PATIENT

Domino Cormier

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

8 Years

WEIGHT

11.25 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Chase Veterinary Clinic

REFERRING VET

Dr. Catherine Caffarella BVSc

INVOICE

12905

DATE

12/31/25

PRESENTING CLINICAL SIGNS

Two year history of chronic soft stools. No improvement with prednisolone trial or Hill's GI Biome diet. Weight historically stable; no vomiting. CBC/Chem/UA WNL. Currently, no medications.

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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change 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 3.3 cm in length. The right kidney measured 3.6 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 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 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

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

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained mild to moderate progressively shadowing ingesta without overt evidence of obstruction to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental similar appearing nonshadowing intestinal ingesta/chyme was present to the level of the colon. The duodenum wall measured 0.26 cm width. The jejunum wall measured 0.23 cm width. The ileocolic junction measured 0.30 cm.

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

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Pancreas

The pancreas presented normal in size with symmetrical contour and isoechoic mildly heterogeneous parenchyma compared to adjacent nonreactive or inflamed omentum. Mildly prominent left limb pancreatic duct.

Free Abdomen

Minor prominent intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 1.7 cm x 0.47 cm in diameter.

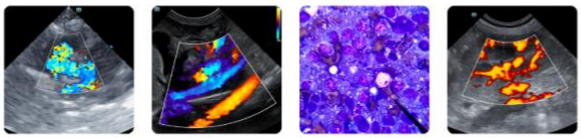
ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract/colon with gastrointestinal ingesta and semi formed to soft fecal matter in colon.
- Intermittent mild benign mesenteric lymphadenopathy.
- Mildly heterogeneous remodeled pancreas with mildly prominent pancreatic duct- possible mild chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI, TLI, cobalamin and folate and if clinically indicated, fresh fecal analysis or diarrhea PCR panel is recommended. Alternatively, dietary trial which may include hydrolyzed diet with fiber supplementation or higher fiber diet with potential long term dietary therapy, high colony count probiotics such as Proviable, empirical deworming despite fecal testing and cobalamin supplementation (pending assessment of cobalamin level) may prove beneficial.

NAVIX DIAGNOSTIX ANIMAL SERVICES



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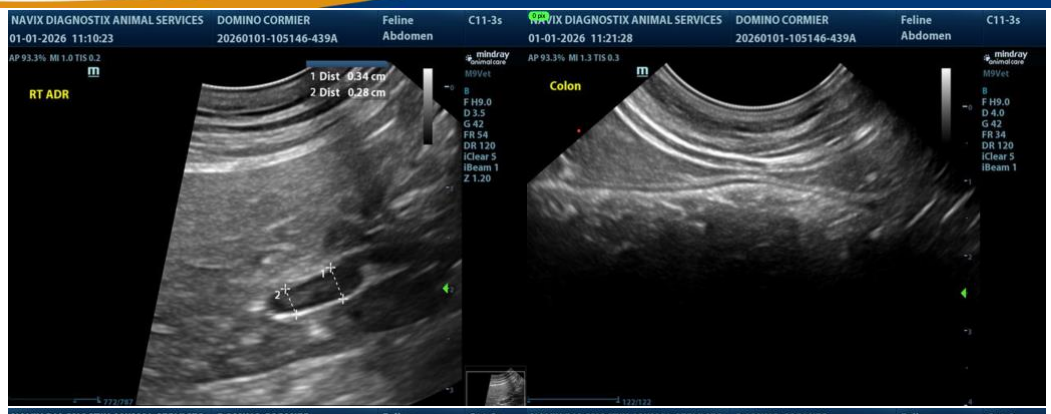

