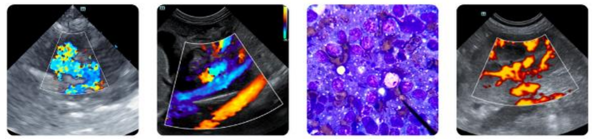




**PATIENT**

Boo Beck

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

15y, 11m

**WEIGHT**

8.5

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Meghan Myers, VMD

**HOSPITAL NAME**

Hershire AH

**REFERRING VET**

Erika Gallisdorfer DVM

**INVOICE**

10408

**DATE**

12/3/25

## PRESENTING CLINICAL SIGNS

chronic weight loss over last few months, decreased appetite more recently. History of previous cystotomy for stones. senior blood work done in June 2025- unremarkable other than mildly elevated pancreatic lipase.

## 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 evidence of urine or 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.

No evidence of pathology in the area of the aortic trifurcation.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.6 cm in length. The right kidney measured 4.0 cm in length.

### *Adrenal Glands*

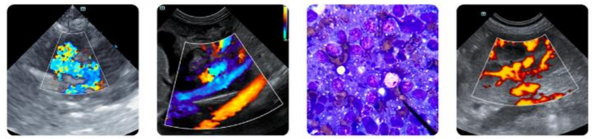
The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.35 cm width and the right adrenal gland measured 0.34 cm width.

### *Spleen*

The spleen was normal in size, exhibiting a primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

### *Liver/ Gallbladder*

The liver was subjectively normal in size and contour with mild nonhomogeneous remodeled parenchyma and mild increased hepatic echogenicity compared to the liver. Normal hepatic vascular volume was present. The gallbladder appeared to be divided into two compartments containing mild lumen mineral. The common bile duct was not definitively visualized.



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### *Gastrointestinal*

The stomach was moderately distended in size with retained echogenic fluid and nonshadowing ingesta. There was no definitive visualized obstruction to pyloric outflow. The pylorus wall width measured 0.24 cm in width.

The small intestine presented primarily intact variably thickened wall exhibiting variable mucosa echogenicity and segmental intestinal ileus to the level of the colon. The duodenum wall measured 0.33 cm width. The jejunum wall measured 0.38 cm width.

Normal visible colon wall layers were present with semi-formed fecal matter.

### *Pancreas*

The pancreas was normal in size with capsule asymmetry, and heterogeneous parenchyma. Prominent left limb of the pancreatic duct was noted with cyst present in the area of the pancreas base containing anechoic fluid, The cyst measured 1.8 cm in diameter.

### *Free Abdomen*

No obvious significant to swollen mesenteric lymphadenopathy was visualized. No evidence of peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

### *Primary Findings*

- Distended stomach with retained echogenic fluid and nonshadowing ingesta
- Chronic enteropathy exhibiting segmental intestinal ileus
- Chronic pancreatitis with pancreatic cyst
- Semi-formed fecal matter in colon

### *Secondary Findings*

- Chronic renal changes
- Hepatic parenchymal remodeling
- Bilobed gallbladder with mild nonobstructive mineral
- Sonographically normal urinary bladder

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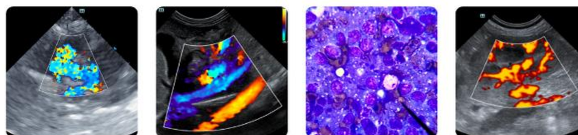

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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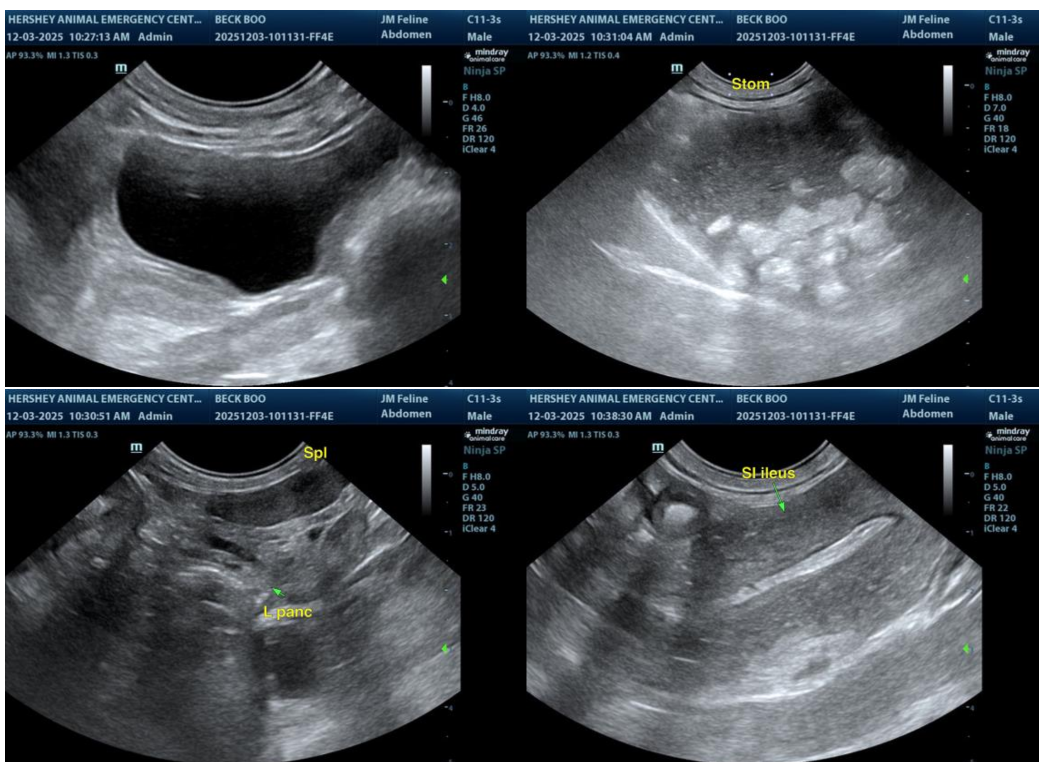
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic IBD or other inflammatory enteropathy in conjunction with chronic pancreatitis, potential triaditis, or intestinal neoplasia are all potentials. Gastric and segmental intestinal ileus owing to underlying gastrointestinal disease without overt obstructive criteria is favored, although possible non-obvious mechanical intestinal obstruction is not definitively excluded.

Correlation with most recent meal ingestion is recommended. Recheck full lab work, urinalysis, and GI panel to include PLI/TLI/Cobalamin/Folate in conjunction with thoracic radiographs is warranted. A documented 12-hour fast and sonographic reassessment of the gastrointestinal tract for evidence of persistent gastric and segmental intestinal ileus is recommended. Exploratory laparotomy with gross inspection of the gastrointestinal tract and with gastrointestinal biopsies considered essential may be indicated if persistent / progressive gastrointestinal ileus.



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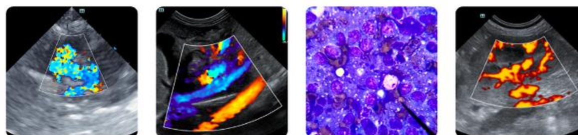



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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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