

**PATIENT**

Saltine Varma

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

9 years 6 months

**WEIGHT**

Pending

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe, CVT

**HOSPITAL NAME**

Pet Stat Animal Urgent  
Care

**REFERRING VET**

Dr. Payne

**INVOICE**

10682

**DATE**

3/17/26

**PRESENTING CLINICAL SIGNS**

History:

- stool loose for about 1 year
- about 6 months diarrhea

Abnormal PE/Chem/CBC/UA Results: N/a

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder, trigone, and cystourethral junction 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.

The area of the iliac trifurcation was free of pathology.

Normal renal size and contour were present in both kidneys. Mildly thickened hyperechoic cortex was noted with adequate medullary volume and adequate to mildly indistinct corticomedullary border demarcation. The left kidney measured 4.5 cm in length. The right kidney measured 4.6 cm in length.

*Adrenal Glands*

The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.30 cm width and the right adrenal gland measured 0.37 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. Normal hepatic vascular volume was present. 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 was empty without evidence of retained ingesta, fluid, or foreign material.

The small intestine presented intact, borderline thickened wall. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.33 cm width. The jejunum wall measured 0.26-0.27 cm width.



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Normal visible colon wall layers were present with semi-formed to possibly soft fecal matter and lumen gas.

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**Pancreas**

**SPECIES**

The pancreas was normal in size and contour with isoechoic to mildly heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Feline

**BREED**

**Free Abdomen**

DSH

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

MN

**Primary Findings**

**AGE**

- Intact borderline thickened small intestinal wall
- Normal visible colon wall with semi-formed to possible soft fecal matter
- Mild heterogeneous pancreas
- Mild nonspecific chronic renal changes

9 years 6 months

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Pending

**INTERPRETED BY**

Mild inflammatory bowel disease, dietary intolerance, infectious disease, mild pancreatitis, and occult parasitism if the patient is indoor/outdoor, are all potentials. No overt neoplastic criteria. A GI panel to include PLI/TLI/Cobalamin/Folate and Diarrhea PCR panel is recommended. A hydrolyzed diet trial with fiber supplementation or a higher fiber diet with potential long-term dietary therapy, high colony count probiotics such as Provable, empirical deworming, and cobalamin supplementation pending assessment of cobalamin level, may prove beneficial. A correlation with full lab work and urinalysis if not done is recommended.

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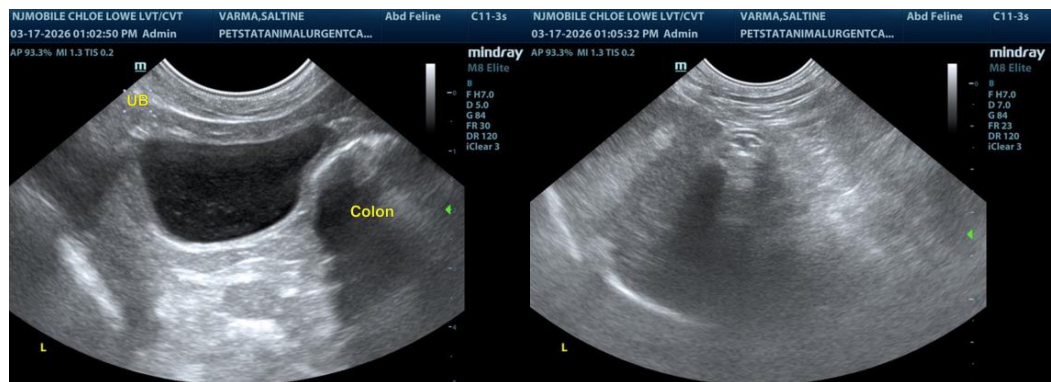
Dr. Payne

