



## PATIENT

Matilda May

## SPECIES

Feline

## BREED

DLH

## SEX

Spayed Female

## AGE

2013

## WEIGHT

10.2

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Rebekah Jakum, CVT,  
ARDMS/RVT

## HOSPITAL NAME

Alburtis Animal  
Hospital

## REFERRING VET

Dr. Borrelli

## INVOICE

14677

## DATE

03/26/26

## PRESENTING CLINICAL SIGNS

- History of chronic vomiting with palpably thickened intestinal loops Chronic constipation
- Tachycardia with gallop rhythm,
- No murmur noted 3/2026
- Medication: Miralax

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural 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 3.3 cm in length. The right kidney measured 3.8 cm in length.

### *Adrenal Glands*

The left and right adrenal glands were not definitively visualized. No obvious pathology.

### *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*

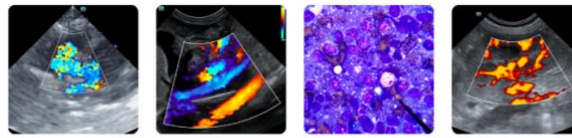
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained gastric fluid without evidence of obstruction to pyloric outflow.

The intestinal walls demonstrated intact wall layers with variably thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The small intestine measured up to 0.36 cm wall width.



**PATIENT**

Normal visible colon wall layers were present with formed fecal matter in lumen.

Matilda May

**Pancreas**

**SPECIES**

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mildly prominent left limb pancreatic duct.

Feline

**BREED**

**Free Abdomen**

DLH

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

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Spayed Female

- Diffusely to variably thickened small intestine exhibiting variable altered wall layer ratio.
- Mild nonobstructive hypomotile stomach.
- Normal liver.
- Mild gallbladder debris with nonobstructive dilated cystic duct.
- Suspect chronic pancreatitis.
- Mild chronic renal changes with mild urine sediment.

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Primary considerations include IBD or other inflammatory enteropathy with potential for triaditis and intestinal round cell neoplasia such as lymphoma which may present in a similar sonographic manner.

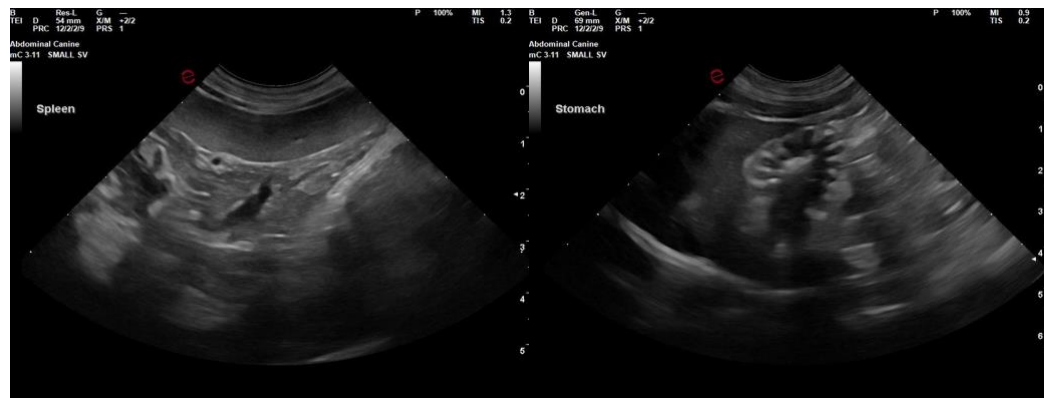
10.2

**INTERPRETED BY**

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Assuming normal clotting status and using a 25-gauge needle, hepatic FNA cytology could be considered if non-reported hepatic enzyme elevations and given short half-life of hepatic enzymes in cats. Empirical therapy for IBD/triaditis with monitoring of clinical response would be reasonable. A defensive diagnosis would require intestinal biopsies for histopathology.

