



PATIENT

Riley Ahlfield

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14

WEIGHT

7.32

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ashley Gambon

HOSPITAL NAME

Lanier Animal Hospital

REFERRING VET

Dr. Ashley Gambon

INVOICE
23174

DATE
12/8/2025

PRESENTING CLINICAL SIGNS

Patient has been having diarrhea for the past few weeks. When patient came in at the end of November, she started receiving metronidazole which she responded well to. When the patient stopped metronidazole, she started having diarrhea again. She has not had any episodes of vomiting since November. Blood work was performed at the end of November which was unremarkable (thrombocytosis, monocytosis, and low USG, TT4 was WNL). Patient is receiving metronidazole for diarrhea and amlodipine for hypertension. Patient was previously treated with prednisolone for suspected IBD following an abdominal ultrasound. No biopsies were taken at the time.

Abnormal PE/Chem/CBC/UA Results: cbc: nsf (monocytosis 1.217, eosinophilia 1.701, basophilia 0.107, thrombocytosis 497) chem: nsf (mild hypophosphatemia 2.8 - suspect secondary to GI loss and mild hypocholesterolemia 82) UA: USG 1.028, trace protein, pH 6, 6-10 RBCs UPC 0.1 T4 2.3

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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. The right adrenal gland was not definitively visualized.

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 normal in size, structure, and contour. 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 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 moderate variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

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The small intestine presented generalized thickened wall exhibiting intact segmental mild indistinct wall layer detail. The small intestine contained variable non-shadowing ingesta/ chyme with concurrent empty small intestinal segments without overt evidence of mechanical obstruction to the level of the colon. The duodenum wall measured 0.44 cm width. The jejunum wall measured 0.30 cm width.

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

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Pancreas

The pancreas was normal in size with symmetrical contour, mild heterogeneous parenchyma and mildly prominent left limb pancreatic duct.

Free Abdomen

No omental masses or peritoneal effusion was present.

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Intermittent enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 1.0 cm in diameter.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Enteropathy with generalized non-shadowing gastrointestinal ingesta
- Suspect chronic pancreatitis
- Generally mild mesenteric lymphadenopathy.
- Mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IBD or other inflammatory enteropathy or intestinal neoplasia such as lymphoma are primary considerations. No overt visualized colon mural pathology. Associated inefficient peristalsis or non-obstructive decreased gastrointestinal motility if documented NPO is suspected. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Concurrent fresh fecal analysis suggested if patient is indoor/ outdoor. Definitive diagnosis would require intestinal biopsies for histopathology.

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A dietary trial which may include higher fiber diet or hydrolyzed diet with fiber supplementation, cobalamin supplementation pending assessment of cobalamin level, high colony count probiotics such as Provable and empirical deworming despite fecal testing with assessment of clinical response may prove beneficial.

