



PATIENT

Sky Carlson

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

11 Years

WEIGHT

5.1 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Silver Creek Animal
Clinic

REFERRING VET

Dr. Knight

INVOICE

12890

DATE

12/30/25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: - Patient is presenting for workup for chronic intermittent diarrhea. Diarrhea is normal amounts but completely liquid in texture. Owner notes occasional random crying out, seemingly unassociated with litter box visits. No blood or mucous in diarrhea. Normal appetite. - Physical examination largely unremarkable (euhydrated, abdomen soft and non-tender, etc.)
ABNORMAL Labwork Values Last full lab work performed October 24th, 2025: Mild neutrophilia (12K/uL), mild hyperglobulinemia (5.4g/dL), elevated GGT 11 U/L. UA revealed USG of 1.045, pH of 6.0, proteinuria (30mg/dL) without bacteriuria, crystalluria, ketonuria, pyuria, etc. Diarrhea Parasitology and PCR performed November 4th, 2025, negative for all parasites, positive for feline coronavirus. Current Medications None

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Nondependent particulate mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

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 indistinct corticomedullary border demarcation was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 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 0.30 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm width.

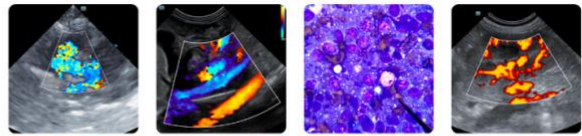
Spleen

The spleen was borderline enlarged in size and 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 1.1 cm width.

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



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained a mild amount of echogenic fluid and lumen gas 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 ileus, obstruction or foreign material. The duodenum wall measured 0.26 cm width. The jejunum wall measured 0.25 cm width. No definitive visualized pathology in the area of the ileocolic junction.

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

Pancreas

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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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Free Abdomen

No visualized significant omental lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Overall sonographically unremarkable gastrointestinal tract/colon with mild nonobstructive hypomotile stomach and semi formed fecal matter in colon.
- Possible chronic pancreatitis.

Secondary Findings

- Mild chronic renal changes.
- Mild urine sediment.
- Mild splenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary intolerance/food hypersensitivity, nonstructural inflammatory bowel in conjunction with potential chronic pancreatitis are all potentials. No evidence of neoplastic criteria. A GI panel to include PLI, TLI, cobalamin and folate is recommended. Empirically, dietary trial which may include a hydrolyzed diet with fiber supplementation or higher fiber diet, high colony count probiotics such as Provable, empirical deworming, if clinically indicated, and cobalamin supplementation pending assessment of cobalamin level may prove beneficial. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. The mild splenomegaly is most consistent with sedation.

