



## PATIENT

Chick a pea Earnshaw

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

14yr

## WEIGHT

7.57kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Melissa Randolph

## HOSPITAL NAME

Shores Veterinary  
Emergency Center

## REFERRING VET

Lisa Miller

## INVOICE 24482

DATE  
04/13/2026

## PRESENTING CLINICAL SIGNS

\*P was seen 3/11 at rdvm for annual exam, blood work and vaccines. rdvm had concern with long standing diabetic and fructosamine higher range, elevated WBC count, and PSL elevated. P is doing well at home, not symptomatic. History of chronic diarrhea (pasty stools), diabetic, dental disease, pancreatitis. P is on prozinc 4 units every 12 hours (dose given at 4 am today), psyllium husk added to can food, cosequin advanced. P is fed purina DM diet. P did eat today at 4 am, ultrasound imaging done at 12 pm.

\*concern for diabetes history, pancreatitis, colitis, gi disease, other

Abnormal PE/Chem/CBC/UA Results: PE: mild pain 2/4 abdomen; reactive and tender with abdominal palpation 3/11 rdvm cbc: wbc 16,700 H, abs monos 668 H, abs neuts 10,855 H ova and parasite fecal: negative fructosamine: 360 (good regulation) chem: glucose 284 H PSL lipase: 69 H T4: 1.7 normal sdma: 10.6

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild urine sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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 4.3 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left adrenal gland was indistinctly visualized, no obvious pathology. The left adrenal gland subjectively measured 0.50 cm width. The right adrenal gland was not definitively visualized.

### 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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and minor non-dependent non-organized debris. The cystic and common bile ducts were normal.



## PATIENT

Chick a pea Earnshaw

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

14yr

## WEIGHT

7.57kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Melissa Randolph

## HOSPITAL NAME

Shores Veterinary  
Emergency Center

## REFERRING VET

Lisa Miller

## INVOICE

24482

## DATE

04/13/2026

## 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 small intestine presented intact segmental variably thickened intestinal wall primarily noted in the jejunum with altered wall layer ratio. The duodenum wall measured 0.30 cm width. The jejunum wall measured up to 0.3-0.36 cm width. The ileocolic wall measured 0.45 cm width.

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

## Pancreas

The left pancreas was mildly enlarged in size with capsule asymmetry exhibiting heterogeneous remodeled parenchyma compared to adjacent non-reactive or inflamed omentum.

## Free Abdomen

No evidence of peritoneal effusion was present.

Intermittent mildly enlarged jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 0.84 cm in diameter.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Mild urine sediment
- Mild chronic renal changes
- Chronic pancreatitis with remodeling
- Mild gallbladder debris
- Intact variably thickened small intestinal wall and altered wall layer ratio
- Intermittent mild jejunocolic lymphadenopathy

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited primarily mild mural changes which although non-specific suggest inflammatory criteria i.e. IBD or other in conjunction with chronic pancreatitis. Potential for triaditis given the presence of gallbladder debris and short half-life of hepatic enzymes in cats and suspect benign mesenteric lymphadenopathy such as mild reactive hyperplasia or lymphadenitis. Low grade mild intestinal round cell neoplasia and early metastatic lymphadenopathy felt less likely yet may present in similar sonographic manner.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Dietary trial which may include hydrolyzed diet, high colony count probiotics such as Provable and continued psyllium husk, cobalamin supplementation pending assessment of cobalamin level and empirical deworming if clinically indicated may prove beneficial.

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.



