

## PATIENT

Oliver Plumhoff

## SPECIES

Feline

## BREED

DSH

## SEX

Male

## AGE

11 Years

## WEIGHT

9.5 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Sammy Williams

## HOSPITAL NAME

Faith Animal Care

## REFERRING VET

Dr. Faith

## INVOICE

13079

## DATE

03/05/26

## PRESENTING CLINICAL SIGNS

- Oliver does have a history of GI issues (Vomiting, pancreatitis)
- He was seen in Jan. 2026 for a flare up and was given Cerenia which has helped in the past
- His appetite has always been good despite the vomiting
- Seen again in Feb. 2026 for a recheck and the vomiting has resolved but then started up again
- Pancreatic lipase test was normal at recheck exam
- Vomiting continuing despite the Cerenia so a GI panel was performed. Lab results attached
- He is now on i/d food exclusively and getting Cerenia regularly and the vomiting is somewhat controlled

Abnormal PE/Chem/CBC/UA Results: Attached GI Panel Results (Feb. 2026) and radiographs from Jan. 2026

## 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 change 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 3.0 cm in length. The right kidney measured 3.6 cm in length.

### Adrenal Glands

The area of the left and right adrenal glands were free of overt 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

### Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild lumen gas and retained pyloric fluid with no evidence of obstruction to pyloric outflow. The pylorus wall measured 0.32 cm.

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The intestinal walls demonstrated intact wall layers with generalized variably thickened walls and altered 1:3 muscularis / mucosa ratio owing to propensity for variably thickened muscularis layer. Empty intestinal lumen without mechanical/metabolic ileus to the level of the colon. The small intestine wall measured 0.37 cm wall width. The ileocolic wall measured 0.44 cm wall width.

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

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

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### *Free Abdomen*

No visualized significant or swollen mesenteric lymphadenopathy or peritoneal effusion was present. Mild peri-intestinal to mid abdomen hyperechoic omentum.

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## ULTRASONOGRAPHIC FINDINGS

- Intact variably thickened small intestine.
- Normal stomach with mild retained pyloric fluid.
- Mild heterogeneous pancreas.

## INTERPRETED BY

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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. Diagnosis would require biopsies for histology, obtained either via endoscopy or, ideally, full thickness biopsies via laparotomy. If biopsies 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. Low-grade chronic pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation despite normal pLI.

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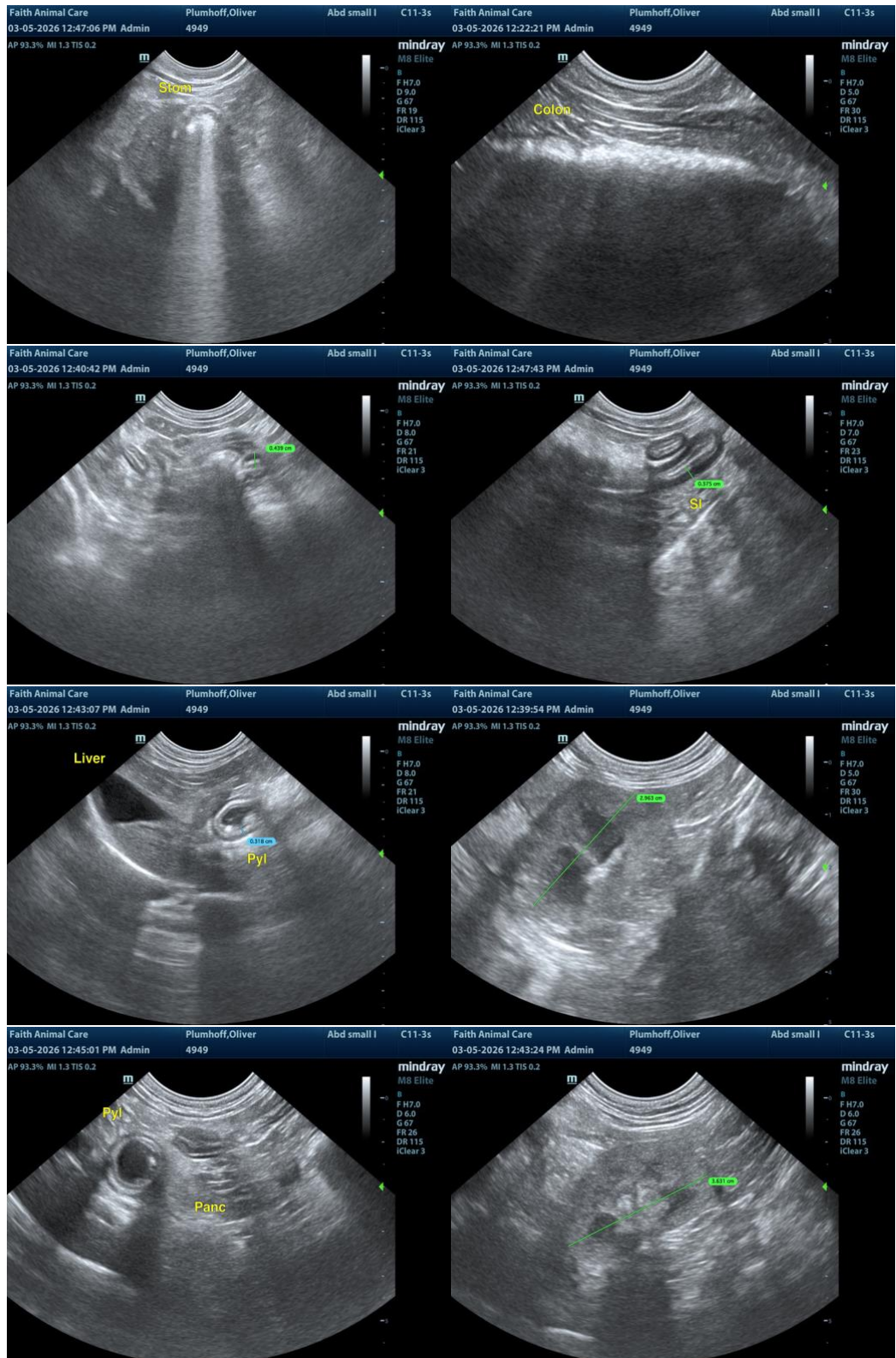
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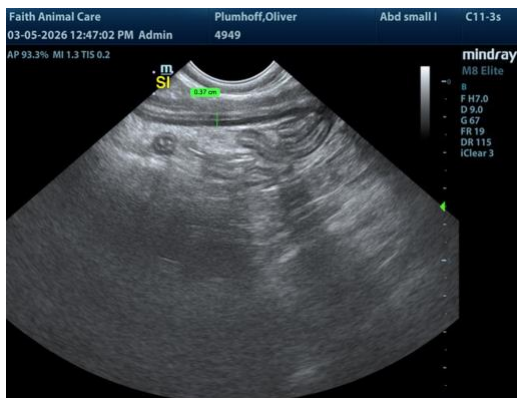
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

[info@SonoPath.com](mailto:info@SonoPath.com)