



## PATIENT

Milo Vazquez

## SPECIES

Feline

## BREED

Scottish Fold

## SEX

Male

## AGE

8 Months

## WEIGHT

6

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sharkawy

## HOSPITAL NAME

Union Vet Animal  
Hospital

## REFERRING VET

Dr. Sharkawy

## INVOICE

73919

## DATE

3/22/26

## PRESENTING CLINICAL SIGNS

Diarrhea.

Abnormal PE/Chem/CBC/UA Results: GI Panel- Neg Bw-Mild elevated globulin , albumin/globulin -0.5

## 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 were 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. Left kidney measured 3.6 cm. Right kidney measured 3.4 cm.

### Adrenal Glands

The adrenal glands were not definitively visualized.

### 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 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.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Small intestinal wall measured 0.23 cm.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. The colon was non-distended, containing segmental luminal gas and soft to non-formed fecal matter. Descending colon wall measured 0.21 cm.



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## Pancreas

The left pancreas was normal in size with mild homogeneous, hypoechoic parenchyma compared to adjacent non-reactive or inflamed omentum.

## Free Abdomen

Intermittent, mildly prominent to enlarged mid abdominal mesenteric nodes were present, example measured 2.4 cm x 0.79 cm. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

No evidence of omental inflammation or peritoneal effusion.

## ULTRASONOGRAPHIC FINDINGS

- Sonographically normal gastrointestinal tract.
- Mild colitis pattern.
- Intermittent mild mesenteric lymphadenopathy – suggestive of reactive hyperplasia or potential lymphadenitis.
- Mild hypoechoic left pancreas.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given normal GI panel, a diarrhea PCR panel is suggested. Assuming normal clotting status and using 25-gauge needle, FNA cytology of a mesenteric lymph node could be considered for further clarification. Dietary trial, which may include hydrolyzed trial +/- fiber supplementation or a higher fiber diet, cobalamin supplementation (if cobalamin level <400), empirical deworming (Panacur SID x7-10 days), and high colony count probiotic such as Provable may prove beneficial. Sonographic monitoring or reassessment indicated if non-responsive or progressive gastrointestinal signs with consideration for protein electrophoresis (if progressive hyperglobulinemia) is recommended.





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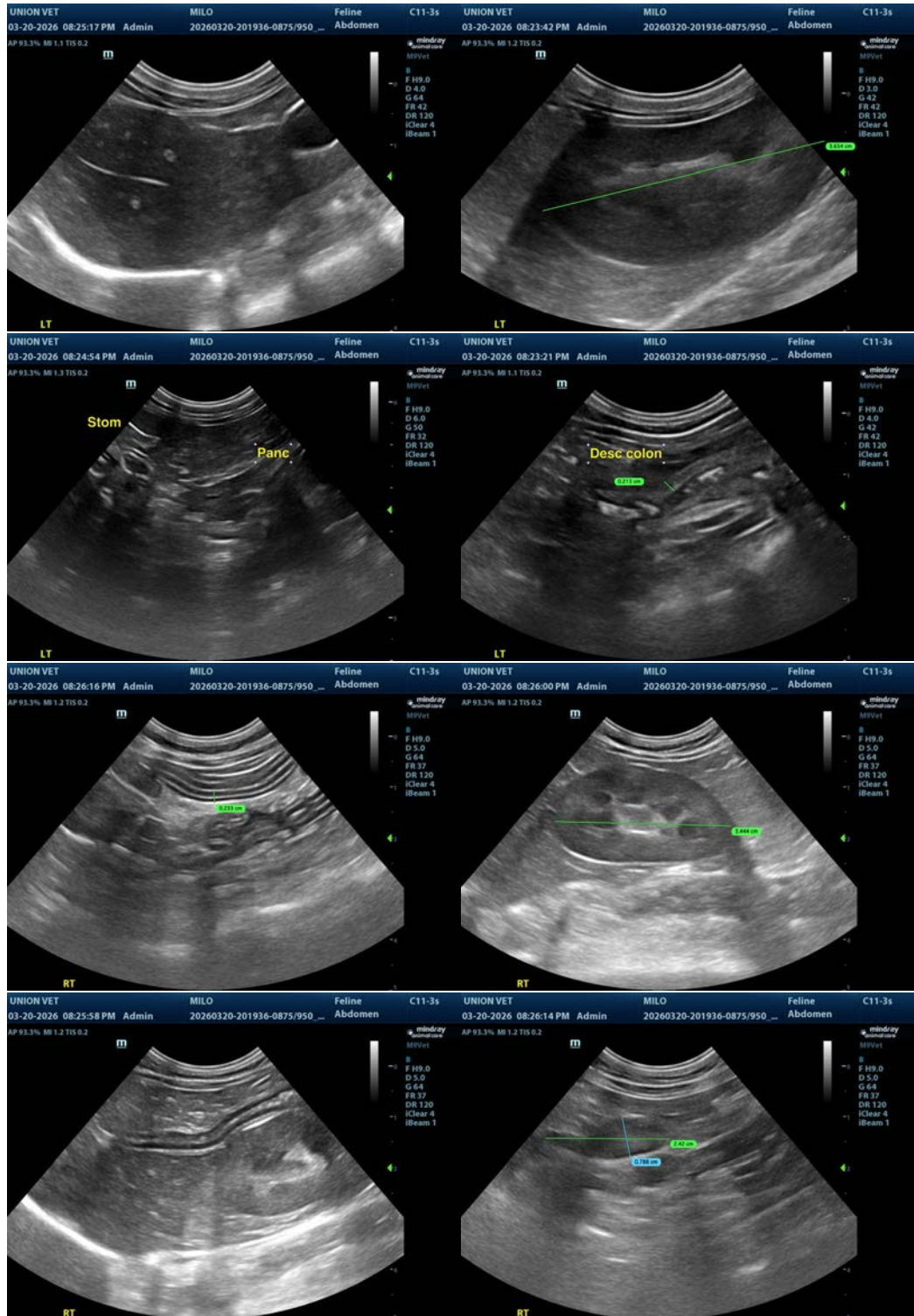
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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