

PATIENT

Harlow Leland

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

8.68 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

River's Edge Pet
Medical Center

REFERRING VET

Dr. Bridget Hayes

INVOICE

14764

DATE

03/31/26

PRESENTING CLINICAL SIGNS

- 3/14: presented for vomiting and bloody diarrhea, dehydration. Hospitalized on IV fluids and supportive medications. Improved and went home on Cerenia, pro-pectalin, Forti-flora probiotic and Mirataz. O gave SQ fluids for a few days.
- 3/28: relapsed, presented today for US.
- Current Medications: none. Diet is canned Royal Canin Urinary SO.

Abnormal PE/Chem/CBC/UA Results: See attached labs: 3/14: Chem = normal, CBC = bands present, platelets aggregates. PLI = normal. 3/22: fecal = negative See attached rads: 3/14: fluid and gas in intestines, no apparent FB

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. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent moderate to hyperechoic 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.

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 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 3.4 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width.

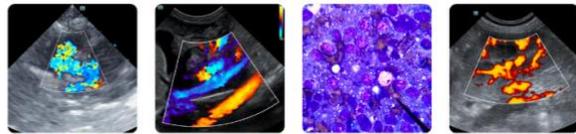
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width.

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. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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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 pylorus presented intact mildly thickened nonobstructive wall. The ventral pylorus wall measured 0.47 cm wall width.

The intestinal walls demonstrated intact wall layers with segmental to variably thickened walls exhibiting segmental to mil variably thickened muscularis layer. The jejunum wall measured up to 0.33 cm wall width. The duodenum wall measured 0.24 cm wall width.

The colon presented intact borderline thickened wall containing semi formed fecal matter. The proximal colon wall measured 0.20 cm wall width.

Pancreas

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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

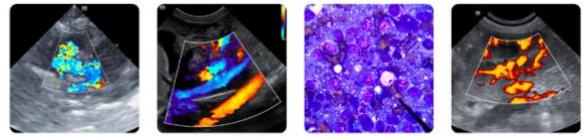
- Empty stomach with mildly thickened intact pylorus wall.
- Variably thickened intact small intestine.
- Subjective mild colitis.
- Normal area of the pancreas.

Secondary Findings

- Moderate urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given recurrent gastrointestinal signs with intact yet altered gastrointestinal wall layering, IBD or other inflammatory gastroenteropathy is favored. Emerging to occult gastrointestinal neoplastic criteria such as lymphoma may present in similar sonographic manner and not definitively excluded. A definitive diagnosis would require biopsies for histopathology. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Gastrointestinal support and consideration for empirical IBD protocol pending additional diagnostics would be reasonable with clinical and as needed sonographic monitoring pending clinical response is recommended. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.



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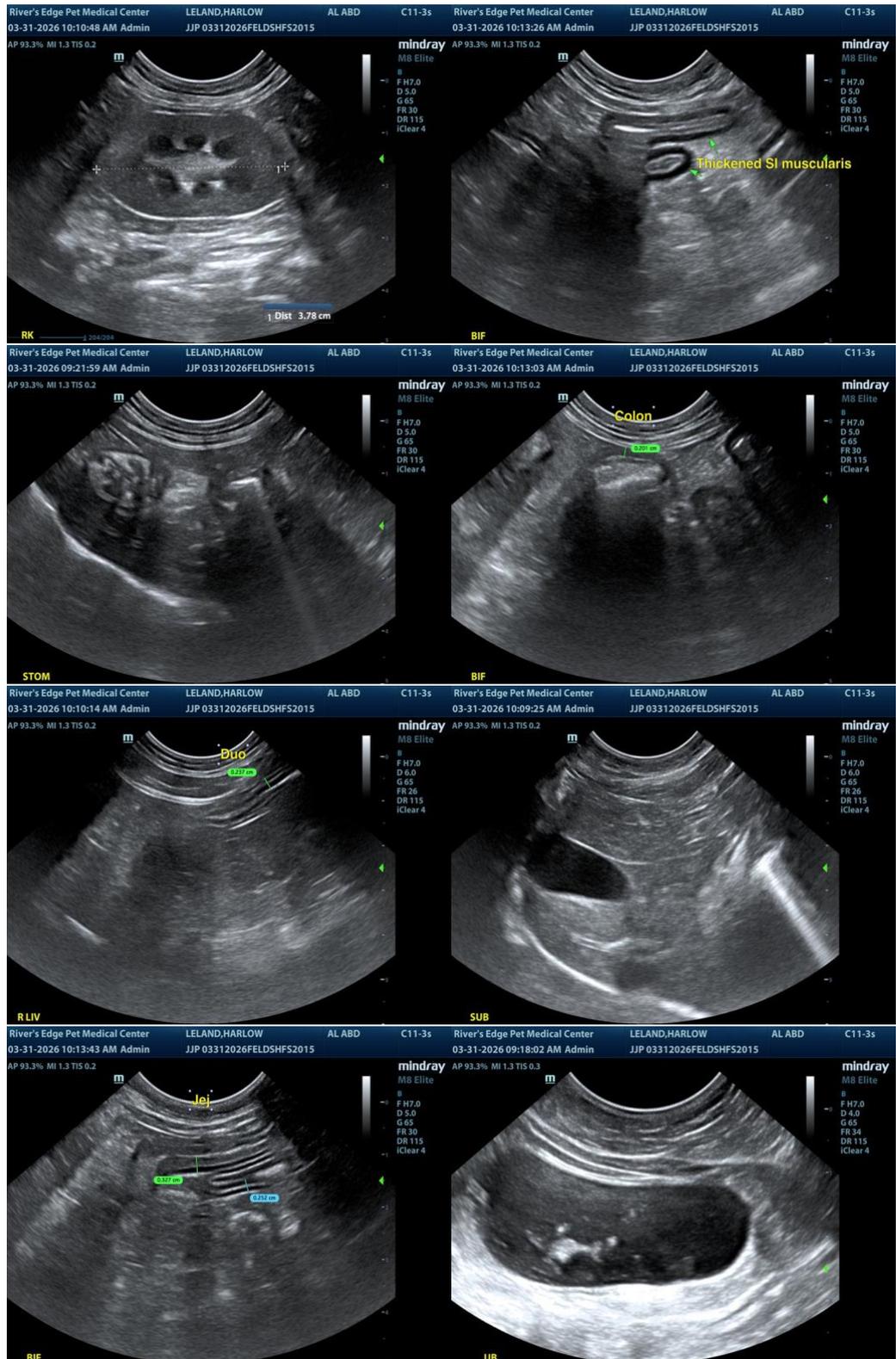
Dr. Bridget Hayes

