

PATIENT

Julieta Monsanto

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

12.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Jose Garcia

INVOICE

14106

DATE

03/06/26

PRESENTING CLINICAL SIGNS

- Px presented as a referral for an abdominal ultrasound due to Hx of lethargy, diarrhea, and vomiting
- Px visited rDVM a week ago due to having episodes of liquid diarrhea, anorexia, polydipsia, and lethargy
- Owner reports that Px's PD began before the watery diarrhea

Bloodwork attached below for your reference, not pictured below, positive feline pancreatic lipase test

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.

m-at

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. Mild medullary mineral was present. The left kidney measured 3.8 cm in length. The right kidney measured 3.9 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 0.52 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width.

Spleen

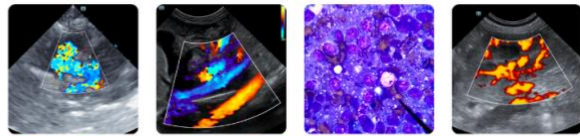
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion.

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. The spleen measured 0.90 cm width level of the mid spleen.

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 partially divided into two compartments containing anechoic bile. The cystic duct and common bile ducts were normal without evidence of dilation.



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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 intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The small intestine wall measured 0.26 cm wall width. The duodenum wall measured 0.27 cm wall width. The jejunum wall measured 0.26 cm wall width. The ileocolic wall measured 0.40 cm wall width.

The colon walls presented intact yet mild thickened wall layering measuring 0.22 cm. Semiformed fecal matter was present in the colon lumen.

Pancreas

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 pancreatic duct.

Free Abdomen

Minor colic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Intact thickened small intestine/colon wall with semi formed fecal matter.
- Minor colic lymphadenopathy.
- Heterogeneous pancreas with minor prominent pancreatic duct.
- Age-related renal changes with mild medullary mineral.
- Normal adrenal glands.
- Normal empty stomach.

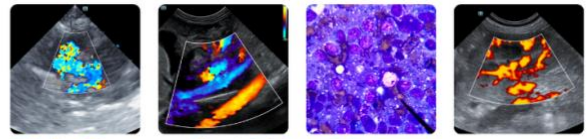
Secondary Findings

- Partially bi-lobed gallbladder- normal variant in a cat.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IBD or other inflammatory enterocolonopathy is probable with potential for chronic pancreatitis. Minor potential for emerging to occult enterocolic neoplasia is thought less likely. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Enterocolic biopsies are required for a definitive diagnosis. Empirical IBD protocol with gastrointestinal support and clinical monitoring with sonographic reassessment if non-responsive or progressive gastrointestinal signs or weight loss would be reasonable.



