



## PATIENT

Pheobe Decloux

## SPECIES

Feline

## BREED

DLH

## SEX

Female Spayed

## AGE

7

## WEIGHT

5.3 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Belan

## HOSPITAL NAME

Petzoic AC

## REFERRING VET

Dr. Nielsen

## INVOICE

12975

## DATE

12/18/25

## PRESENTING CLINICAL SIGNS

History: Vomiting no diarrhea last 24 hrs. On a course of antibiotics for dental done previously at another clinic. Dehydrated and cranial abdominal pain.

Abnormal PE/Chem/CBC/UA Results: Blood work not done

## 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. Discrete, non-dependent particulate urine 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. The left kidney measured 3.4 cm in length. The right kidney measured 3.9 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 0.26 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.4 cm.

### 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. The spleen measured 0.67 cm width level of the mid spleen.

### 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 mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### 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.

Intact generalized non-thickened small intestine exhibiting segmental propensity for prominent jejunal muscularis layer. No evidence of small intestine mechanical/metabolic ileus to the level of the colon.



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Duodenum wall measured 0.22 cm, jejunum wall measured 0.22 cm, and ileocolic wall measured 0.28 cm.

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

### Pancreas

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

### Free Abdomen

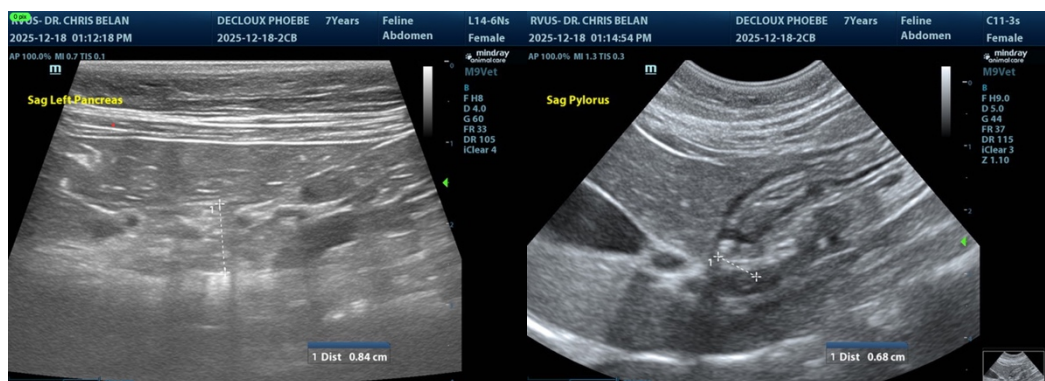
Intermittent, mildly prominent to enlarged jejunocolic node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of peritoneal effusion present.

## ULTRASONOGRAPHIC FINDINGS

- Normal empty stomach
- Non-thickened empty small intestine exhibiting segmental mild prominent jejunal muscularis layer
- Heterogeneous pancreas
- Mild gallbladder debris
- Intermittent mild subjective benign mesenteric lymphadenopathy

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal obstructive pattern or foreign material. Although possible patient variant, the segmental mildly prominent jejunal muscularis layer may suggest mild enteropathy criteria, i.e. mild IBD or other. No suspicion of intestinal or abdominal neoplastic criteria. Chronic pancreatitis suspected given pancreatic presentation and reported cranial abdomen pain. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended with full lab work and urinalysis recommended. Gastrointestinal support and empirical therapy for suspect chronic pancreatitis is recommended.





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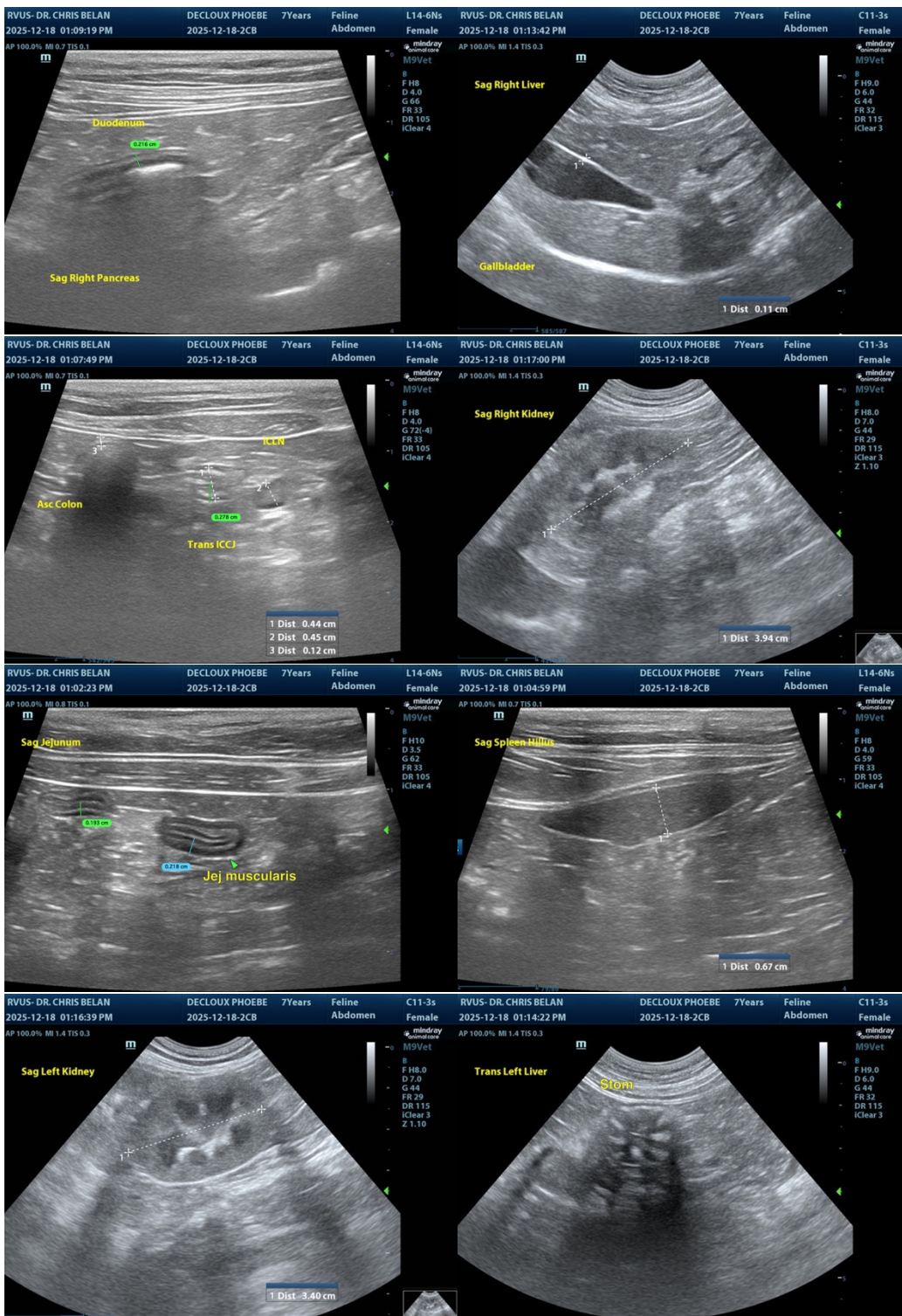
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)