

PATIENT

Leeloo Mason

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

13y

WEIGHT

7 lbs 4 oz

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Westmoreland
AH

REFERRING VET

Dr. Bugarovich

INVOICE

13168

DATE

2/6/26

PRESENTING CLINICAL SIGNS

History:

- Doughy abdomen, thickened intestines, dehydration 7 %, weight loss of 1.5 lbs noted in past year, chronic diarrhea
- ABNORMAL Lab work Values
- No labs

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 3.9 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The area of the left and right adrenal glands was free of pathology.

Spleen

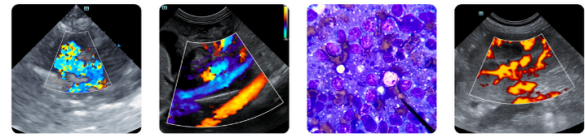
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.50 cm width level of the mid spleen.

Liver

The liver presented subjective mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. 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 moderate, mildly progressive shadowing ingesta without overt evidence of obstruction to pyloric outflow.



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The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio. The small intestine exhibited generalized mild thickening in appearance. Small intestine wall measured 0.27 – 0.28 cm and ileocolic wall measured 0.30 cm. Segmental to generalized mild non-shadowing intestinal ingesta to the level of the colon.

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

Pancreas

The pancreas was normal in size and contour with mild heterogeneous remodeled parenchyma.

Free Abdomen

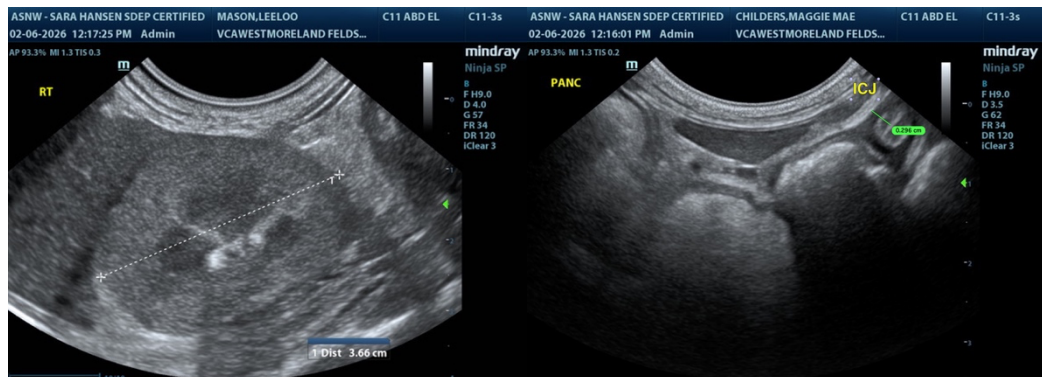
Intermittent, minor, prominent to enlarged mesenteric nodes present. The lymph nodes essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No overt peritoneal effusion present.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy with generalized gastrointestinal ingesta – consistent with food echogenicity
- Mild hepatomegaly
- Mild heterogeneous pancreas
- Intermittent mild mesenteric lymphadenopathy
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic IBD or other inflammatory enteropathy with potential for triaditis is suspected. Intestinal round cell neoplasia, i.e. lymphoma may present in a similar sonographic manner, although thought less likely given lack of concurrent significant mesenteric lymphadenopathy. A GI panel to include PLI/TLI/Cobalamin/Folate and Diarrhea PCR panel are recommended. Correlation with lab work and urinalysis is recommended. Biopsies required for definitive diagnosis. Empirical IBD-triaditis protocol may be considered if biopsies are not possible.





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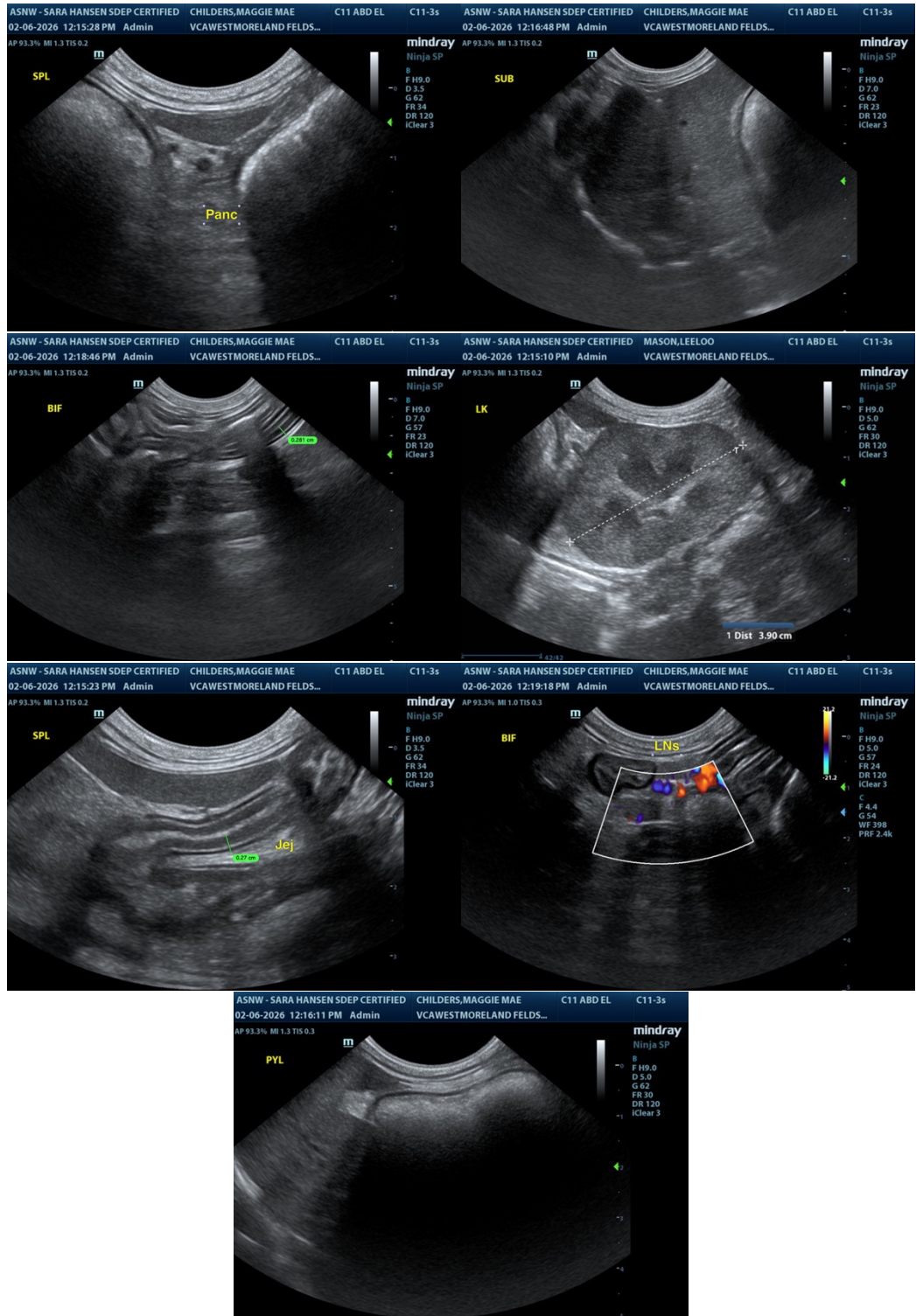
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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