



PATIENT

Bertie Carr-Bowers

SPECIES

Feline

BREED

Russian Blue

SEX

MN

AGE

3yr

WEIGHT

10.86lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Melinda Persson

INVOICE

24295

DATE

03/25/2026

PRESENTING CLINICAL SIGNS

- Intermittent vomiting for the past 10 days, usually shortly after eating
- Diarrhea for the past few days to about a week
- Very good appetite
- Fecal PCR negative
- FeLV/FIV negative
- Chemistry normal
- CBC - mild neutropenia and eosinophilia

Abnormal PE/Chem/CBC/UA Results: Neutrophils 2442 (2500-8500) Eosinophils 1258 (0-1000)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 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 4.0 cm in length. The right kidney measured 4.3 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 0.27 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 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. 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 minor non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal



PATIENT	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty.
Bertie Carr-Bowers	
SPECIES	The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The duodenum wall measured 0.3 cm width. The jejunum wall measured 0.3 cm width.
Feline	Normal visible colon wall layers were present with semi formed to soft feces in lumen.
BREED	Pancreas
Russian Blue	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.
SEX	Free Abdomen
MN	No omental masses or peritoneal effusion was present.
AGE	Intermittent minor prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).
3yr	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
10.86lb	Primary
INTERPRETED BY	<ul style="list-style-type: none">Intact thickened small intestine wallIntermittent mild mesenteric lymphadenopathyNormal empty stomachNormal area of the pancreasMild gallbladder debris
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
IMAGING PERFORMED BY	The appearance of the small intestine is compatible with infiltrative enteropathy. Primary considerations may include inflammatory infiltrative enteropathy such as IBD or neoplastic infiltrative enteropathy with round cells such as lymphoma or mast cell disease among potential etiologies. Dry form FIP may also present in this manner yet is thought less likely. The lymph nodes are suggestive of benign criteria, i.e. mild hyperplasia or possible mild lymphadenitis with early metastatic lymphadenopathy considered less likely.
Melinda Persson	
HOSPITAL NAME	Diagnosis would require biopsies for histology, obtained either via endoscopy or, ideally, full thickness biopsies via laparotomy. A GI Panel to include PLI/TLI/Cobalamin/Folate is recommended. If additional diagnostics are not elected, empirical medical therapy for IBD which may include dietary therapy, cobalamin supplementation, probiotics +/- steroids trial with assessment of clinical response and monitoring of body weight could be considered. No evidence of mechanical obstruction or foreign material.
At Home Veterinary	
REFERRING VET	
Melinda Persson	
INVOICE	
24295	
DATE	
03/25/2026	