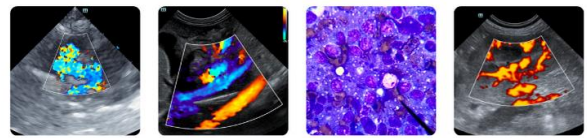
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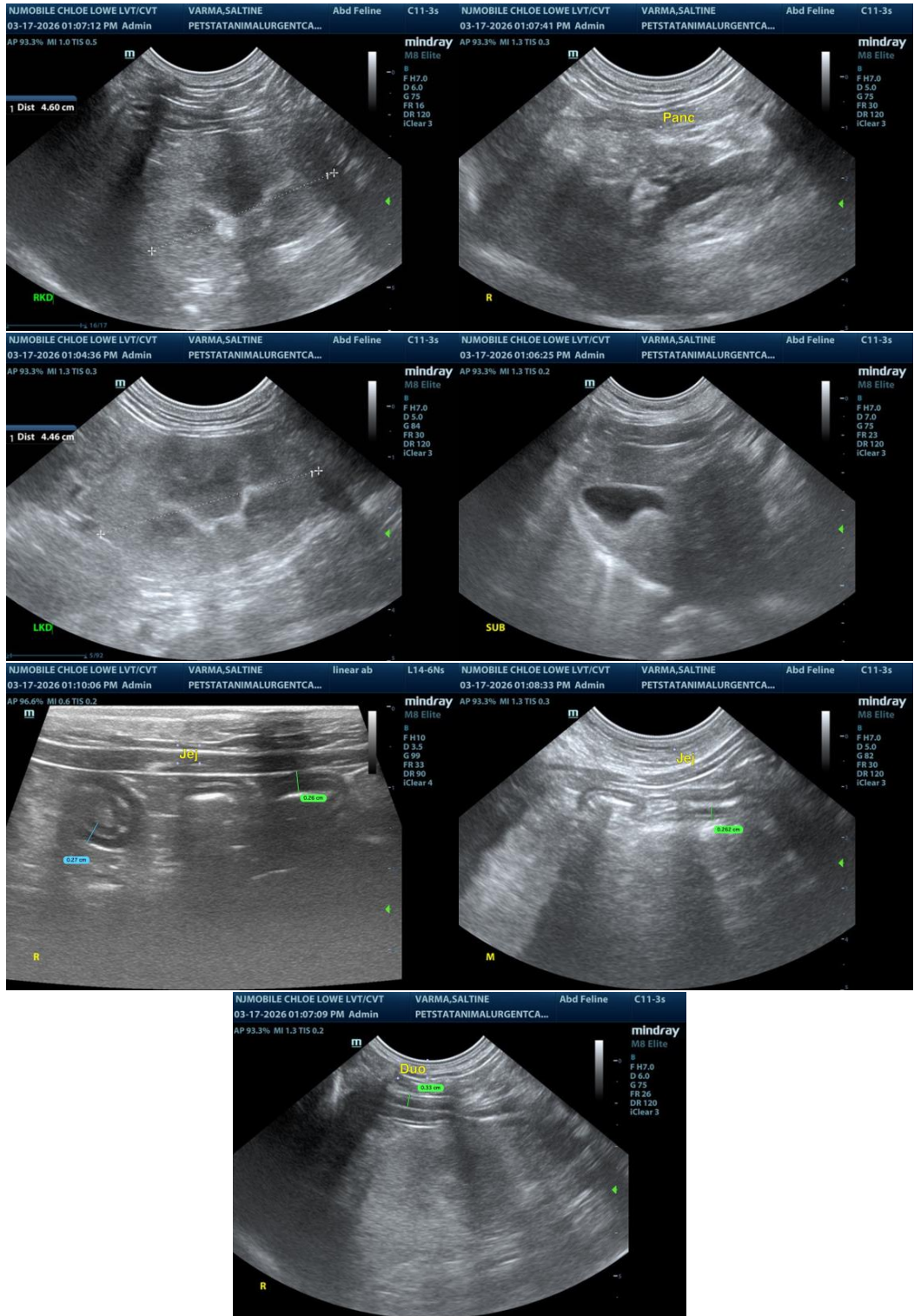
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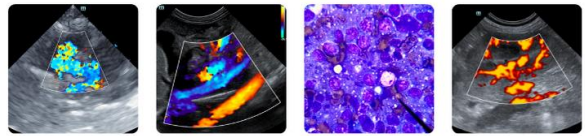
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)