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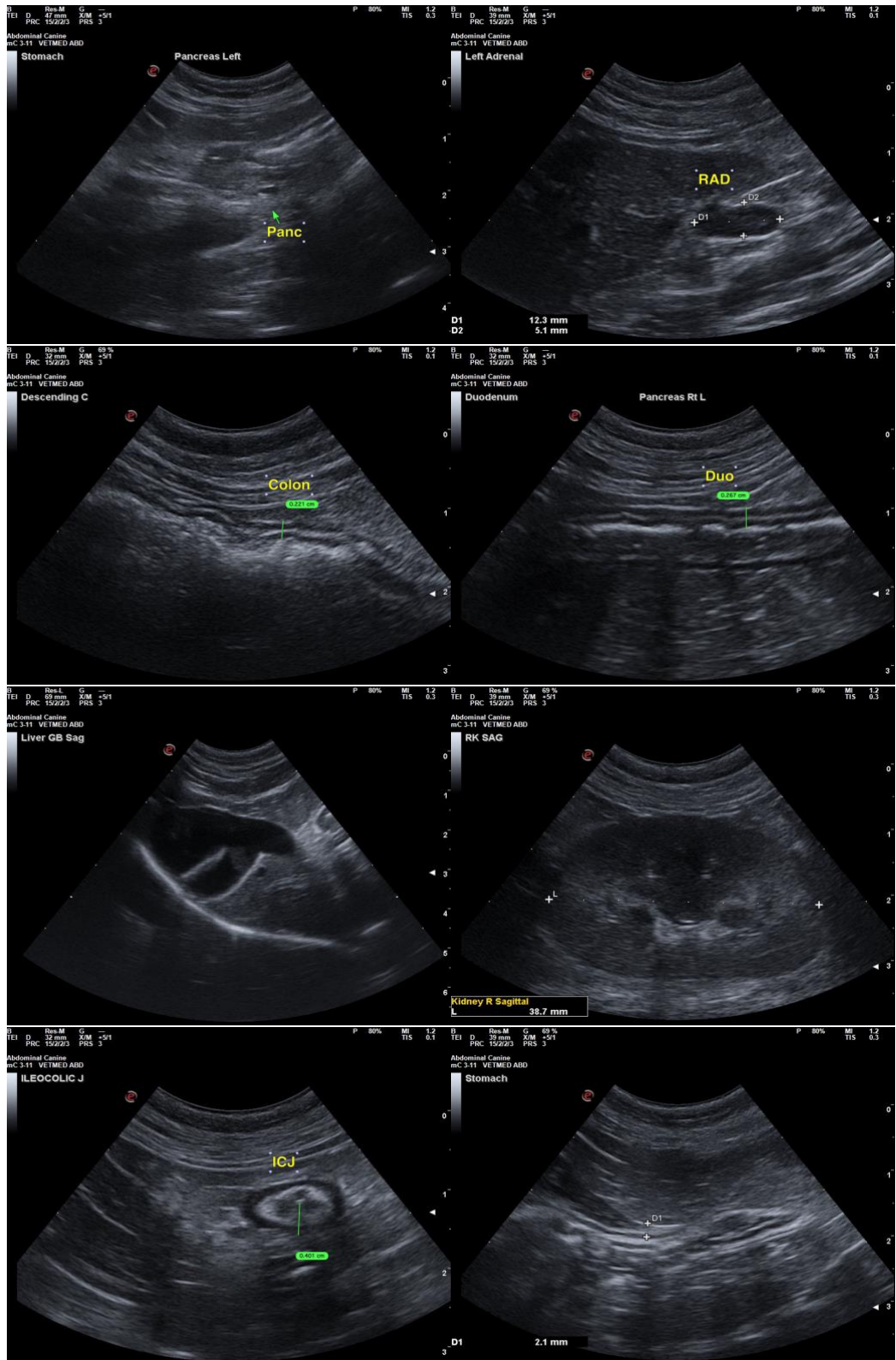
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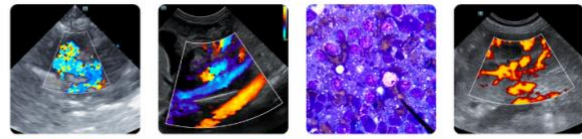
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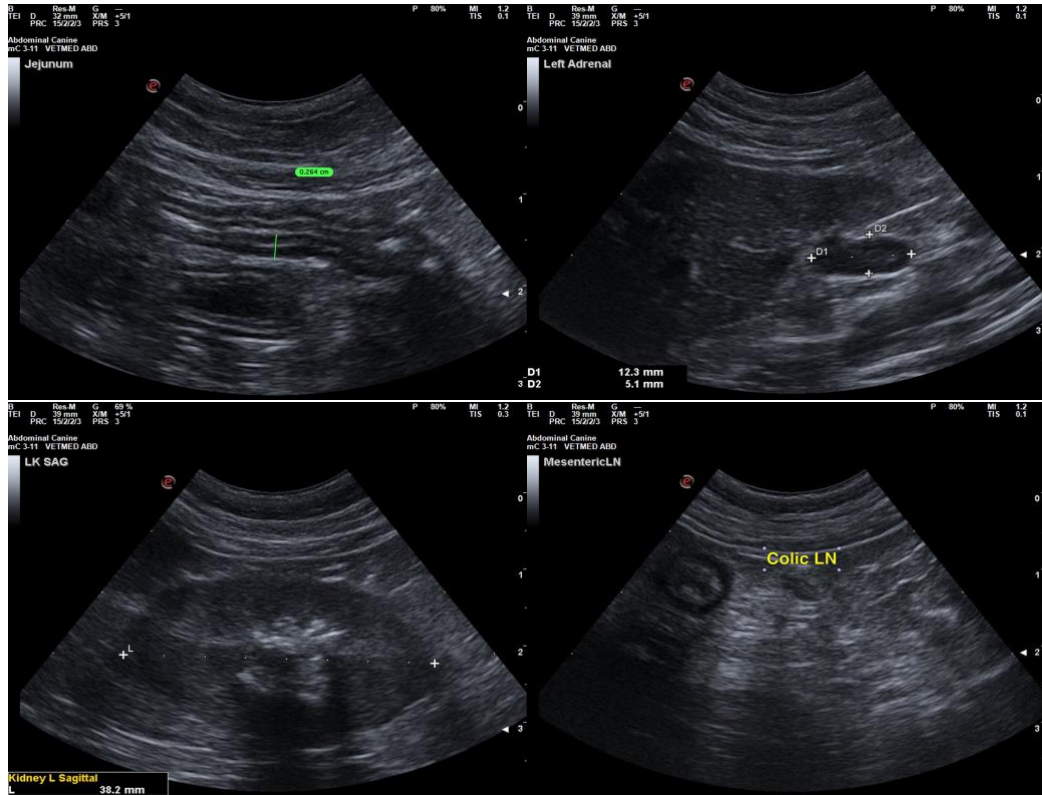
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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