



PATIENT

Shadow Shaikh

SPECIES

Feline

BREED

Bengal

SEX

Spayed Female

AGE

3 Years 1 Week

WEIGHT

5.27 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Prairie Winds AC

REFERRING VET

Khaled Abdelraham,
DVM

INVOICE

36100

DATE

3/3/26

PRESENTING CLINICAL SIGNS

- The patient presents with two primary ongoing clinical concerns: an undefined pain/twitching on one side of the thoracic area and hematochezia (blood in the stool).
- Patient has been having blood in stool, with no improvement on metronidazole, drontal, and sulcrate.

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 was 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 right kidney measured 4.1 cm in length. The left kidney measured 4.14 cm in length.

Adrenal Glands

The left adrenal gland was normal in size and contour. Pinpoint hyperechoic adrenal foci was noted, consistent with mineralization without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.38 width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm width at the caudal pole.

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.



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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. The duodenum wall measured 0.23 cm. The jejunum wall measured 0.26 cm.

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The colon walls presented intact yet mildly thickened colon wall. Generalized soft fecal matter was present in the colon lumen. The descending colon wall measured 0.26 cm.

Pancreas

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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.

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Free Abdomen

No peritoneal effusion was present.

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Intermittent, mildly prominent jejunocolic lymph nodes were present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Colitis with soft fecal matter in colon
- Normal gastrointestinal tract
- Intermittent minor benign jejunal colic lymphadenopathy

Secondary Findings

- Pinpoint left adrenal dystrophic mineralization- not indicative of adrenal pathology

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate and Diarrhea PCR panel are recommended. Cobalamin supplementation is recommended pending assessment of cobalamin level. Empirical deworming with Panacur SID x 7-10 days, dietary trial, including either hydrolyzed diet with fiber supplementation or higher fiber diet, high colon account probiotics, such as proviable, and gastric protectants may prove beneficial, pending GI panel and diarrhea PCR panel.