**PATIENT**

Chick a pea Earnshaw

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

14yr

**WEIGHT**

7.57kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Melissa Randolph

**HOSPITAL NAME**

Shores Veterinary  
Emergency Center

**REFERRING VET**

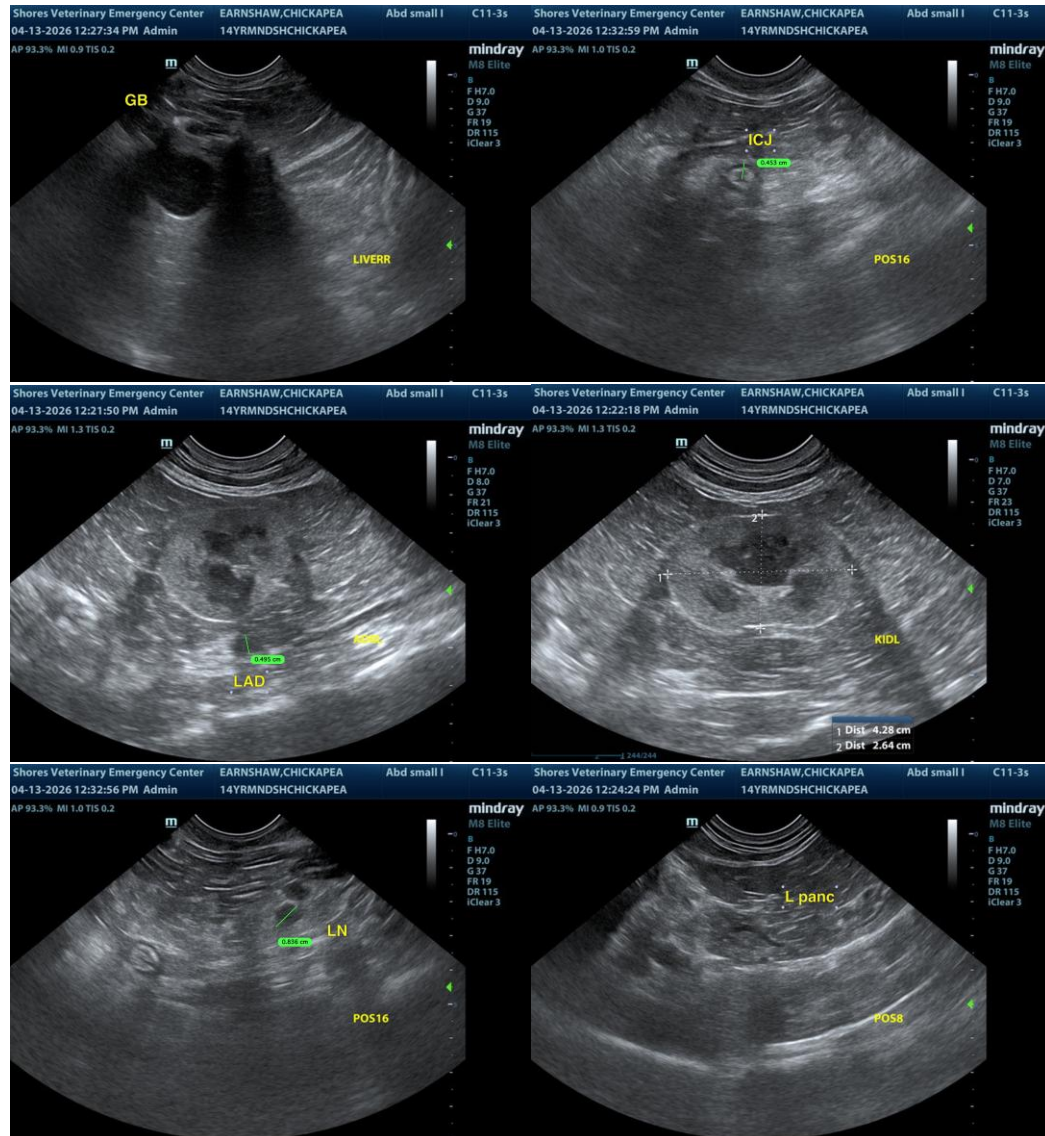
Lisa Miller

**INVOICE**

24482

**DATE**

04/13/2026





**PATIENT**

Chick a pea Earnshaw

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

14yr

**WEIGHT**

7.57kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Melissa Randolph

**HOSPITAL NAME**

Shores Veterinary  
Emergency Center

**REFERRING VET**

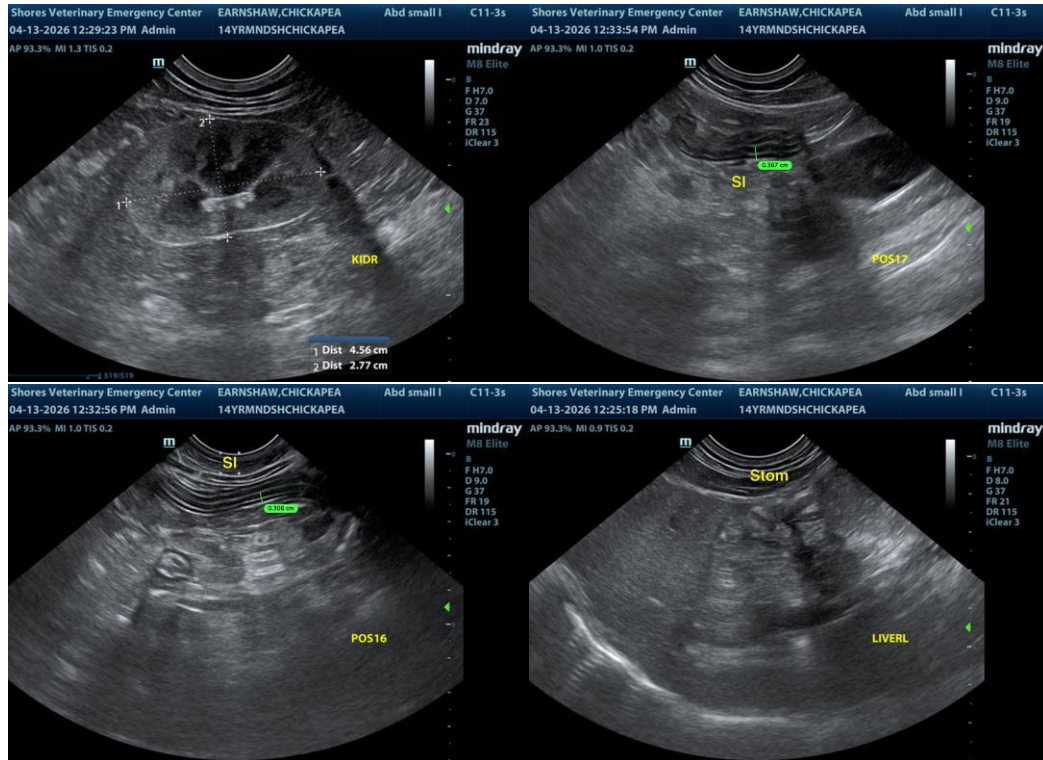
Lisa Miller

**INVOICE**

24482

**DATE**

04/13/2026



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)