



## PATIENT

Scotch Robinson

## SPECIES

Feline

## BREED

DLH

## SEX

MN

## AGE

1yr

## WEIGHT

12.0lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Chrissy Krell, DVM

## HOSPITAL NAME

Town & Country  
Animal Clinic

## REFERRING VET

Amanda Bergin, DVM

## INVOICE

24593

## DATE

04/24/2026

## PRESENTING CLINICAL SIGNS

Presented initially on 12/12/25 for bloody diarrhea on/off whole life- now bloody formed stools. On lams sensitive stomach diet. Has tried probiotics with no improvement. Scotch had normal stools when client acquired him. 4/17/26, Scotch started urinating outside of the litter box and had bloody stools. Other pets in the home have normal stools.

Abnormal PE/Chem/CBC/UA Results: PE: 12/12/25- PE NSF 4/17/26- mild pain on palpation of abdomen LAB: 12/17/25- fecal roundworm+ 4/16/26 - fecal negative for parasites 4/17/26- rad: noted stool in large intestine and empty rectum, med bladder; BW: platelets 592 (100-440) SDMA 15 (0-14) creatine kinase 1,089 (64-440), fPL - normal (1.8)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate 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 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. The left kidney measured 3.7 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.39 cm width The right adrenal gland measured 0.36 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.

### 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.

### Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of 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 mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.24 cm in width. The ileocolic wall measured 0.33 cm in width.

Normal visible colon wall layers were present with semi formed feces in lumen. The visible colon measured 0.1 cm wall width.

### **Pancreas**

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

### **Free Abdomen**

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

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary**

- Normal visible colon wall with semi formed fecal matter
- Normal gastrointestinal tract with mild non-shadowing gastric ingesta- consistent with food echogenicity
- Normal urinary bladder with mild urine sediment

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

No sonographic evidence of gastroenterocolic mural pathology as the obvious cause of the patient's clinical signs. A GI panel to include PLI/TLI/Cobalamin/Folate and Diarrhea PCR panel are recommended. Cobalamin supplementation, empirical deworming Panacur SID for 7-10 days, and dietary trial such as higher fiber diet w/d or similar or fiber supplementation in hydrolyzed diet may prove beneficial.

Urine C/S on sterile urine sample suggested if evidence of inflammatory sediment on UA.



