



PATIENT

Oliver Castellanos

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

3yr

WEIGHT

12.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Animal Paradise
Hospital

REFERRING VET

Dr Elshafie

INVOICE

23283

DATE

12/18/2025

PRESENTING CLINICAL SIGNS

Recurrent gastroenteritis and Hx of pancreatitis. R/O I.B vs. IBD vs. EPI vs. other. Voluntary urine retention. R/O urinary blockage. (no evidence (X-ray) of small intestinal mechanical obstruction. Underlying gastroenterocolitis/ IBD are prioritized. Pancreatitis remains possible. Meds: Metronidazole (1 ml BID 7 days)

Abnormal PE/Chem/CBC/UA Results: Dish - ALT 148, CBC WNL, FPL WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. 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 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.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.30 cm width The right adrenal gland measured 0.41 cm width

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/Gallbladder

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. Normal vascular volume. 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.

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The small intestine presented overtly normal muscularis/mucosa ratio with borderline thickened jejunum wall. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.22 cm width. The jejunum wall measured 0.27 cm width. The ileocolic wall measured 0.37 cm width.

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

BREED

Pancreas

DSH

The pancreas was enlarged in size with asymmetrical contour and isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SEX

Free Abdomen

MN

No overt lymphadenopathy or peritoneal effusion was present.

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Transdiaphragmatic view of the caudal thorax revealed pulmonary comet tail artifact and possible minor caudal thoracic pleural effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

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- Normal urinary bladder with mild urine sediment.
- Chronic pancreatitis.
- Overall sonographically unremarkable gastrointestinal tract with borderline prominent jejunum wall width.
- Transdiaphragmatic pulmonary comet tail artifact and suspect minor volume pleural effusion.
- Sonographically unremarkable liver / gallbladder

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Sonographically the gastrointestinal tract did not overtly meet classic IBD criteria and was without evidence of neoplasia. Underlying gastrointestinal disease may present sonographically normal or exhibit subtle mural changes. Correlation with A GI panel to include PLI/TLI/Cobalamin/Folate may be considered.

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Continued gastrointestinal support which may include dietary trial, cobalamin supplementation pending assessment of cobalamin level, high colony count probiotic if evidence of diarrhea, as needed gastroprotectants and empirical deworming if patient is indoor or outdoor despite fecal testing is recommended.

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Chronic low grade triaditis may be a primary consideration in this patient. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. A UA is recommended.

