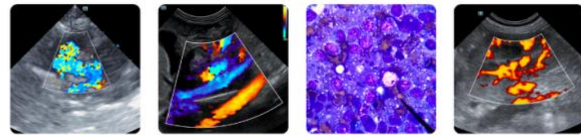


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Thursday Hagstrom

SPECIES

Feline

BREED

British Shorthair

SEX

Spayed Female

AGE

8 Years

WEIGHT

11.78 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Christa Williams DVM, DABVP

HOSPITAL NAME

Caravan Vet

REFERRING VET

Dr. Christa Williams DVM, DABVP

INVOICE

13655

DATE

02/09/26

PRESENTING CLINICAL SIGNS

- Thursday has a long-standing history of chronic vomiting and diarrhea, but her symptoms have been well controlled for over a year with a hydrolyzed diet. She started vomiting on Thursday night last week and has had a decreased appetite and seems uncomfortable since then. She was seen on Saturday and started on Cerenia, there has been no vomiting since then, but she is not eating and does a lot of drooling prior to her next Cerenia dose. She is sitting in a "loaf" position and is not sleeping in her normal spots.

PE: She seems crankier than usual, but no specific signs of pain on abdominal palpation. TPR WNL, she has a new heart murmur (3/6). Today she has soft stool on her perineal fur. CHEM: WNL, all liver values still normal range, but double what they were at her last wellness appointment. T4: 2.2 CBC: Stress Leukogram UA: WNL, USG 1.058 BNP Pending GI Panel Pending, inhouse SNAP fPLI was normal today ABDO RADS taken Saturday, read by radiologist as consistent with SI inflammation. No signs of FB or obstruction

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 4.1 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

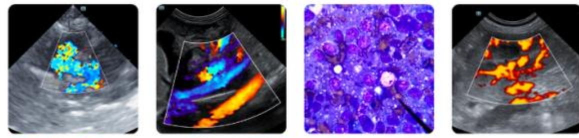
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 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



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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 contained mild retained anechoic pyloric fluid without evidence of shadowing content or obstruction to pyloric outflow.

The intestinal walls demonstrated intact nonthickened wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio owing to propensity for prominent muscularis layer. Generalized empty intestinal lumen without evidence of mechanical/metabolic ileus to the level of the colon. The small intestine wall measured 0.22 cm to 0.24 cm wall width.

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

Pancreas

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

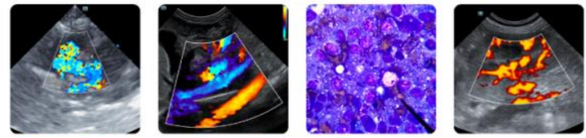
ULTRASONOGRAPHIC FINDINGS

- Normal stomach with mild retained pyloric fluid.
- Enteropathy.
- Normal area of the pancreas.
- Mild urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited overall mild intact mural changes which suggests chronic enteropathy criteria. Chronic IBD or other inflammatory disease is favored without overt suspicion for neoplastic criteria. Chronic pancreatitis may present sonographically normal yet thought less likely given a normal fPL. Correlation with pending GI panel is recommended. Gastrointestinal support which may include dietary trial, as needed gastroprotectants, high colony count probiotics such as proviable, empirical deworming if clinically indicated despite fecal testing +/- IBD protocol with clinical and as needed sonographic monitoring. Intestinal biopsy is likely required for definitive diagnosis.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.



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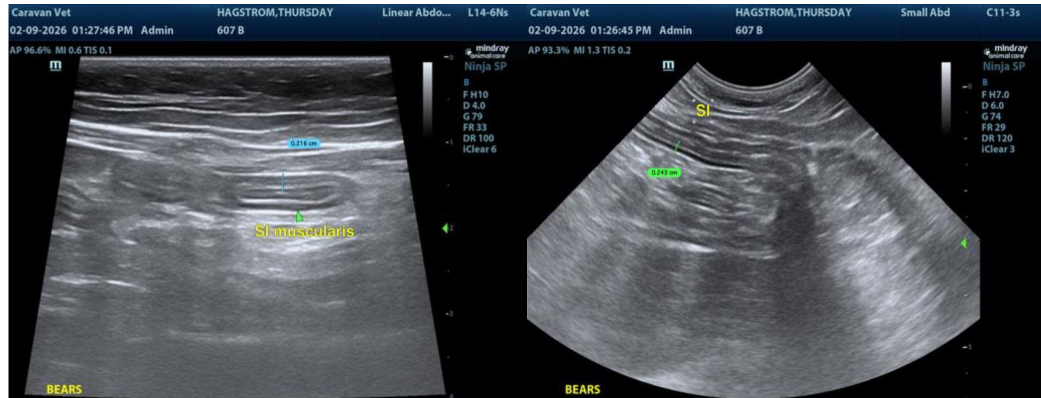

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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