



## PATIENT

Destiny Larsen

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

10 Years

## WEIGHT

10 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Wasserman

## HOSPITAL NAME

Highlands Animal  
Hospital

## REFERRING VET

Dr. Tuckett

## INVOICE

13913

## DATE

02/21/26

## PRESENTING CLINICAL SIGNS

- Sedated for sonogram today with 0.1ml of each of the following drugs combined IM in the same syringe. Dexdomitor 0.5mg/ml, butorphanol 10mg/ml, ketamine 100mg/ml.
- Current Medications: lactulose PO titrated to effect
- Primary Reason for Sonogram: straining to eliminate abnormal behavior with radiographic constipation. Evaluating for neoplastic criteria, vs IBD, vs Lymphoma.

Abnormal PE/Chem/CBC/UA Results: Moderate dental disease caudal dentition. No masses on rectal. Hard stool detected in caudal colon/proximal rectum. CBC, Chem10, Lytes, WNL. No evidence of mets or lymphadenopathy in the thorax on 2v thoracic radiographs.

## 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. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent 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.

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 3.6 cm in length. The right kidney measured 4.1 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 0.46 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 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 & 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. 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.



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## ***Gastrointestinal***

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, primarily nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented borderline prominent to mildly thickened jejunum wall. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

The colon presented overtly normal intact visible wall. The distal colon at the level of the urinary bladder contained formed fecal matter with semi formed to soft fecal matter proximal to transverse colon.

## ***Pancreas***

The pancreas was normal in size with mild capsule asymmetry and isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Minor prominent left limb pancreatic duct.

## ***Free Abdomen***

Multiple mildly enlarged 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 of the lymph nodes measured 0.60 cm in diameter. No evidence of peritoneal effusion.

## **ULTRASONOGRAPHIC FINDINGS**

- Gastric ingesta- most consistent with food echogenicity.
- Intact borderline thickened small intestine wall.
- Sonographically normal visible colon containing variable formed fecal matter.
- Possible mild chronic pancreatitis.
- Intermittent mild mesenteric lymphadenopathy- most consistent with benign criteria i.e. mild reactive hyperplasia or possible lymphadenitis.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of significant gastroenterocolic mural pathology or visualized obstruction to fecal outflow. No overt evidence of neoplastic criteria. The borderline thickened small intestinal wall is nonspecific with possible patient variant yet may suggest underlying mild enteropathy i.e. IBD or other. A GI panel to include PLI, TLI, cobalamin and folate is suggested to correlate with pancreas and assess for emerging small intestinal disease. Empirical therapy for constipation is recommended. Sonographic monitoring is suggested if progressive clinical signs are consistent with constipation or if additional gastrointestinal signs or weight loss arise.



