



PATIENT

Amy Telford

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

16yr

WEIGHT

4.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna

HOSPITAL NAME

Emergency Animal
Hospital of Crystal
Falls

REFERRING VET

Engle

INVOICE

23190

DATE

12/9/2025

PRESENTING CLINICAL SIGNS

liquid diarrhea past month, accidents outside of box. no improvement with probiotics, vomits after metronidazole so can not get that into her.

Abnormal PE/Chem/CBC/UA Results: Mild elevation to kidney values, increased eosinophils.
Negative fecal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 3.3 cm in length. The right kidney measured 3.0 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 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 mildly asymmetrical. 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, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Focal to intermittent non-disruptive cystic nodules were present. The cysts/cystic nodules are consistent with benign criteria such as hepatic cysts or biliary cyst adenomas.

The gallbladder was non-distended in size with thin walls and mild non-organized debris. The proximal common bile duct was dilated and 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 contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

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The small intestine presented intact, mildly thickened wall layering with overall maintained wall layer ratio. Segmental to generalized mild non-shadowing intestinal ingesta / chyme was present to the level of the colon. The duodenum wall measured 0.30 cm width. The jejunum wall measured 0.28 cm width.

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The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. The colon was non-distended containing soft fecal matter. The colon wall measured 0.28 cm in width.

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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.

Pancreas

AGE

16yr

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

ULTRASONOGRAPHIC FINDINGS

Primary

WEIGHT

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- Chronic enterocolopathy with gastrointestinal ingesta and soft fecal matter in colon.
- Possible concurrent chronic pancreatitis.
- Benign hepatic cyst / cystic nodules.
- Chronic renal changes.
- Mild urine sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with most recent meal ingestion is recommended. The gastrointestinal ingesta is consistent with food echogenicity, although some degree of inefficient gastrointestinal peristalsis, if documented NPO, may be suspected. Dietary intolerance, infectious disease, IBD or other chronic inflammatory enterocolopathy in conjunction with possible chronic pancreatitis, all potentials. Enterocolic neoplasia is considered less likely. A GI panel to include PLI/TLI/Cobalamin/Folate +/- diarrhea PCR panel is recommended.

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A higher fiber diet vs hydrolyzed diet with fiber supplementation, continued high colony count probiotic, cobalamin supplementation pending assessment of cobalamin level, deworming Panacur SID for 7 to 10 days despite fecal testing and gastroprotectants may prove beneficial. Correlation with UA is recommended.

