



PATIENT

Beans Marinelli

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

2019

WEIGHT

6.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT,
 ARDMS/RVT

HOSPITAL NAME

Hellertown Veterinary
 Center

REFERRING VET

Dr. Snyder

INVOICE

14652

DATE

03/26/26

PRESENTING CLINICAL SIGNS

Occasional vomiting, soft stool/diarrhea

Medication: Purina HA

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 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 change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained with mild loss of corticomedullary border demarcation. 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. An indistinct mildly hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.6 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

No obvious pathology in the area of the left adrenal gland.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width.

Spleen

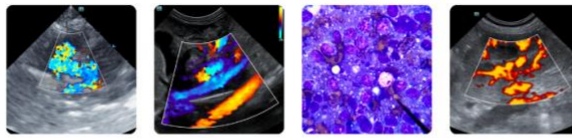
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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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 nonthickened wall exhibiting mild altered wall layer ratio owing to propensity for mildly prominent muscularis layer to the level of the colon. The small intestine wall measured 0.22 cm wall width. The ileocolic wall measured 0.35 cm wall width.

The colon walls presented intact yet thickened wall layering. Soft fecal matter was present in the colon lumen.

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation.

Free Abdomen

No visualized significant or swollen mesenteric lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Enterocolonopathy.
- Mild gallbladder debris.
- Chronic active pancreatitis.
- Bilateral subtle nonspecific renal medullary rim sign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IBD or other chronic inflammatory enterocolonopathy in conjunction with chronic active pancreatitis and potential for triaditis given mild gallbladder debris is considered probable. Mild potential for emerging to occult enterocolic neoplasia such as lymphoma, which may present in similar sonographic manner is thought less likely yet, not technically excluded. A definitive diagnosis would require enterocolic biopsies for histopathology.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Continued hydrolyze diet +/- fiber supplementation, high colony count probiotic such as Provable, cobalamin supplementation (pending assessment of cobalamin level), empirical deworming (Panacur, SID times 7-10 days despite fecal testing) and supportive care may prove beneficial. Clinical and sonographic monitoring is indicated if empirical therapy is recommended or if persistent or progressive gastrointestinal signs or weight loss. Urinalysis is suggested if not recently done.



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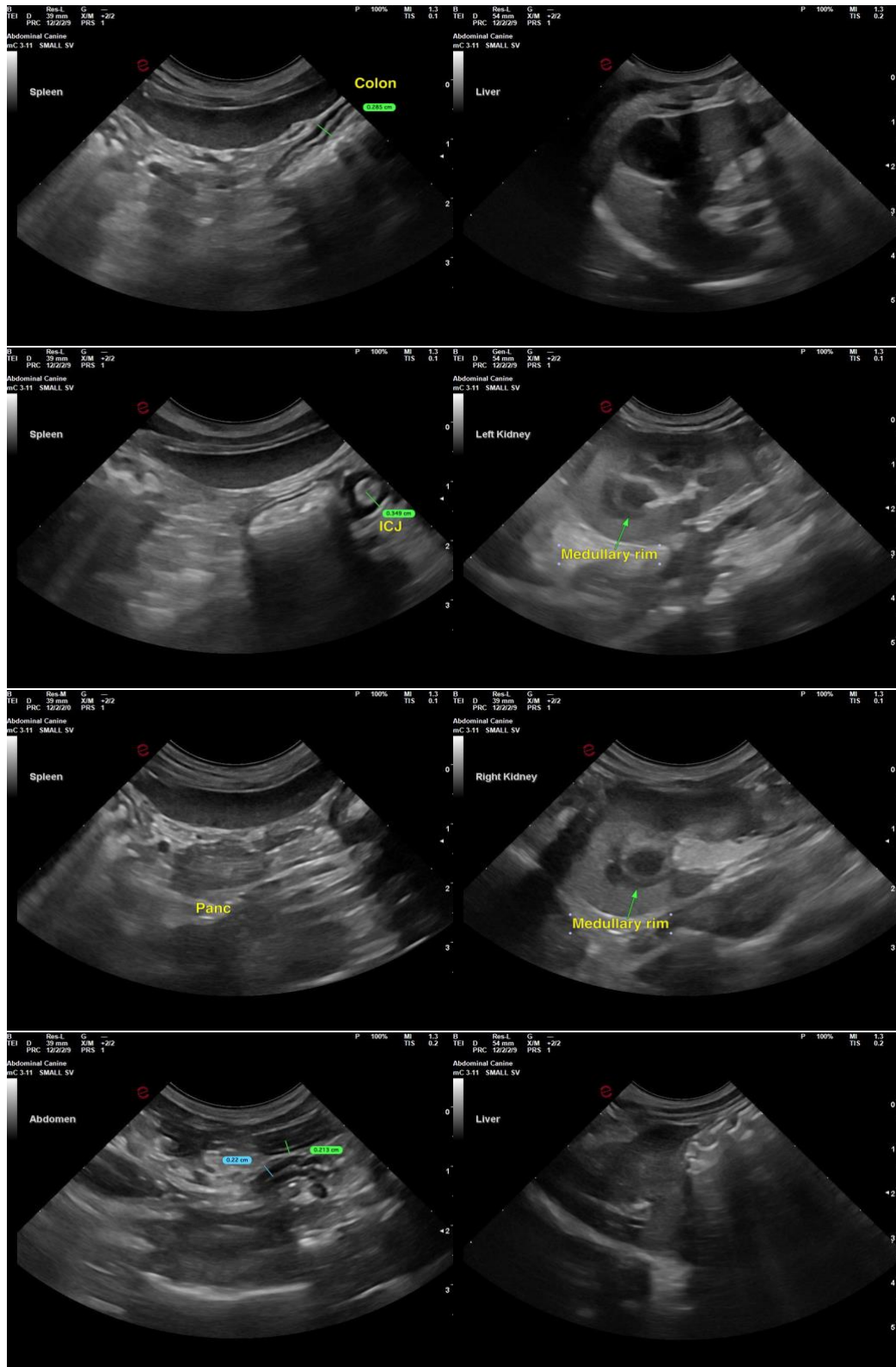
Dr. Snyder

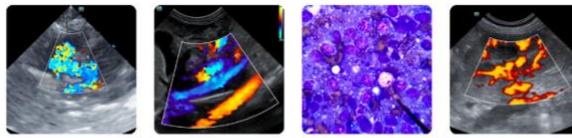
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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