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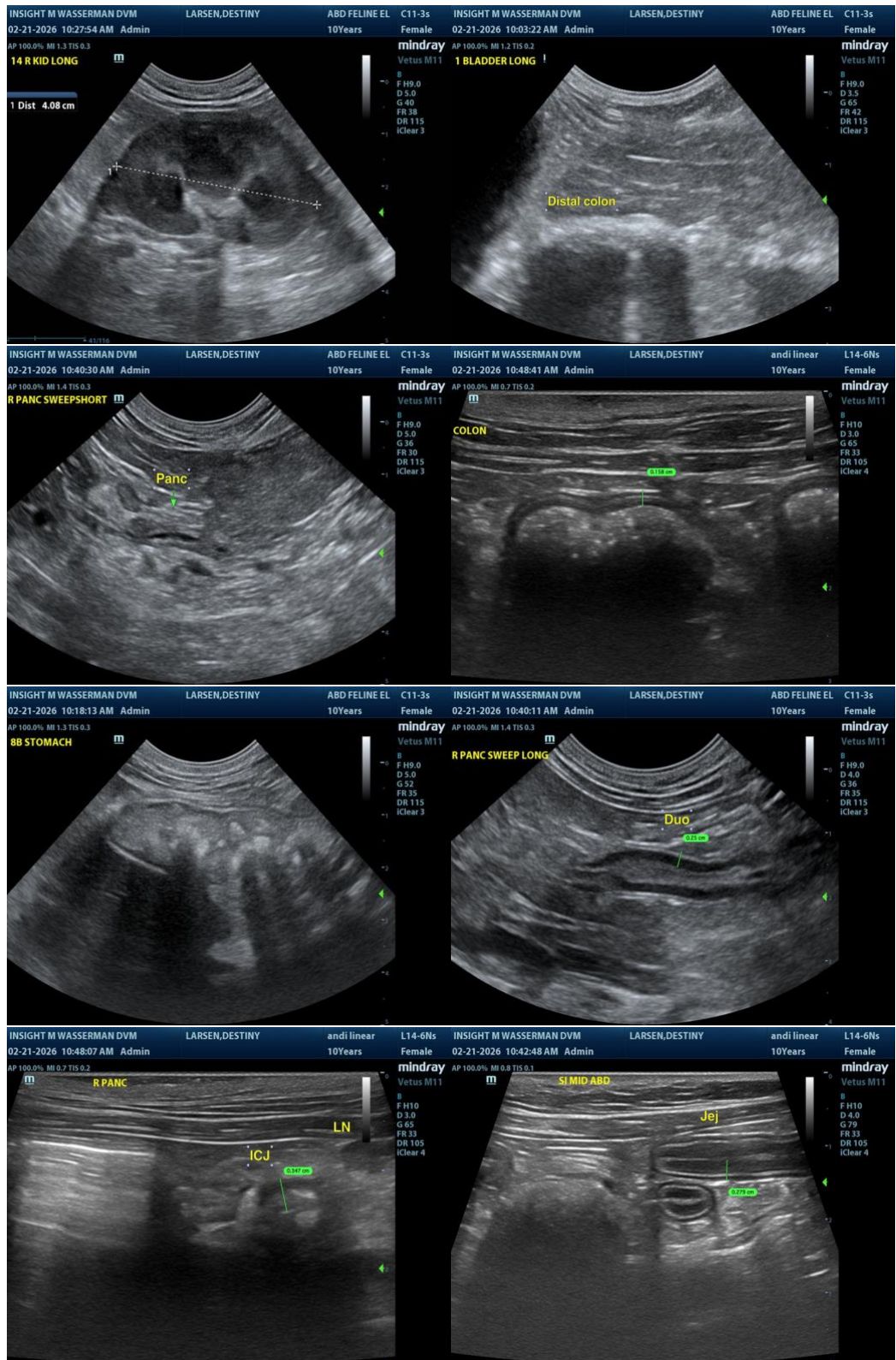
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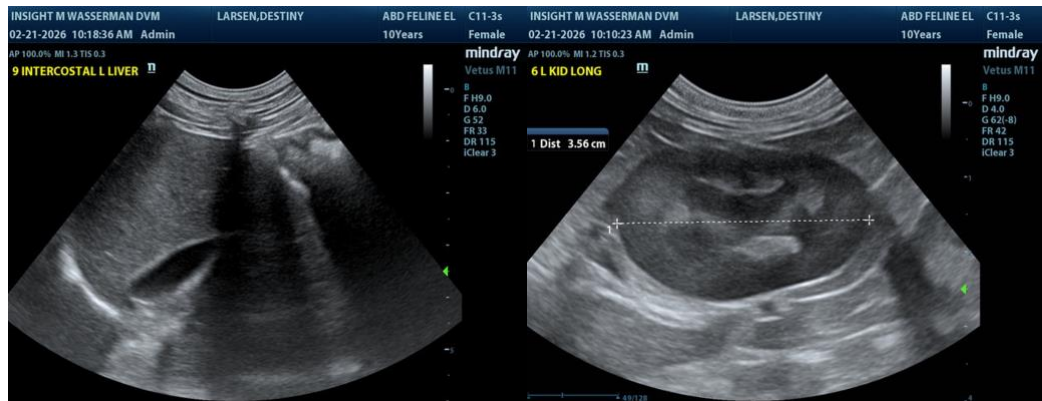
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)