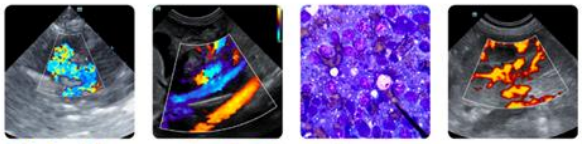




**PATIENT**

Maisy Clark

**SPECIES**

Feline

**BREED**

DMH

**SEX**

FS

**AGE**

13

**WEIGHT**

3.59kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr Hayes

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr Hayes

**INVOICE**
23839

**DATE**
02/09/2026

## PRESENTING CLINICAL SIGNS

- Pet has not had BM since Friday. Pet is lethargic and now not eating as of today. History of elevated calcium with regular veterinarian.
- Abnormal PE/Chem/CBC/UA Results: WBC 19.12, Neut 16.19, Creat 1.4, BUN 34, Phos 3.5, Ca 10.1 (Normal), Na 162, K 4.2, Cl 121, TP 7.0, ALT 274 (H), ALP 13 (L) T4 1.2 (normal) Normal size but firm feces in colon. Stomach is soft and not painful. Heart and lungs auscultate normally. Mildly dehydrated on exam.

## 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.1 cm in length. The right kidney measured 3.7 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 0.34 cm width. The right adrenal gland was indistinctly visualized, no overt pathology in the area of the right adrenal gland.

### *Spleen*

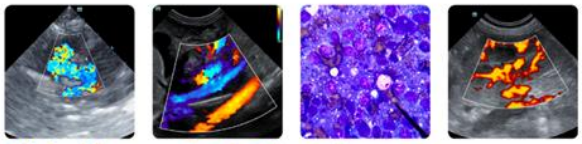
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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*

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.





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Segmental, mild thickened intestinal segments present in the mid-abdomen most consistent with jejunal location. The mild thickened intestinal segments exhibited mural hypoechogenicity and indistinct mural detail. An example of thickened segmental intestine wall measured 0.3-0.35 cm width, by comparison, normal intact appearing small intestinal wall measured 0.24 cm in width. No evidence of pathology at the level of the ileocolic junction measuring 0.30 cm in width.

The colon was subjectively mildly distended with formed to semi-formed fecal matter.

***Pancreas***

The area of the pancreas was sonographically normal.

***Free Abdomen***

No visualized overt lymphadenopathy or peritoneal effusion was present.

Mild peri-intestinal hyperechoic omentum adjacent to mild thickened intestinal segments.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Segmental mild thickened small intestine exhibiting indistinct mural detail
- Mild peri-intestinal hyperechoic omentum
- Subjective mild distended colon containing formed to semi formed fecal matter
- Normal area of pancreas
- Bilateral chronic renal changes
- Normal liver/ gallbladder -consistent with mild benign hepatopathy

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The segmental mild thickened small intestine may indicate inflammatory or emerging neoplastic etiologies with concern for emerging segmental intestinal neoplastic criteria given indistinct mural detail, yet without overt visualized concurrent lymphadenopathy at this stage. Biopsy is required for definitive diagnosis. Gastrointestinal support +/- empirical IBD protocol with clinical and sonographic monitoring warranted if biopsies are not possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Concurrent therapy for possible mild constipation recommended if clinically indicated.

