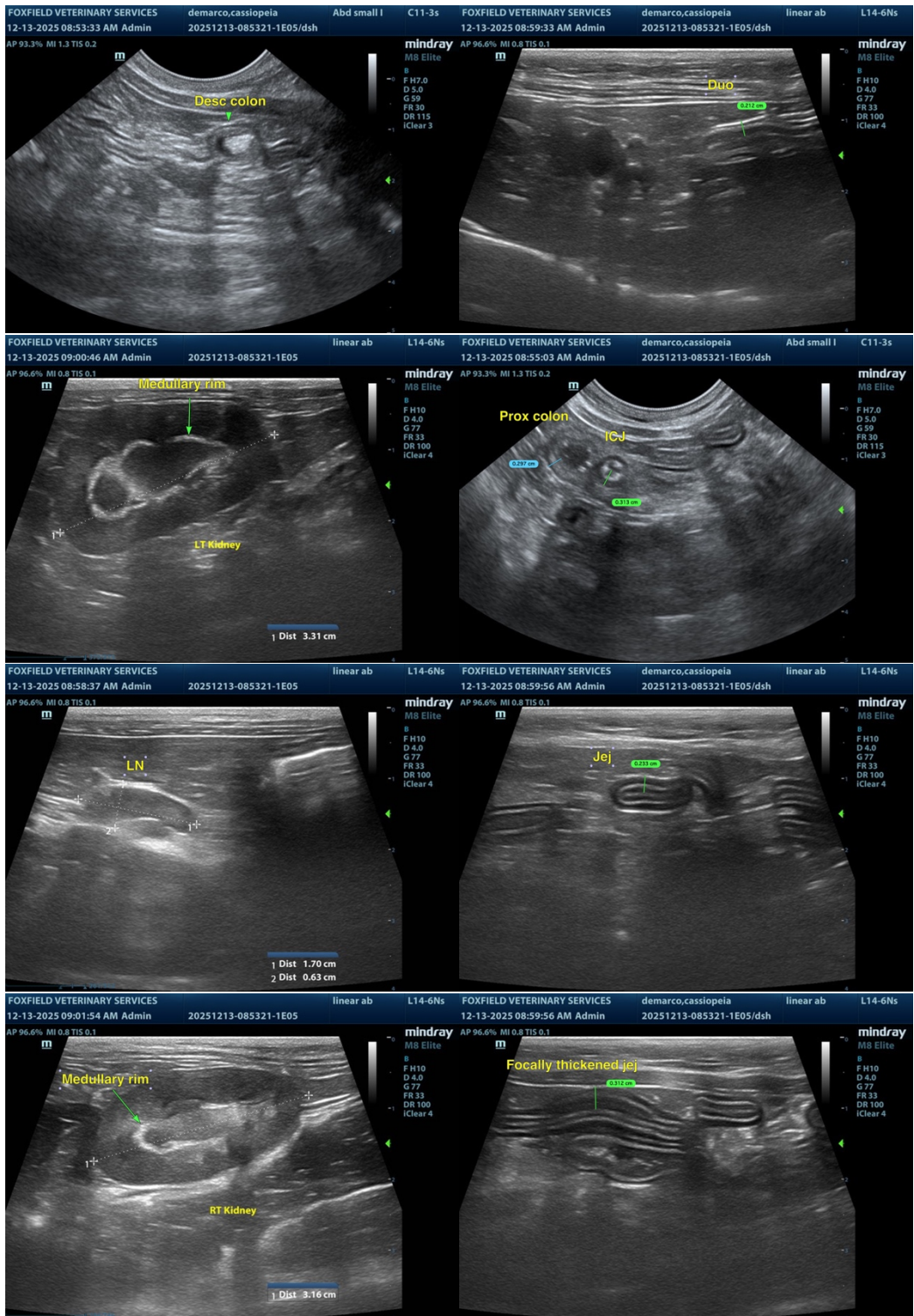
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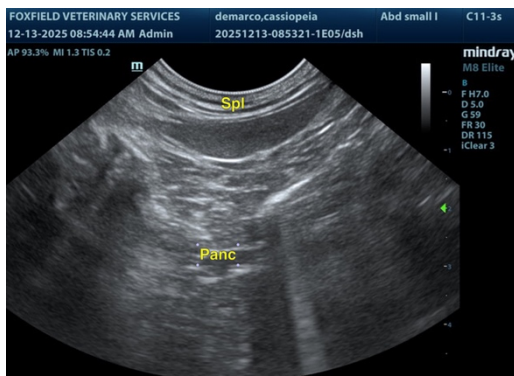
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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