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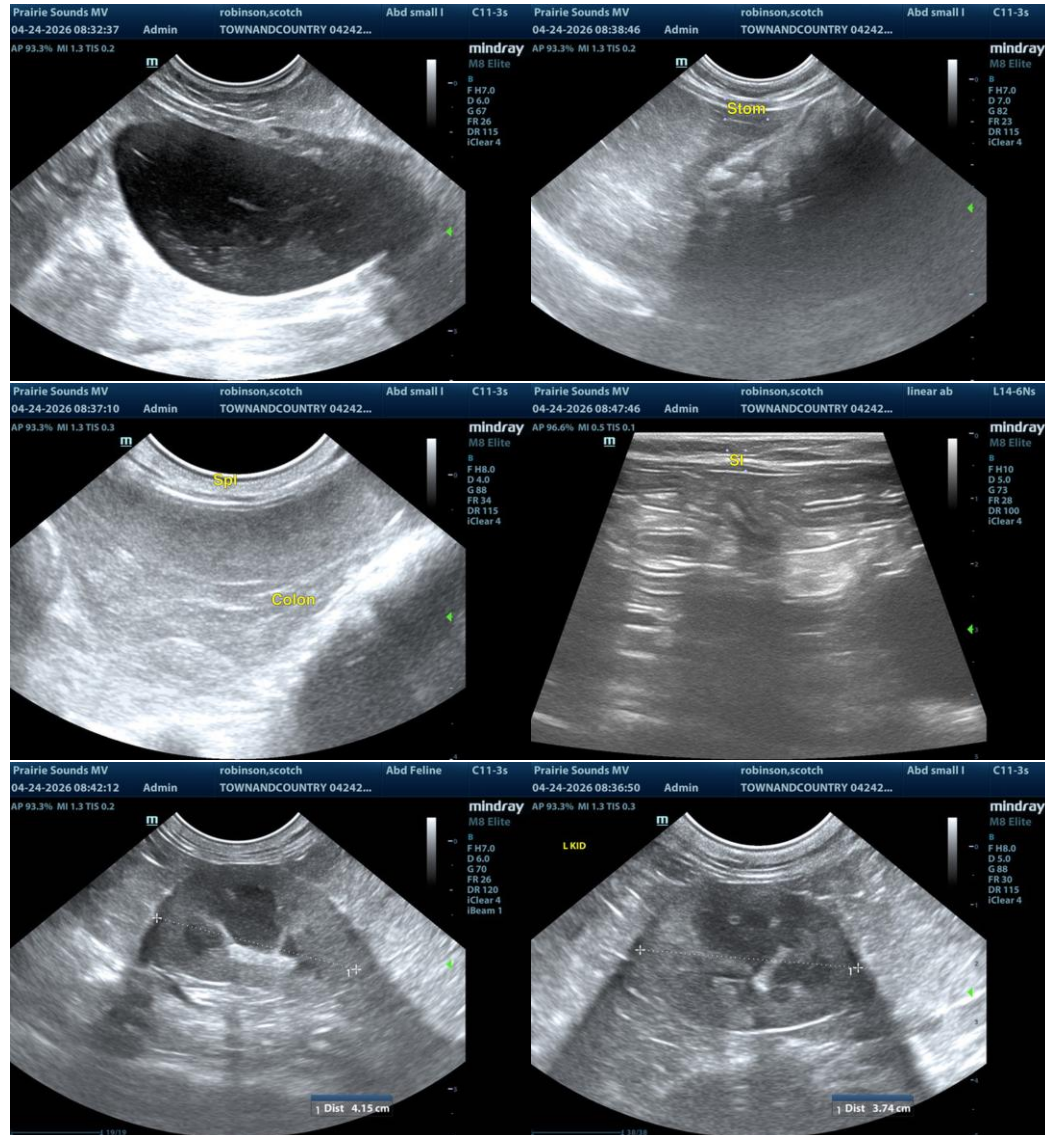
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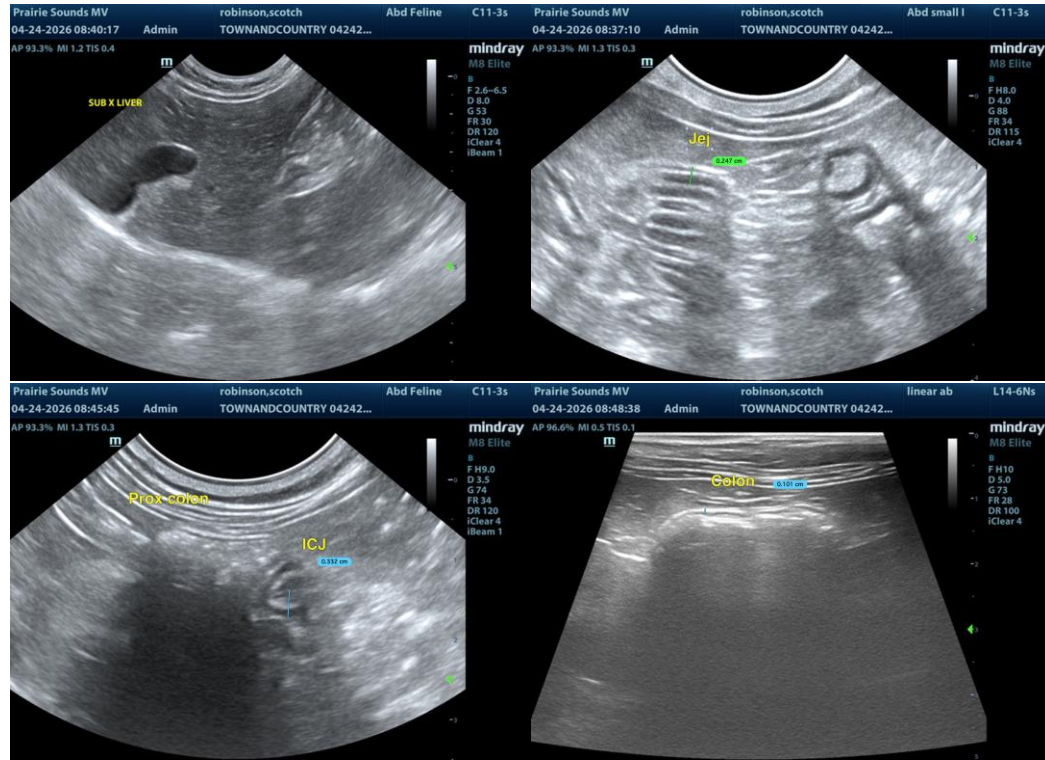
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)