PATIENT

Bertie Carr-Bowers

SPECIES

Feline

BREED

Russian Blue

SEX

MN

AGE

3yr

WEIGHT

10.86lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

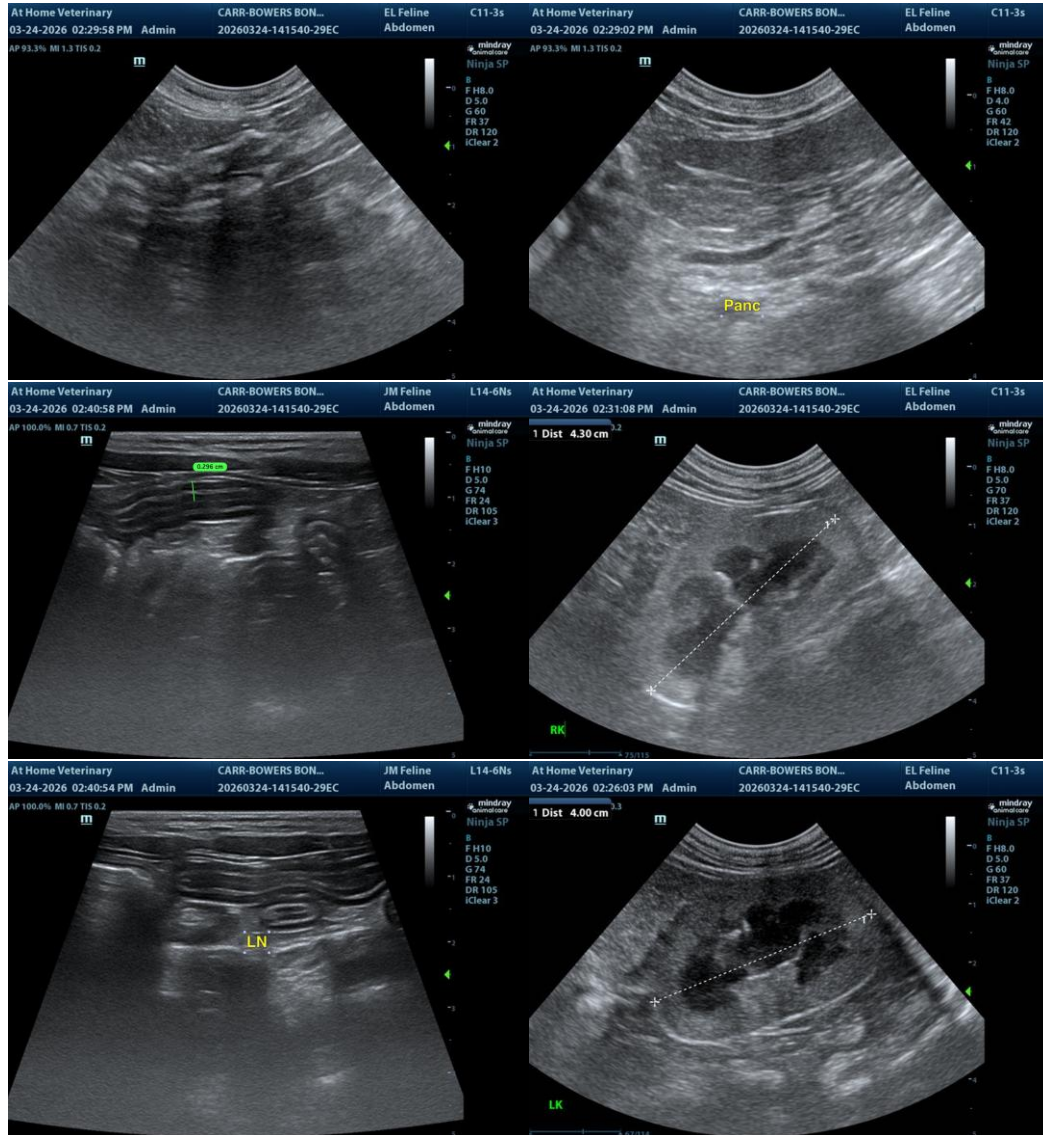
Melinda Persson

INVOICE

24295

DATE

03/25/2026





PATIENT

Bertie Carr-Bowers

SPECIES

Feline

BREED

Russian Blue

SEX

MN

AGE

3yr

WEIGHT

10.86lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

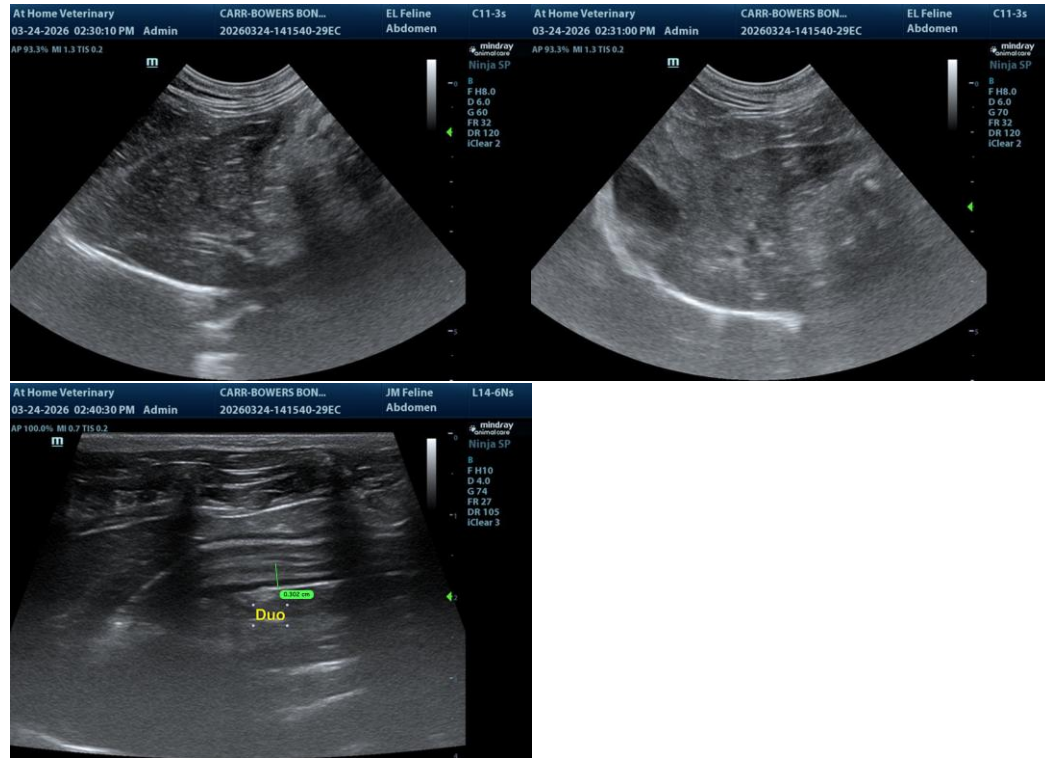
Melinda Persson

INVOICE

24295

DATE

03/25/2026



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