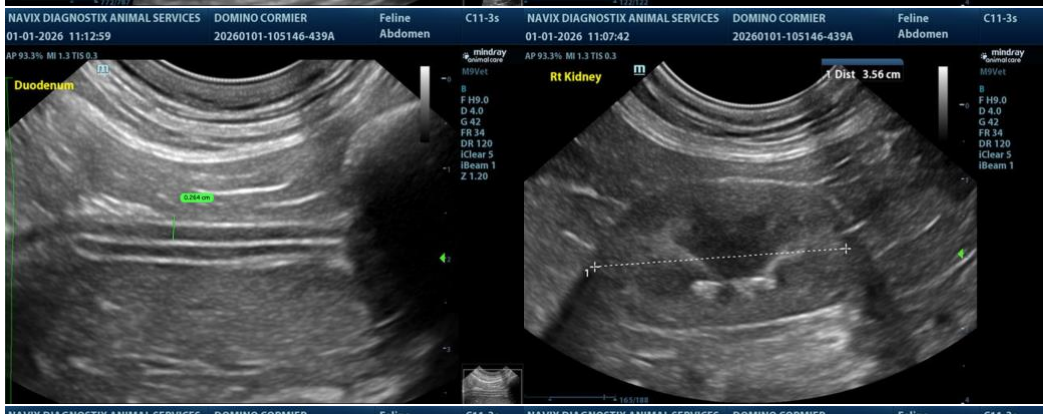

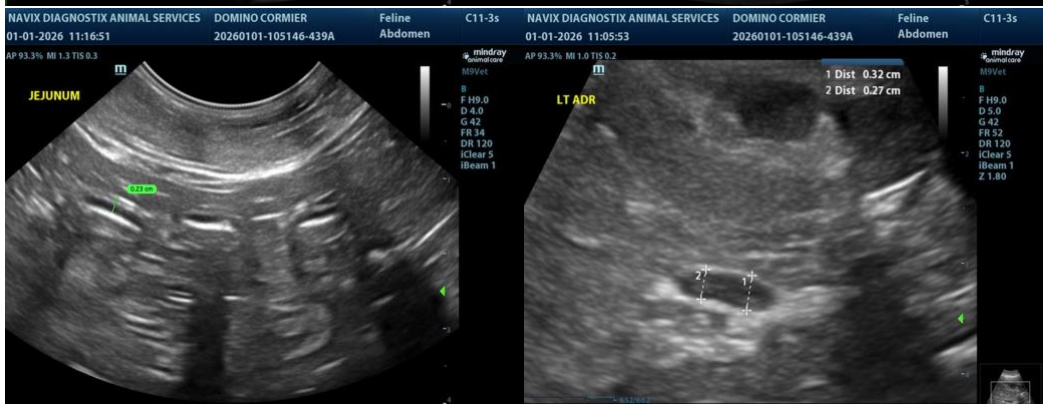

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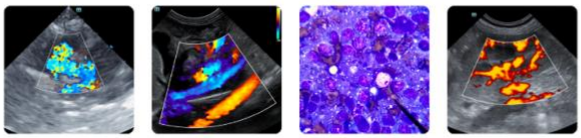

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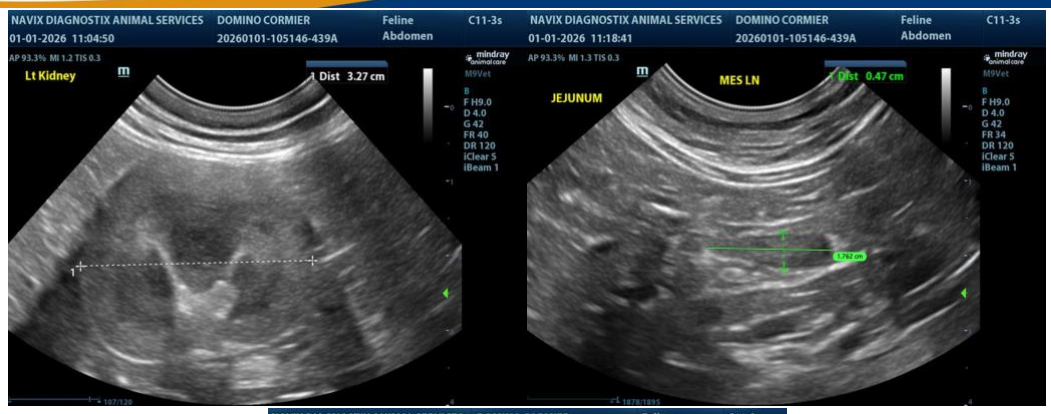

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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