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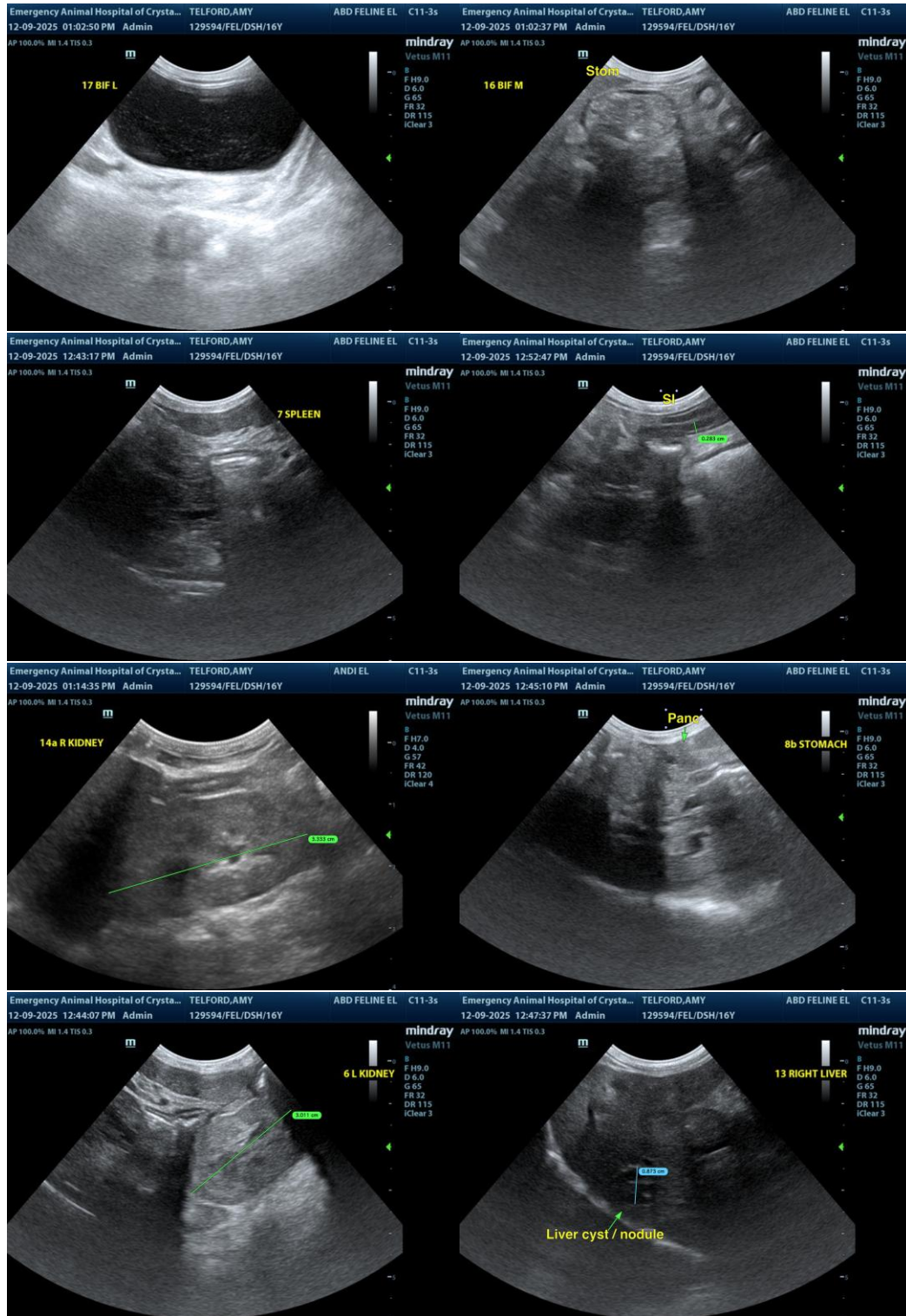
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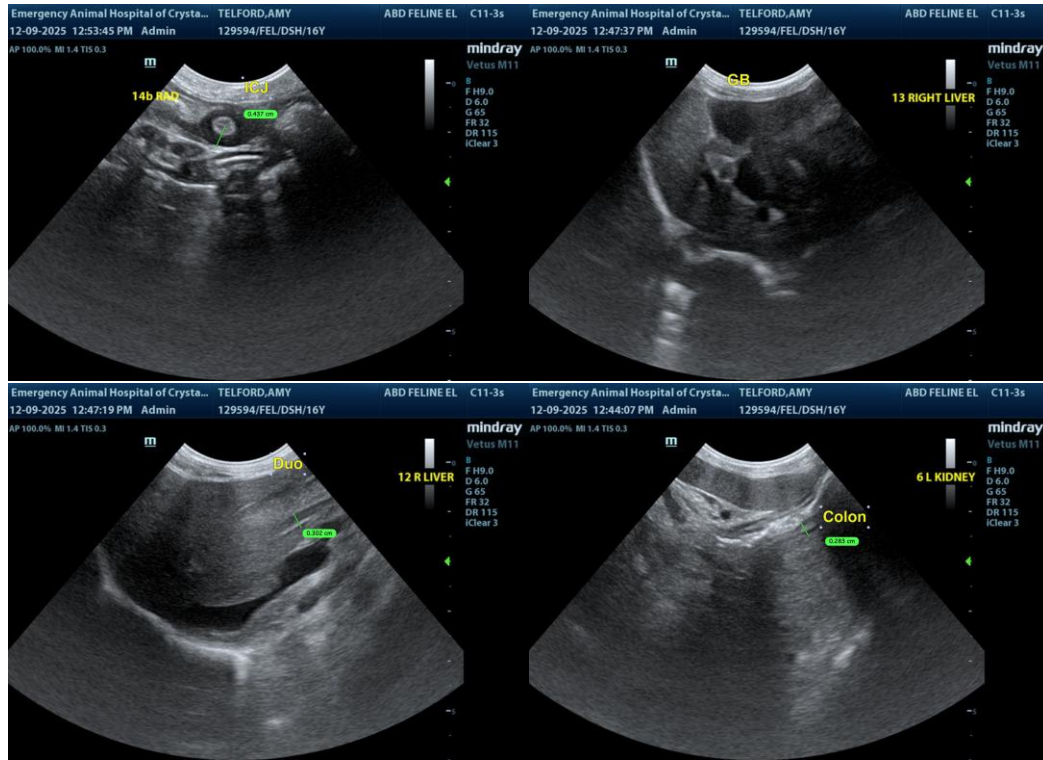
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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