



PATIENT

Mama TayTay Lozano

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

12y

WEIGHT

6.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Alexis Cervantes

HOSPITAL NAME

TLC AH

REFERRING VET

Dr. Garcia

INVOICE

13213

DATE

2/17/26

PRESENTING CLINICAL SIGNS

History:

- P has diarrhea on and off for about 1 year; p is currently on z/d; p was non-responsive to antibiotics and steroids; is currently on proviable; p is on gi biome; Antech Gi lab is pending

Abnormal PE/Chem/CBC/UA Results: 10/22/25: CBC: increased monocytes (1.5), CHEM: wnls, cardiopet probnp= 27 (normal) FPLI: 3.8- normal 02/17/2026: collected the sample for TAMU Gi panel today

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 changes were noted.

Normal size and margination was 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 3.6 cm in length.

Adrenal Glands

The left and right adrenal glands were 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. The spleen measured 0.9 cm width level of the mid spleen.

Liver

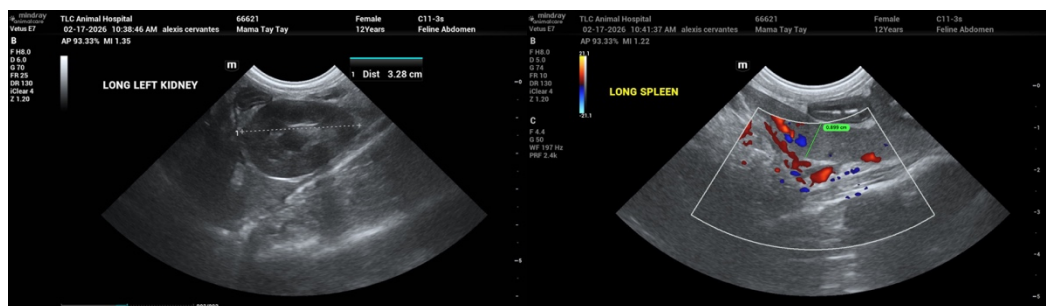
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.