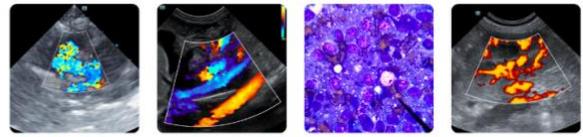
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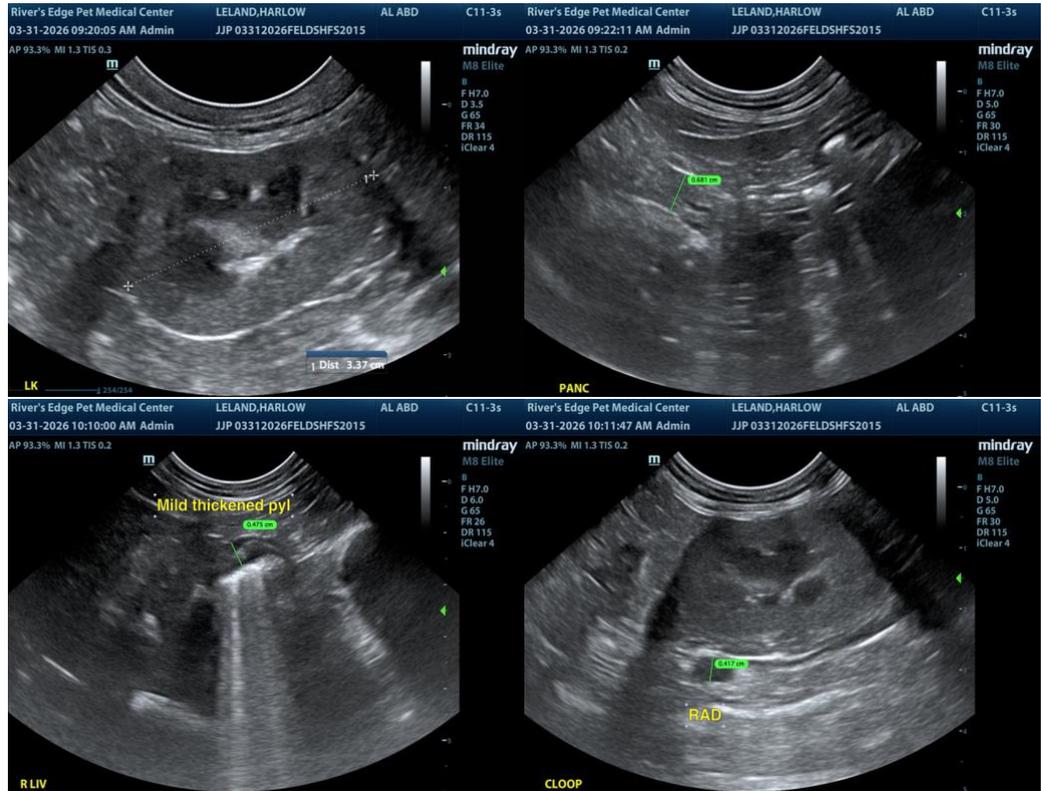
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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