



## PATIENT

Evie Dang

## SPECIES

Feline

## BREED

Maine Coon

## SEX

Spayed Female

## AGE

10 Years

## WEIGHT

4.4 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Melissa Randolph

## HOSPITAL NAME

Shores Veterinary  
Emergency Center

## REFERRING VET

Dr. Lisa Miller

## INVOICE

74617

## DATE

4/20/26

## PRESENTING CLINICAL SIGNS

\*P has prior history of vomiting with blood, hyporexia, and diarrhea. P had an abdominal ultrasound on 3/11. Ultrasound results of mild enteritis pattern, fluid distended colon, and prominent lymph node visualized near colon and prominent mesenteric lymph nodes--most consistent with reactive LNs. P had follow up at rdvm. P found to have further elevated WBC count, increase in lymphocyte count, and slight anemia. Owner wants to schedule P for dental procedure. rdvm recommended follow up ultrasound due to concern for IBD and neoplasia. P has had improved stools since started the psyllium husk. P has gained weight 3/8 was 3.8 kg, today 4/20 is 4.4 kg. P medications are methimazole, probiotic, psyllium husk. P is on i/d dry diet. Concern for gastroenteritis, chronic colitis, lymphadenopathy, gi disease, IBD, neoplasia, other

Abnormal PE/Chem/CBC/UA Results: PE: P comfortable; soft on abdominal palpation; gassy 3/4 Shores cbc: wbc 29.90 H, neu 18.45 H, Lym 8.91 H, mono 1.14 H epoc: potassium 3.2 L chem: creatinine 0.5 L, calcium 8.5 L, albumin 2.2 L, ALT 172 H T4: 9.7 H Vcheck fPL: 1.5 normal rads: empty stomach, fluid and gas filled large and small intestines with no dilation or evidence of foreign material. Normal prominent kidneys, intact bladder with no evidence of radio-opaque urolithiasis u/a: leukocytes and protein 3/11 Shores aus: mild enteritis pattern, fluid distended colon, and prominent lymph node visualized near colon and prominent mesenteric lymph nodes--most consistent with reactive LNs rdvm 4/1 cbc: wbc 32.1 H, lymphocytes 19.453 H, eosinophils 1.637 H, HCT 30.3% L

## 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 were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. Right kidney measured 4.3 cm. Left kidney measured 3.7 cm.

### Adrenal Glands

The adrenal glands were not definitively visualized. No obvious 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

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



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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.

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 ileus, obstruction or foreign material. Duodenum wall measures 0.24 cm. Jejunum wall measured 0.24 cm. Ileocolic wall measured 0.37 cm.

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

### **Pancreas**

The area of the pancreas was sonographically normal.

### **Free Abdomen**

Intermittent, mildly prominent mesenteric nodes were present. Example measured 1.3 cm x 0.55 cm. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

No effusion present.

## **ULTRASONOGRAPHIC FINDINGS**

- Sonographically normal gastrointestinal tract/colon with formed fecal matter.
- Normal area of the pancreas.
- Sonographically normal liver/gallbladder.
- Previously noted mild mesenteric lymphadenopathy.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of significant visceral (specifically gastroenterocolic) pathology. Given previous ultrasonographic findings, resolved non-specific enteritis, infectious disease, dietary indiscretion, etc. with mild persistent subjectively benign mesenteric lymphadenopathy is favored. Non-structural to mild inflammatory bowel and mild pancreatitis at times may present sonographically normal.

If persistent or recurrent gastrointestinal signs, a GI panel to include PLI, TLI, cobalamin and folate is suggested. No overt evidence or suspicion of neoplastic criteria. Continued gastrointestinal support is recommended with clinical and as-needed sonographic monitoring.



