



PATIENT

Gracie Brown

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

15y

WEIGHT

8.1 lbs

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside AC

REFERRING VET

Dr. heider

INVOICE

13260

DATE

3/6/26

PRESENTING CLINICAL SIGNS

History:

- Presented 3/4 to discuss intermittent loss of appetite/vomiting episodes. BW unremarkable on 3/4
- ABNORMAL Lab work Values - Will send separately

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.

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. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Mild medullary mineral was noted. The left kidney measured 3.5 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position and shape. The left adrenal gland subjectively measured 0.41 cm. The right adrenal gland subjectively measured 0.43 cm.

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. The spleen measured 0.69 cm width level of the mid spleen.

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 intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Duodenum wall measured 0.31 cm.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

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The left pancreas was normal in size with capsule asymmetry and mild non-homogeneous hypoechoic parenchyma exhibiting prominent pancreatic duct.

Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

15y

- IBD intestinal pattern
- Normal empty stomach
- Suspect concurrent mild chronic pancreatitis
- Mild chronic renal changes

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild potential for emerging to low-grade intestinal round cell neoplasia, i.e. lymphoma which may present in a similar sonographic manner as IBD, not definitively excluded yet thought less likely at this stage. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Gastrointestinal support, empirical therapy for chronic pancreatitis, IBD with clinical and as needed sonographic monitoring of persistent gastrointestinal signs or evidence of weight loss is recommended. Intestinal biopsy is required for definitive diagnosis.

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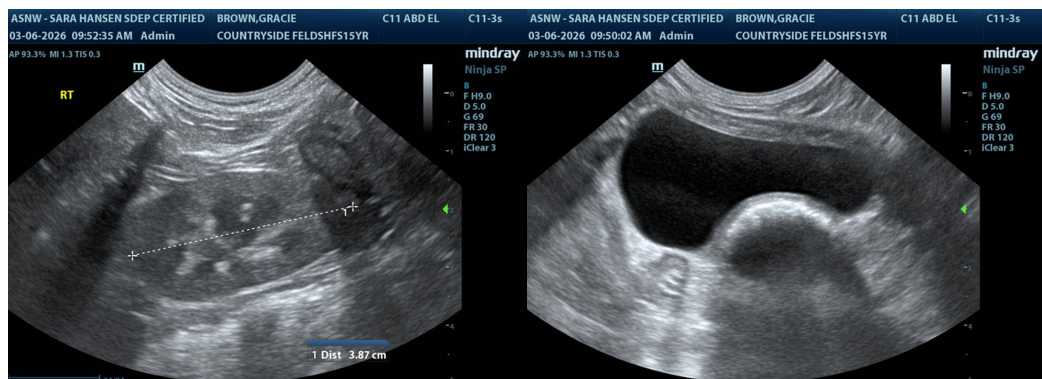
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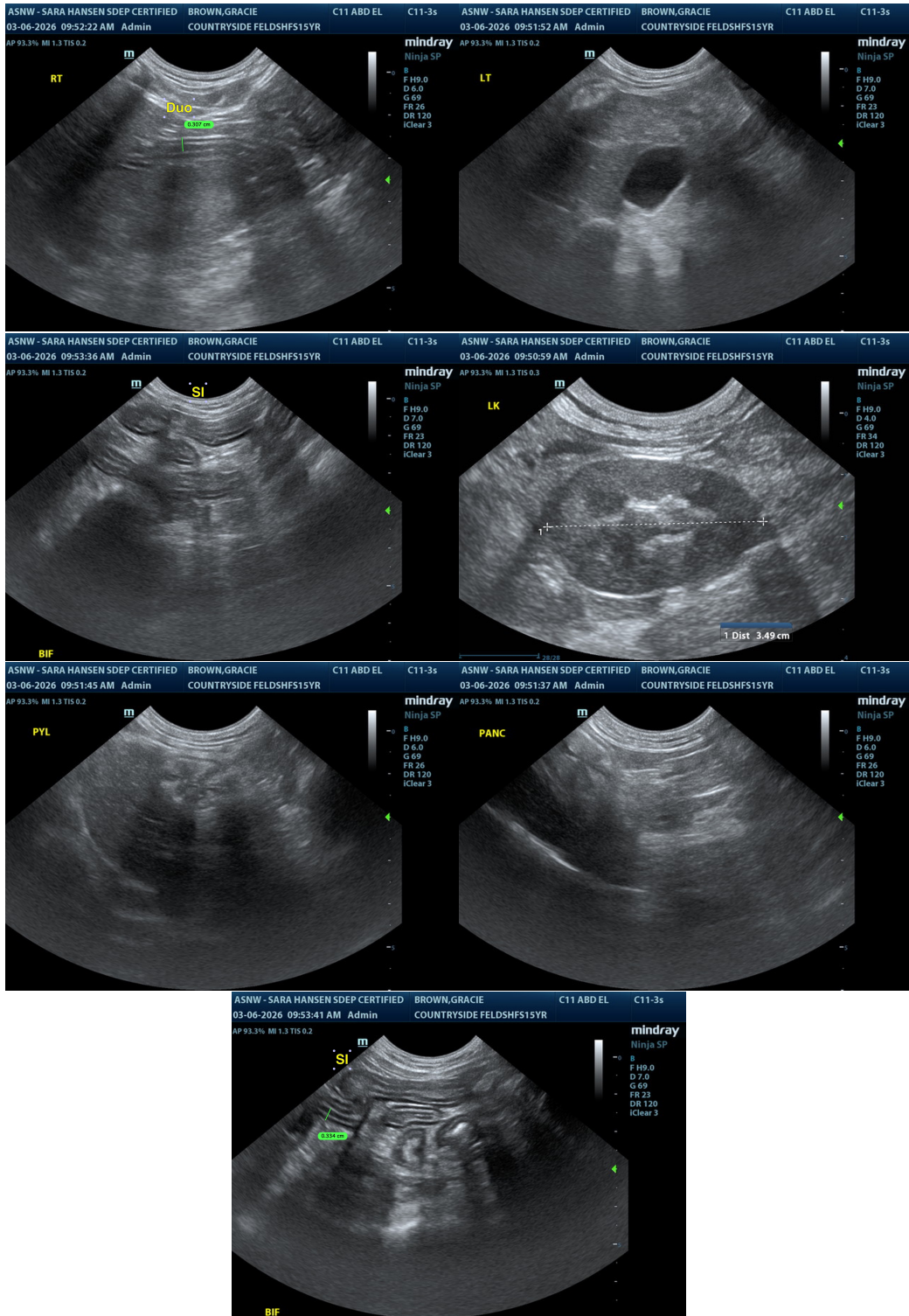
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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