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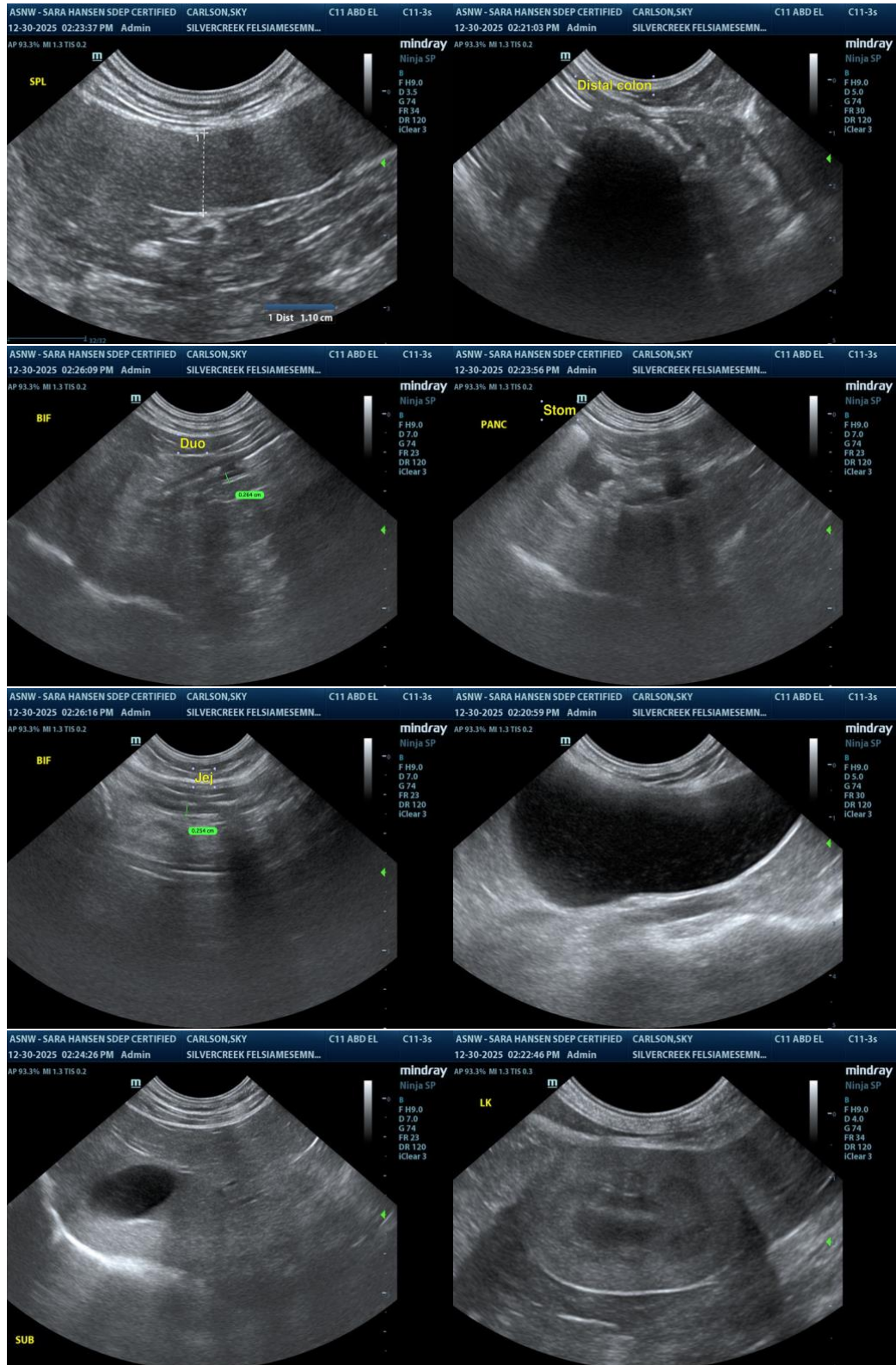
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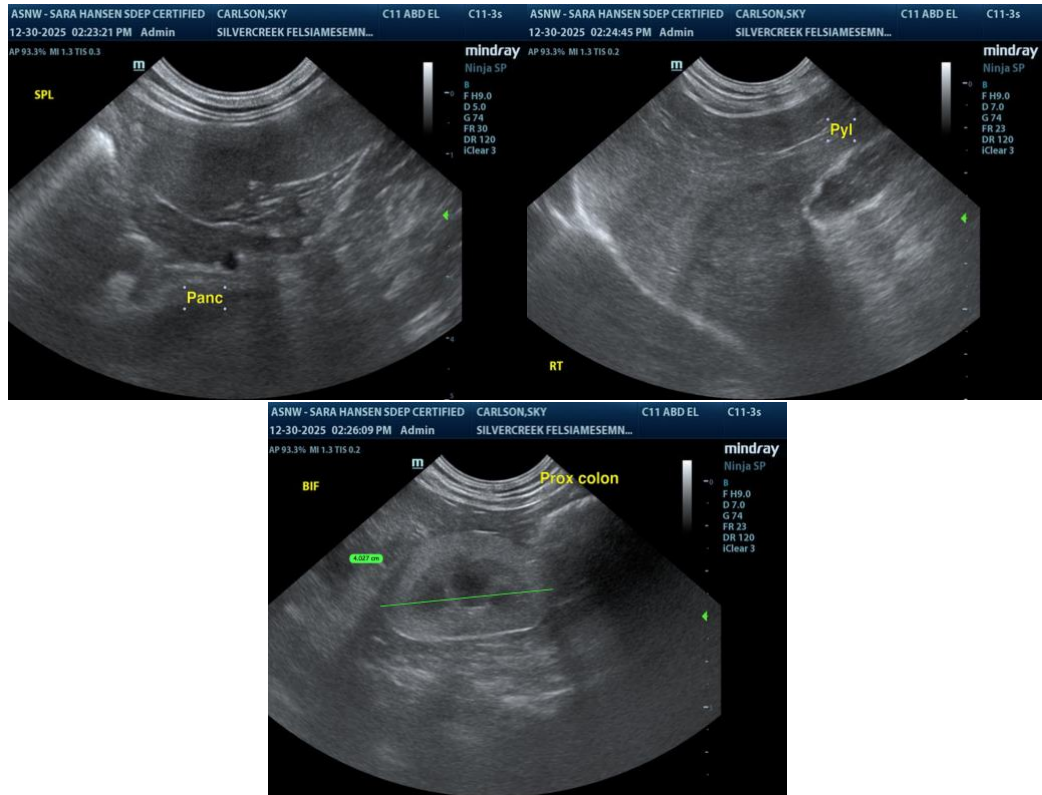
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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