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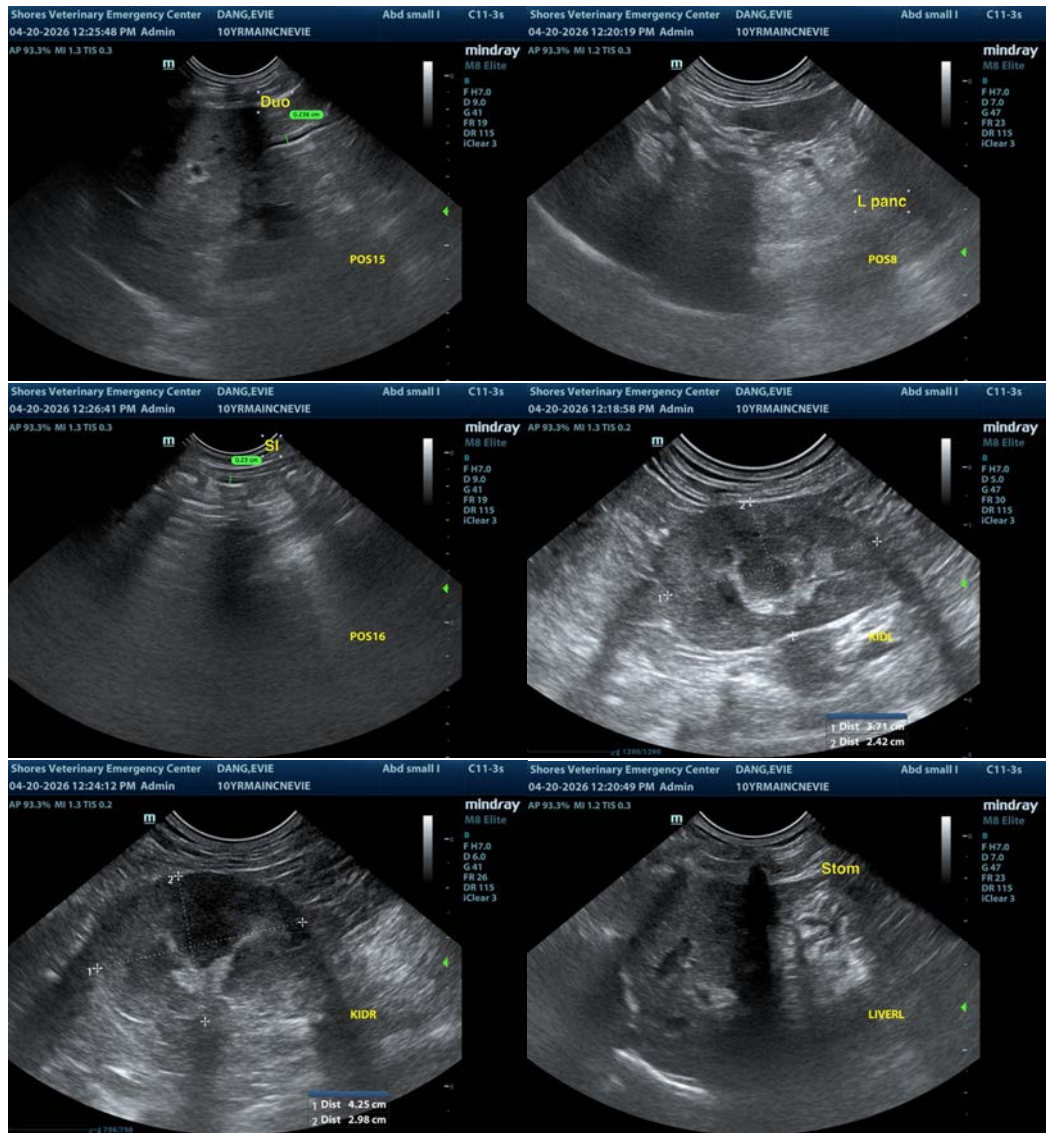
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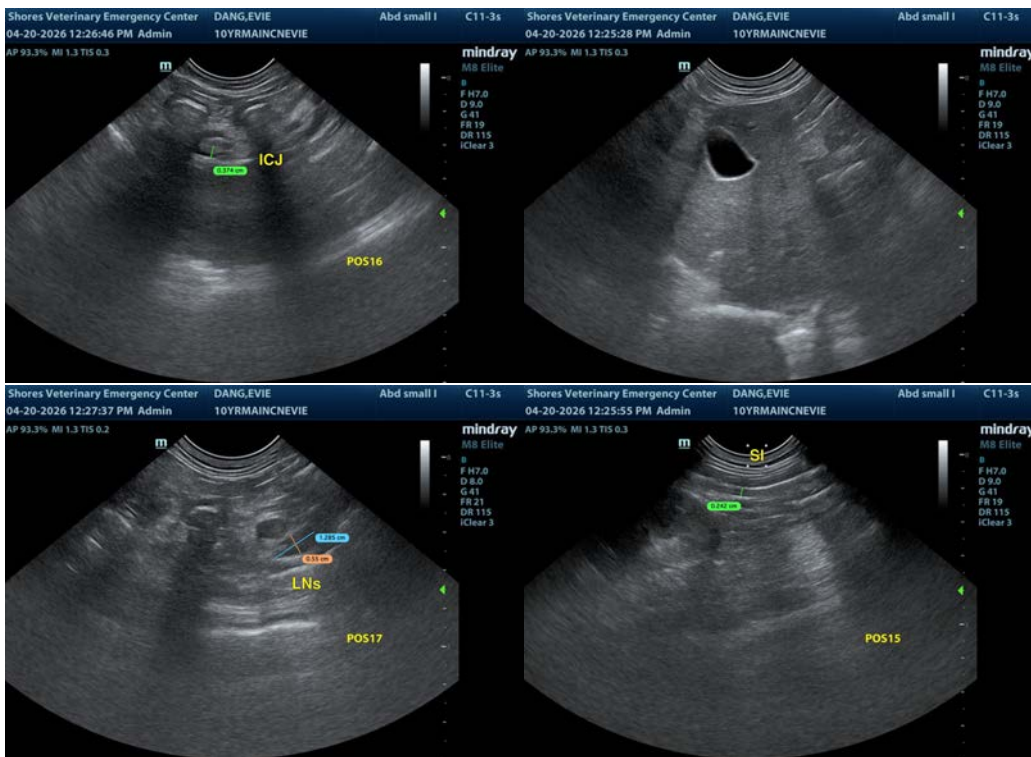
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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