



## PATIENT

Tosha Janeski

## PRESENTING CLINICAL SIGNS

acute hematochezia, r/o colitis, IBD intestinal lymphoma, dietary indiscretion , infectious causes  
Vomiting r/o secondary to gastrointestinal inflammation

## SPECIES

Feline

## 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 no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

## SEX

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Enhanced to indistinct corticomedullary border distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.2 cm in length. The right kidney measured 3.9 cm in length.

## MN

## AGE

15

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

## WEIGHT

11.2

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

### Spleen

## INTERPRETED BY

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

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.

## IMAGING PERFORMED BY

Jenn

### 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

## HOSPITAL NAME

Rockaway Animal  
Hospital

### Gastrointestinal

## REFERRING VET

Dr Dubos

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.

## INVOICE 24479

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.27 cm width. The jejunum wall measured 0.24 cm width.

## DATE

04/13/2026

The colon walls presented intact yet mild thickened wall layering. Semi formed to non-formed fecal matter was present in the colon lumen with mild lumen gas.



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### *Pancreas*

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The left pancreas was normal in size with capsule asymmetry and mild heterogeneous hypochoic parenchyma compared to adjacent omentum.

## SPECIES

### *Free Abdomen*

Feline

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

## BREED

### *Primary*

DSH

- Mildly thickened, non-distended colon containing soft and non-formed fecal matter suggestive of colitis

SEX

- Sonographically unremarkable empty small intestine
- Possible mild left limb chronic pancreatitis

MN

- Bilateral chronic renal changes

## AGE

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

15

Dietary indiscretion / intolerance, infectious disease, enterotoxin, inflammatory bowel episode vs potential non-structural IBD in conjunction with chronic pancreatitis, occult parasitism if patient is indoor or outdoor without overt suspicion of neoplasia are all potentials. Gastrointestinal support and empirical therapy for non-specific colitis is recommended with clinical monitoring. Correlation with full lab work including UA is recommended. Recheck sonogram if non-responsive or progressive gastrointestinal signs is recommended.

## WEIGHT

11.2

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**BREED**

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**REFERRING VET**

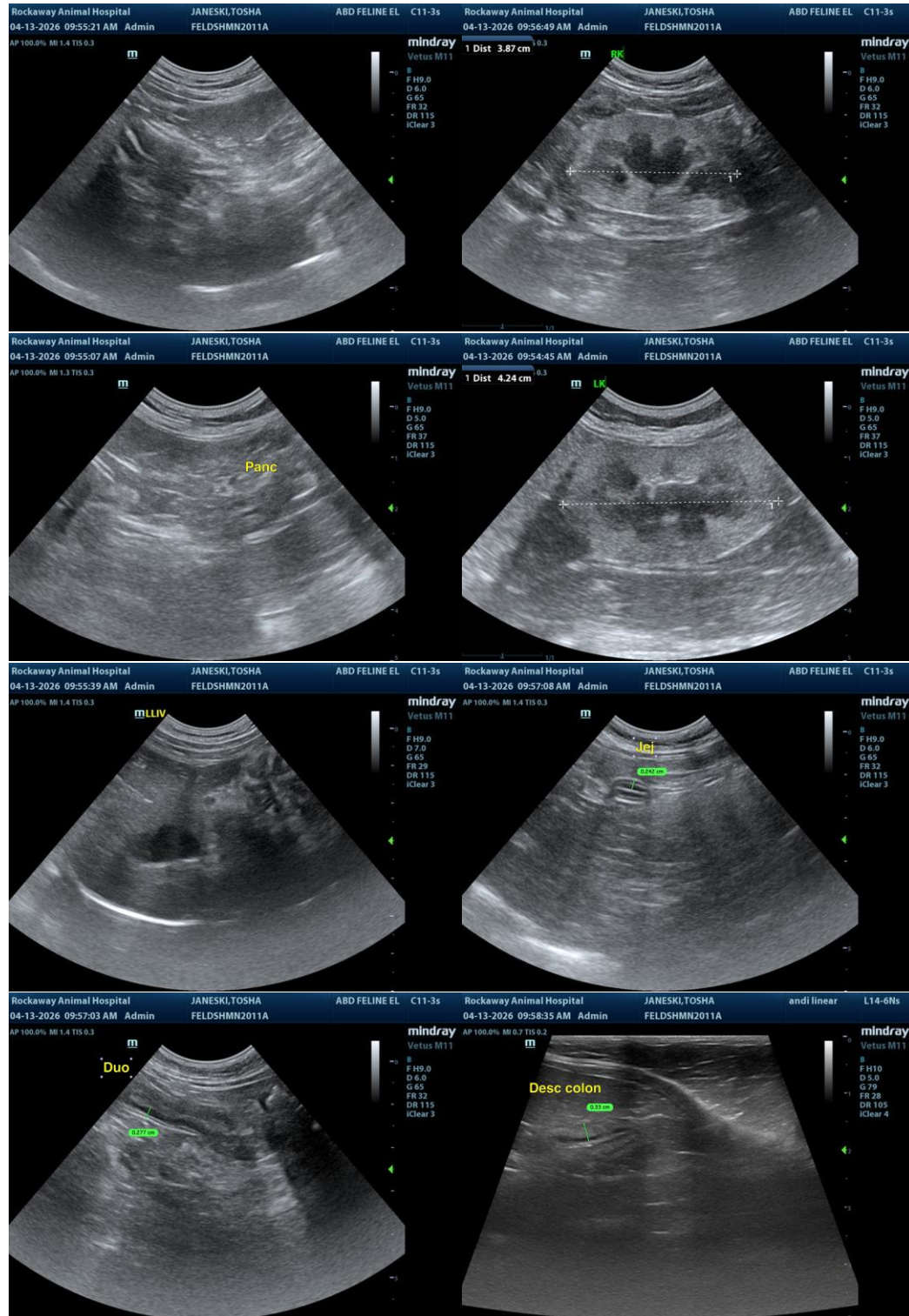
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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.

## SPECIES

Feline

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## SEX

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