



PATIENT

J Whelan

SPECIES

Feline

BREED

DLH

SEX

Male Neutered

AGE

11y 10m

WEIGHT

8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tracy Nyberg

HOSPITAL NAME

Stuga North VC

REFERRING VET

Dr. Tracy Nyberg

INVOICE

13290

DATE

3/17/26

PRESENTING CLINICAL SIGNS

History:

- 3/6- Acute hemorrhagic colitis with vomiting.
- Meds: Currently on prednisolone and famotidine and doing much better.

Abnormal PE/Chem/CBC/UA Results: No bloodwork from referring DMV

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 3.6 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized likely secondary to Prednisolone therapy.

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.

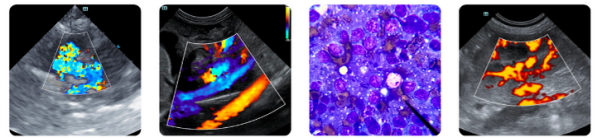
Liver

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 mildly subnormal in size likely secondary to the presence of gastrointestinal ingesta 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 variably echogenic, non-shadowing ingesta without signs of obstruction or foreign material.

The small intestine exhibited mildly intact primarily borderline to mildly thickened wall with altered wall layer ratio owing to propensity for mildly prominent muscularis layer. Focal, segmentally thickened



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caudal abdomen intestine consistent with the jejunum exhibiting maintained intact wall layering. Example of small intestinal wall measured 0.26-0.27 cm. Focally thickened caudal abdomen jejunum wall measured 0.46 cm width. Generalized non-shadowing ingesta without overt obstructive pattern to the level of the colon.

Normal visible colon wall layers were present with apparent formed to semi-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

Solitary visualized, enlarged colic lymph node was present. The lymph node was homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild perilymphatic hyperechoic omentum. The colic lymph node measured 0.86 cm in diameter. No evidence of peritoneal effusion present.

PRIMARY FINDINGS

- Enteropathy exhibiting borderline to focal thickened intestinal wall, generalized non-shadowing gastrointestinal ingesta – consistent with food echogenicity
- Normal area of pancreas
- Focal, mild colic lymphadenopathy
- Sonographically unremarkable visible colon containing variably formed fecal matter

SECONDARY FINDINGS

- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IBD or other inflammatory enteropathy with focal, mild colic reactive lymphatic hyperplasia or lymphadenitis favored. However, given potential suppression of intestinal mural pathology and lymphadenopathy owing to Prednisolone therapy, intestinal and lymphatic neoplastic criteria, i.e. lymphoma cannot be excluded. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Given positive response to empirical therapy, continued supportive care for non-specific inflammatory bowel/IBD with clinical and as needed sonographic monitoring would be reasonable. Recheck sonogram with potential for intestinal biopsies indicated if recurrent or progressive gastrointestinal signs or evidence of weight loss.