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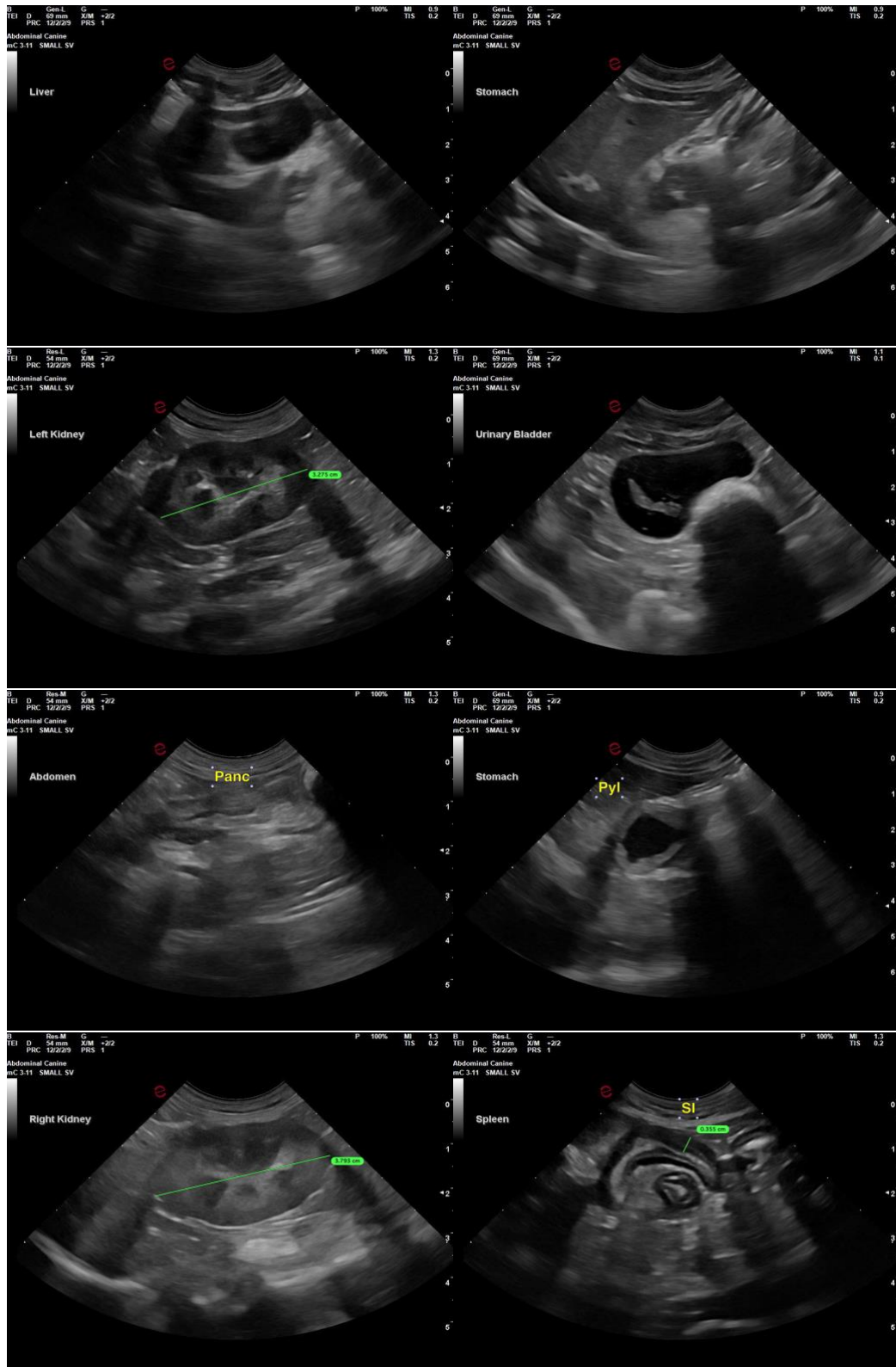
Dr. Borrelli

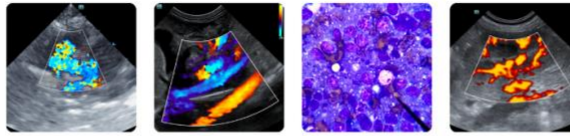
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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