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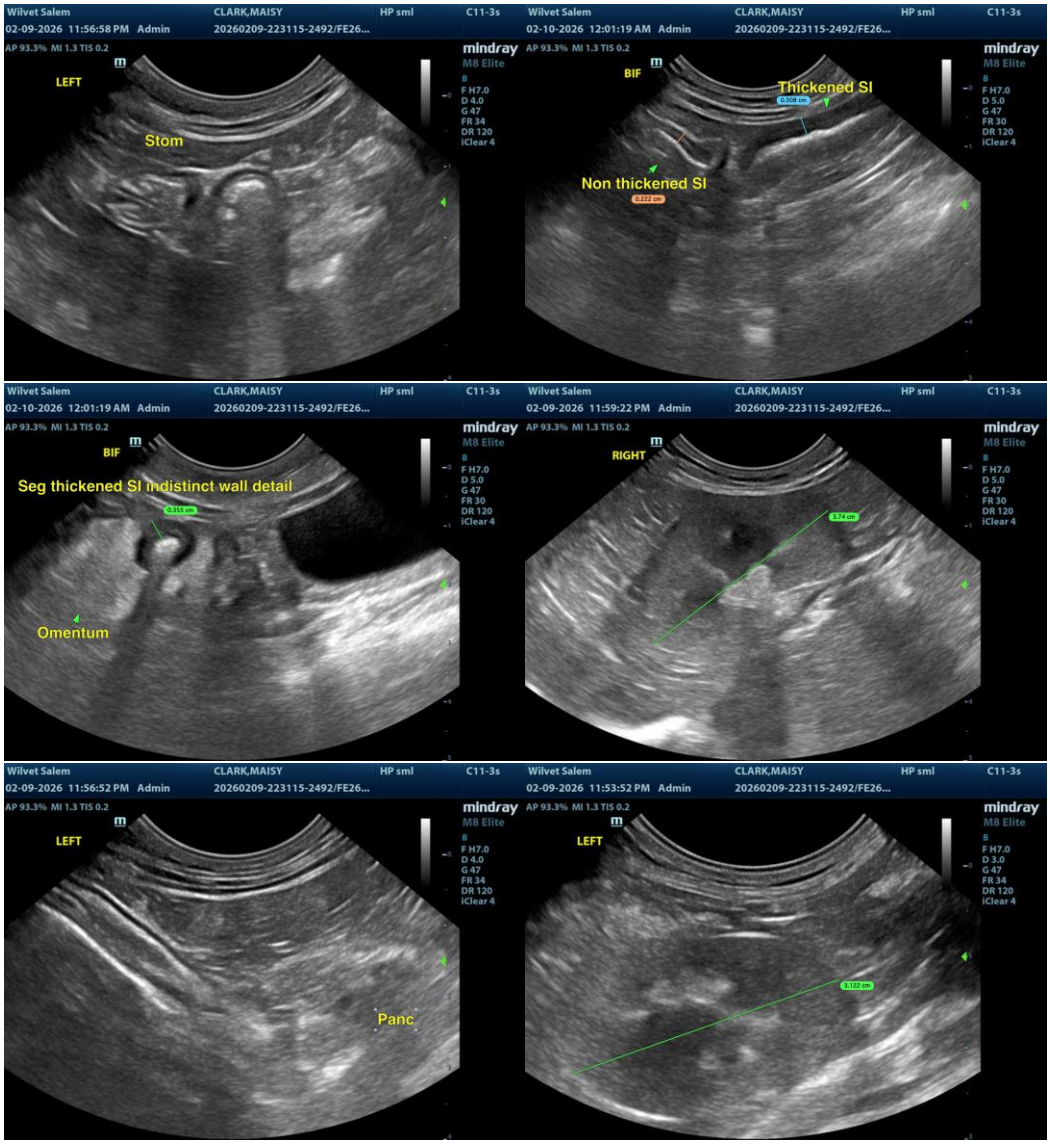

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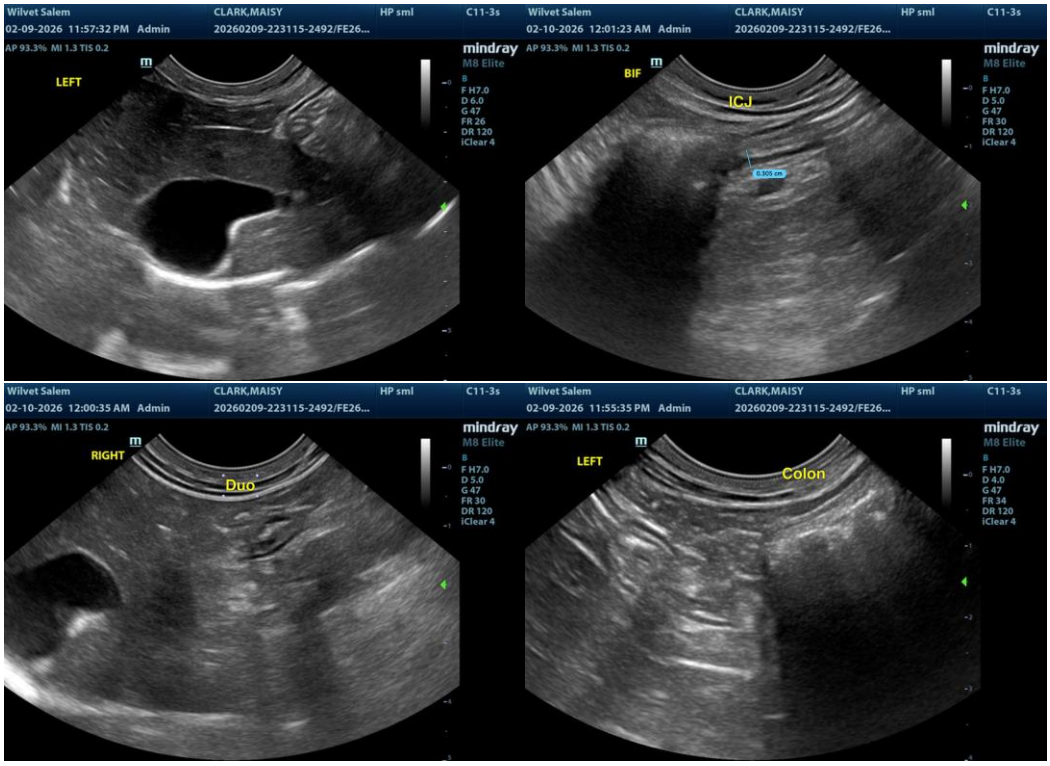


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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