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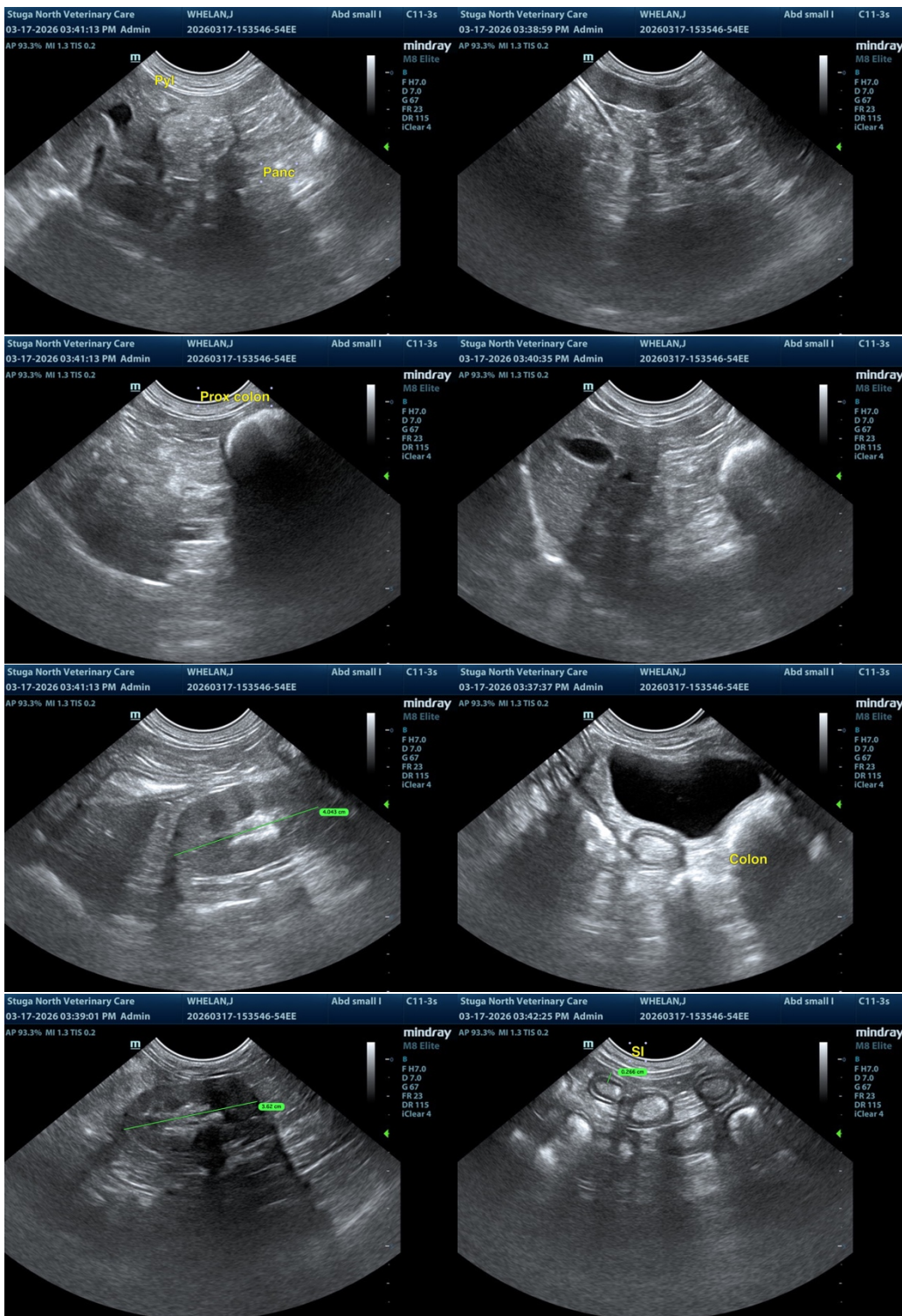
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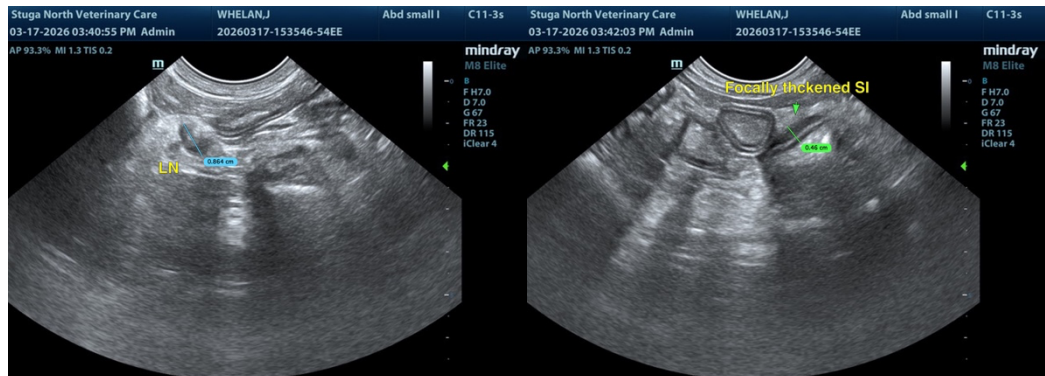
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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