PATIENT	The small intestine presented diffusely thickened wall exhibiting primarily intact to segmental, mildly indistinct wall layer detail with propensity for thickened mucosa later. Duodenum wall measured 0.39 cm, jejunum wall measured 0.38 cm, and ileocolic wall measured 0.4 cm width.
Mama TayTay Lozano	
SPECIES	The colon walls presented intact yet mild to moderate, irregularly thickened wall layering primarily visualized in the descending colon. Generalized soft fecal matter was present in the colon lumen. Descending colon wall measured 0.38 cm.
Feline	
BREED	Pancreas
DSH	The pancreas was prominent in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. Mildly prominent pancreatic duct. No signs of active inflammation or neoplasia.
SEX	Free Abdomen
Female Spayed	Intermittent, irregularly enlarged non-homogeneous hypoechoic mesenteric lymph nodes were present with an example measuring 3.1 cm x 1.5 cm. Minor pockets of peritoneal effusion was present.
AGE	ULTRASONOGRAPHIC FINDINGS
12y	<ul style="list-style-type: none"> • Diffusely thickened small intestine exhibiting primarily intact to segmental indistinct mural detail • Associated irregularly swollen non-homogeneous hypoechoic mesenteric lymph node • Chronic/chronic active pancreatitis pattern • Segmentally thickened colon with generalized soft fecal matter • Minor peritoneal effusion
WEIGHT	
6.3 lbs	
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	IBD or other inflammatory enteropathy, intestinal neoplasia or less likely FIP with reactive lymph node hyperplasia, metastatic or granulomatous lymphadenopathy, all potentials. Concern or lymphatic and emerging intestinal neoplastic criteria given lymph node presentation and segmental indistinct intestinal mural detail warranted. Assuming normal clotting status, accessible lymph node FNA cytology, +/- C/S recommended for initial clarification. Definitive diagnosis would require intestinal and lymphatic biopsies for histopathology. Correlation with pending GI panel is recommended.
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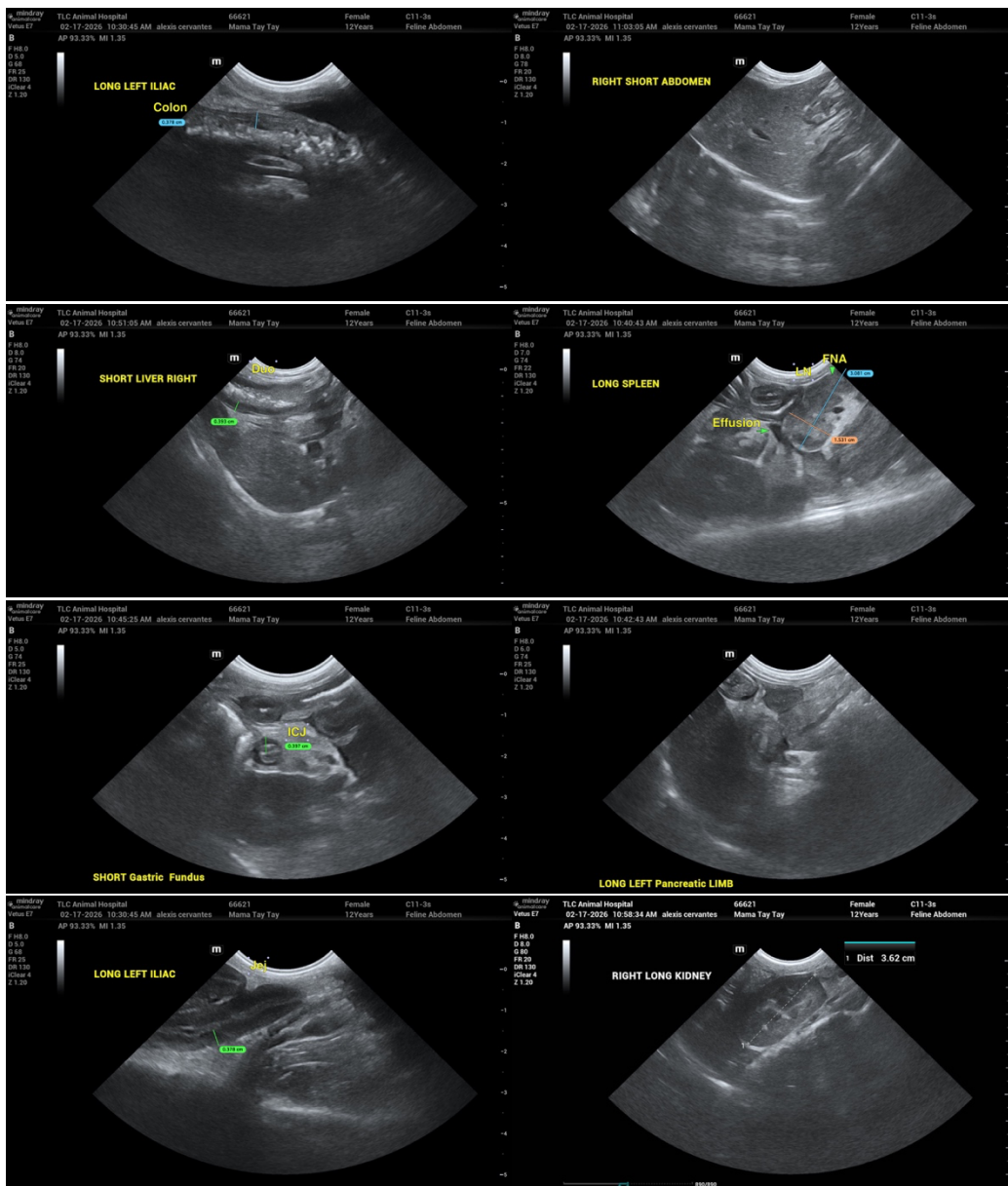
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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