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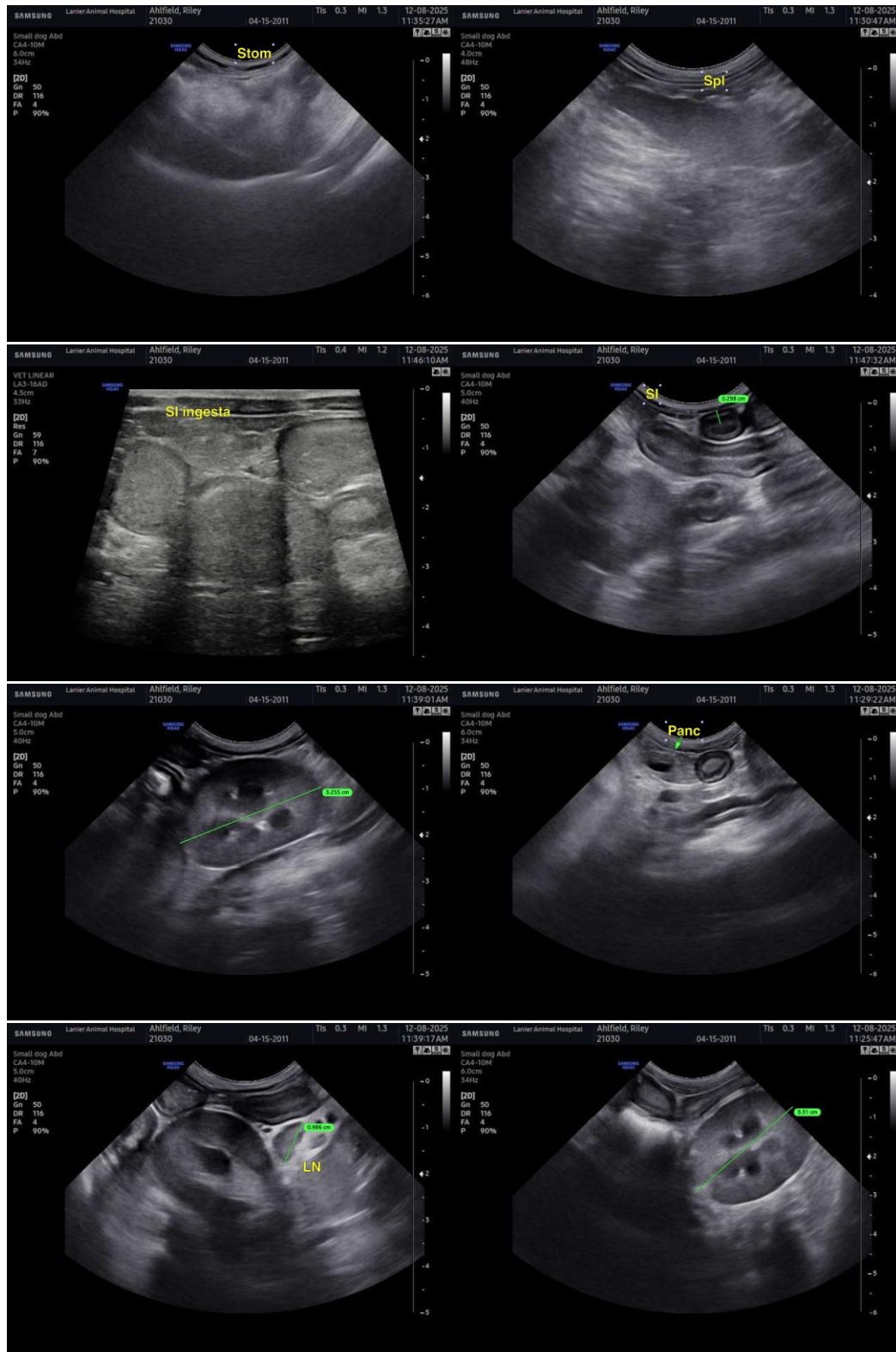
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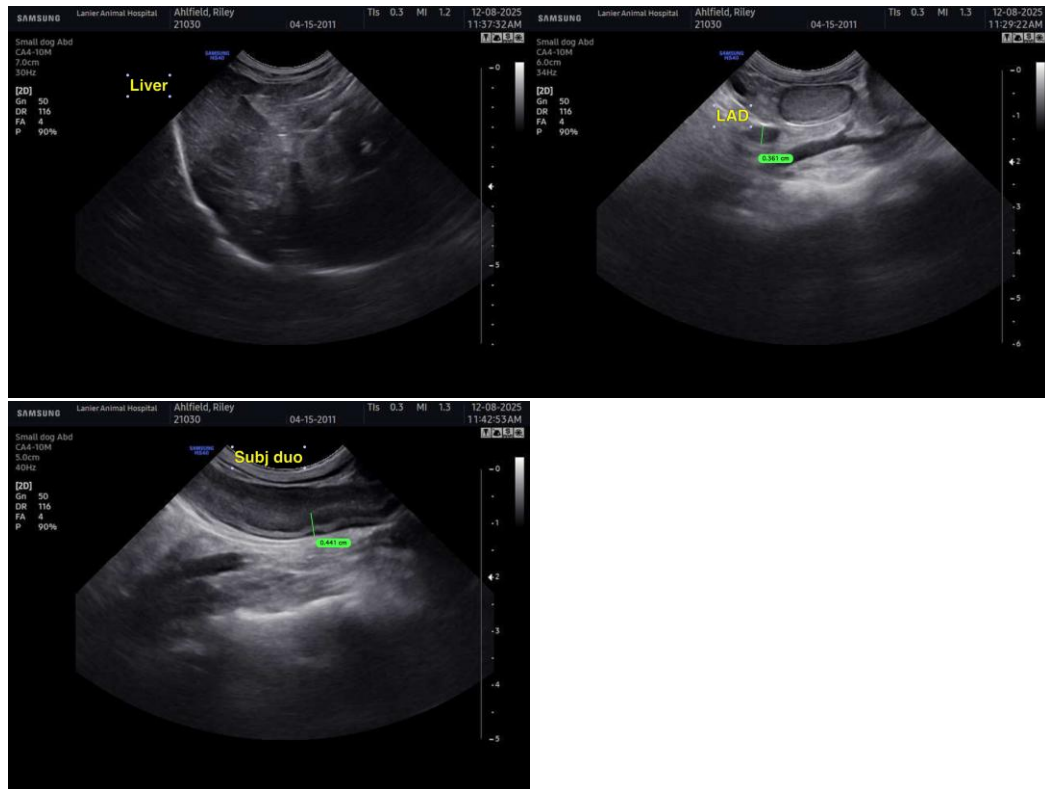
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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