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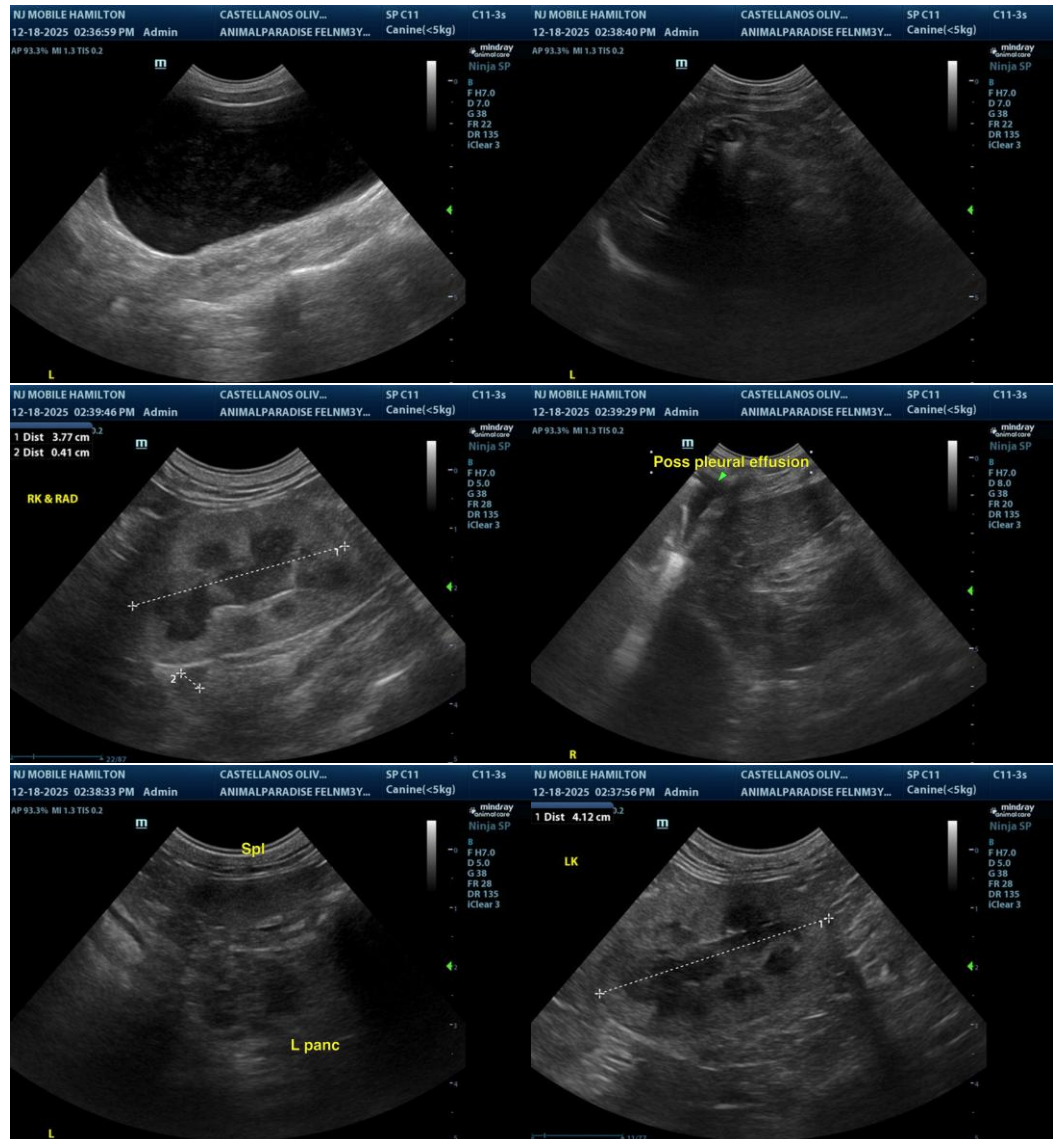
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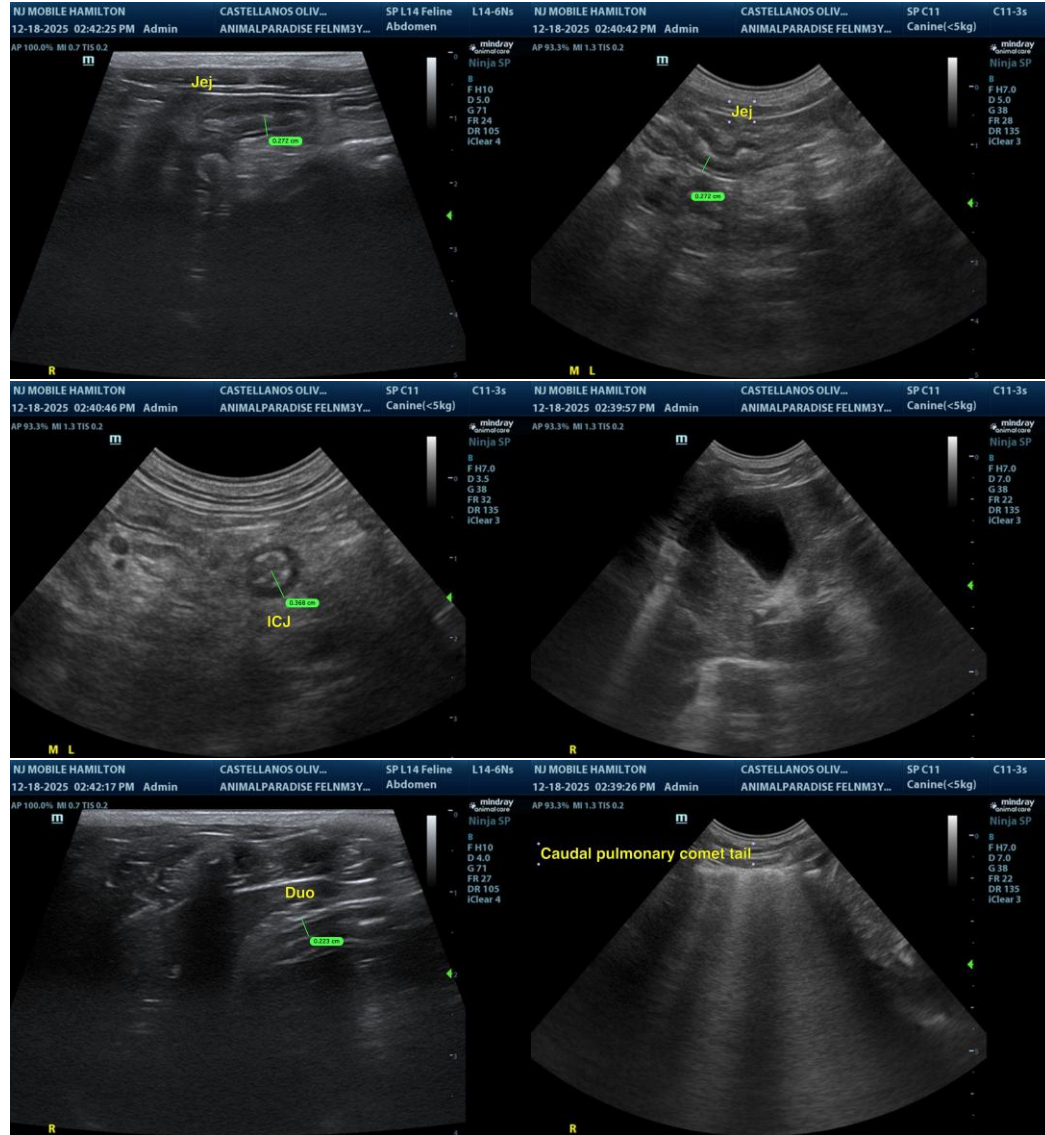
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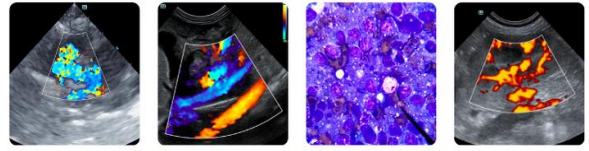
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com



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