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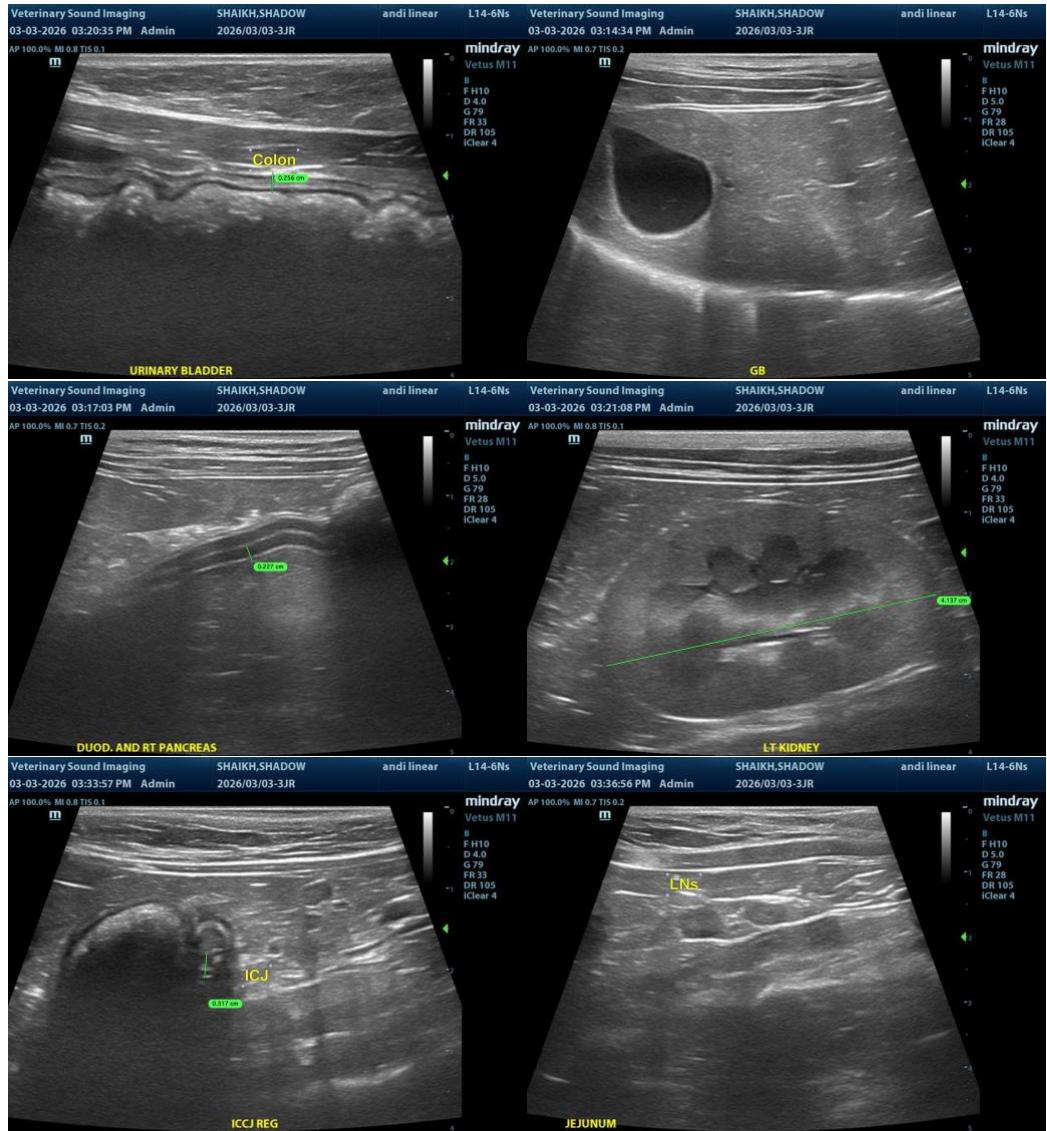
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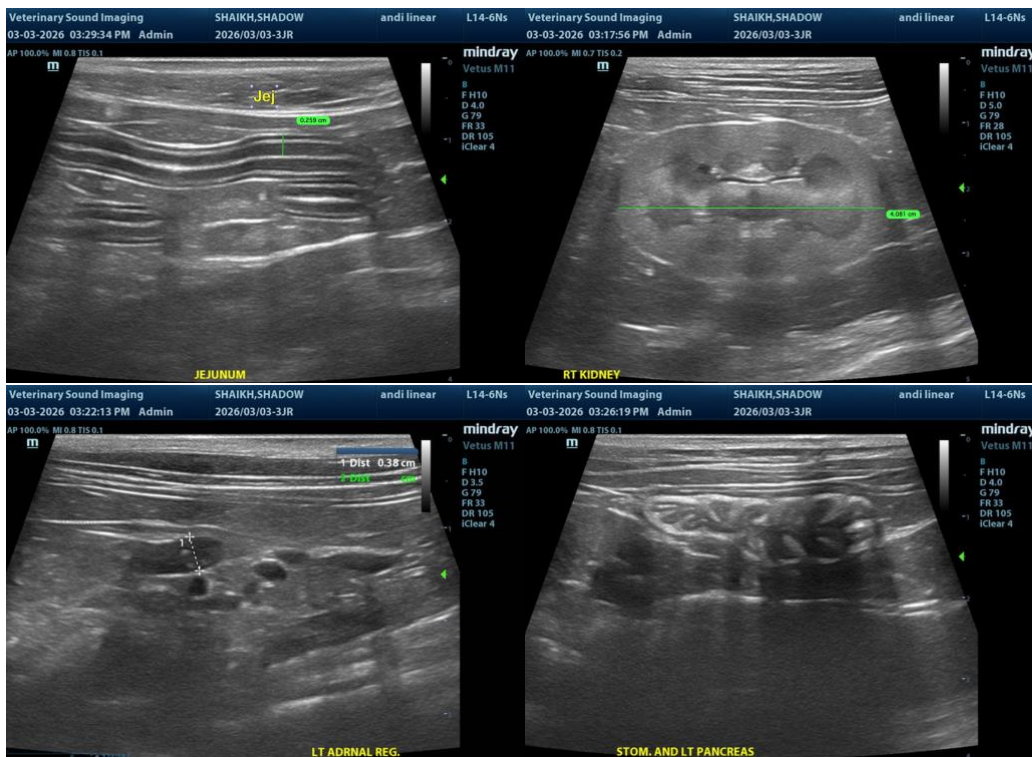
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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