



PATIENT

Spark Plug Freeman

SPECIES

Feline

BREED

Persian

SEX

M

AGE

12yr

WEIGHT

6.9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Gail Schmieder

HOSPITAL NAME

Slade Veterinary
Hospital

REFERRING VET

Gail Schmieder

INVOICE

23342

DATE

12/24/2025

PRESENTING CLINICAL SIGNS

Spark Plug presented for an abdominal ultrasound for chronic diarrhea of at least 3 months duration and inappetence. The physician owner reported no improvement with her previous empirical treatments including metronidazole, Convenia, budesonide, probiotics, and cyproheptadine. Recent lab work showed an anemia (hematocrit 25.7%) and borderline hypoalbuminemia (albumin 2.5). On physical exam, loose liquid-filled intestines were palpated and BCS was 4/9. Appetite has reportedly improved since we ran labs and started B12 one week ago but diarrhea is not improving. The owner will continue B12 injections (0.25 cc weekly for 6 weeks). Provable paste and capsules, Bio-Sponge, and mirtazapine transdermal ointment were also started. The owner is continuing the budesonide at 1 mg daily along with the above. Recommended transitioning from Royal Canin Gastrointestinal diet to a Z/D diet pending results.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Both kidneys were normal in size with primarily symmetrical contour. Mild cortical hypertrophy with mild indistinct cortical and medullary border demarcation was present with mild areas of medullary mineral. No pyelectasia present. The left kidney measured 4.3 cm in length. The right kidney measured 4.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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 mildly enlarged. 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 proximal common bile duct was dilated and mildly tortuous without overt post hepatic obstruction.

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 intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.28 cm width. The jejunum wall measured 0.24 cm width.

Feline

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

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Pancreas

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The pancreas was normal in size with minor asymmetrical capsule contour and homogenous mildly hypoechoic parenchyma compared with adjacent non-reactive omentum.

SEX

Free Abdomen

M

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

AGE

ULTRASONOGRAPHIC FINDINGS

12yr

Primary

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- Overall sonographically normal gastrointestinal tract /colon with current semi formed fecal matter.
- Possible mild pancreatitis.
- Mild hepatomegaly with non-obstructive proximal common bile duct dilation.
- Bilateral chronic renal changes exhibiting mild medullary mineral.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Overall, no evidence of significant visceral, specifically gastrointestinal or colic pathology. At times the gastrointestinal tract may not correlate sonographically with clinical history. Dietary intolerance, non-structural inflammatory bowel, infectious disease, triaditis in conjunction with potential mild pancreatitis and given short half-life of hepatic enzymes in cats are all potentials. No overt evidence of neoplastic criteria.

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Monitoring of clinical response to current hydrolyzed diet change, continued high colony count probiotic, i.e. Provable, consideration for empirical deworming if patient is indoor/outdoor, continued cobalamin supplementation with consideration for full GI panel as well as diarrhea PCR panel is recommended.

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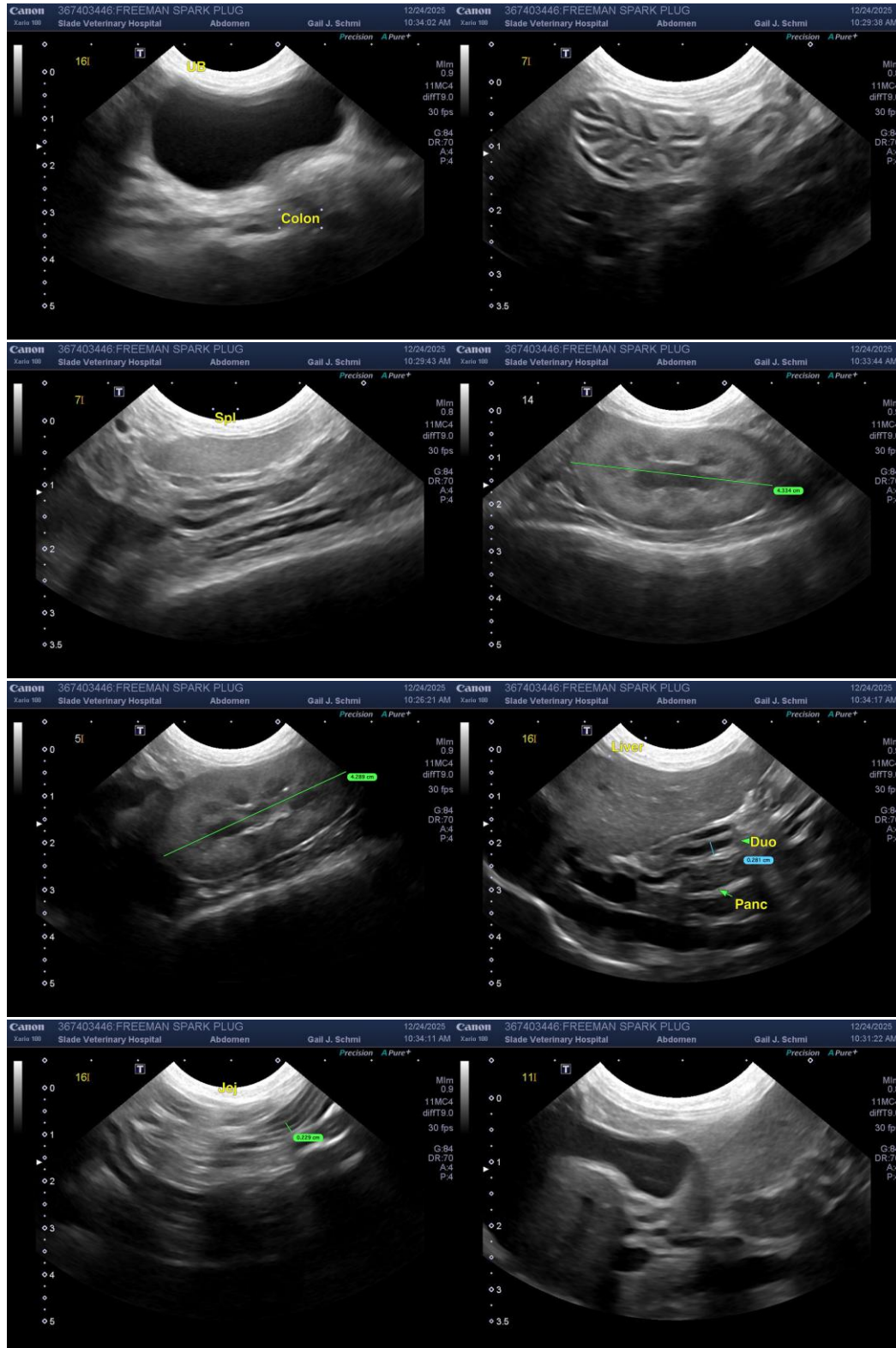
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Persian

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info@sonopath.com

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