**PATIENT**

Gigi Ruissen

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

1yr

WEIGHT

3.2kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr Sarah Barthelemy

HOSPITAL NAME

Petzoic Vet

REFERRING VET

Petzoic Vet

**INVOICE
24618****DATE**
04/25/2026**PRESENTING CLINICAL SIGNS**

Chronic diarrhea with blood. Otherwise clinically normal, energetic,

Non-responsive to metronidazole, probiotics and enteroaid. Currently eating Purina EN.

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 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.

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 3.3 cm in length. The right kidney measured 3.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 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

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 mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.33 cm width. The colon wall measured 0.1-0.14 cm width.



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

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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.

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Feline

Free Abdomen

BREED

No evidence of peritoneal effusion was present.

DSH

Intermittent mildly prominent to enlarged mesenteric and medial iliac 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). An example of a lymph node measured 1.5 cm x 0.67 cm.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

Primary

AGE

1yr

- Sonographically normal gastrointestinal tract / colon with soft fecal matter
- Mild mesenteric / medial iliac lymphadenopathy- consistent with benign criteria, such as reactive hyperplasia, immunologic immaturity, or possible mild lymphadenitis

WEIGHT

3.2kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending GI and diarrhea panel is recommended. Cobalamin supplementation pending assessment of cobalamin levels, empirical deworming Panacur SID x 7 to 10 days despite fecal testing and dietary trial such as higher fiber diet, WD or similar, or fiber supplementation and hydrolyzed diet with potential long-term dietary therapy may be beneficial. Continued high colony count probiotic, such as Provable/Visbiome or similar is recommended.

Sonographic monitoring or reassessment indicated if continued non-responsive gastrointestinal signs.

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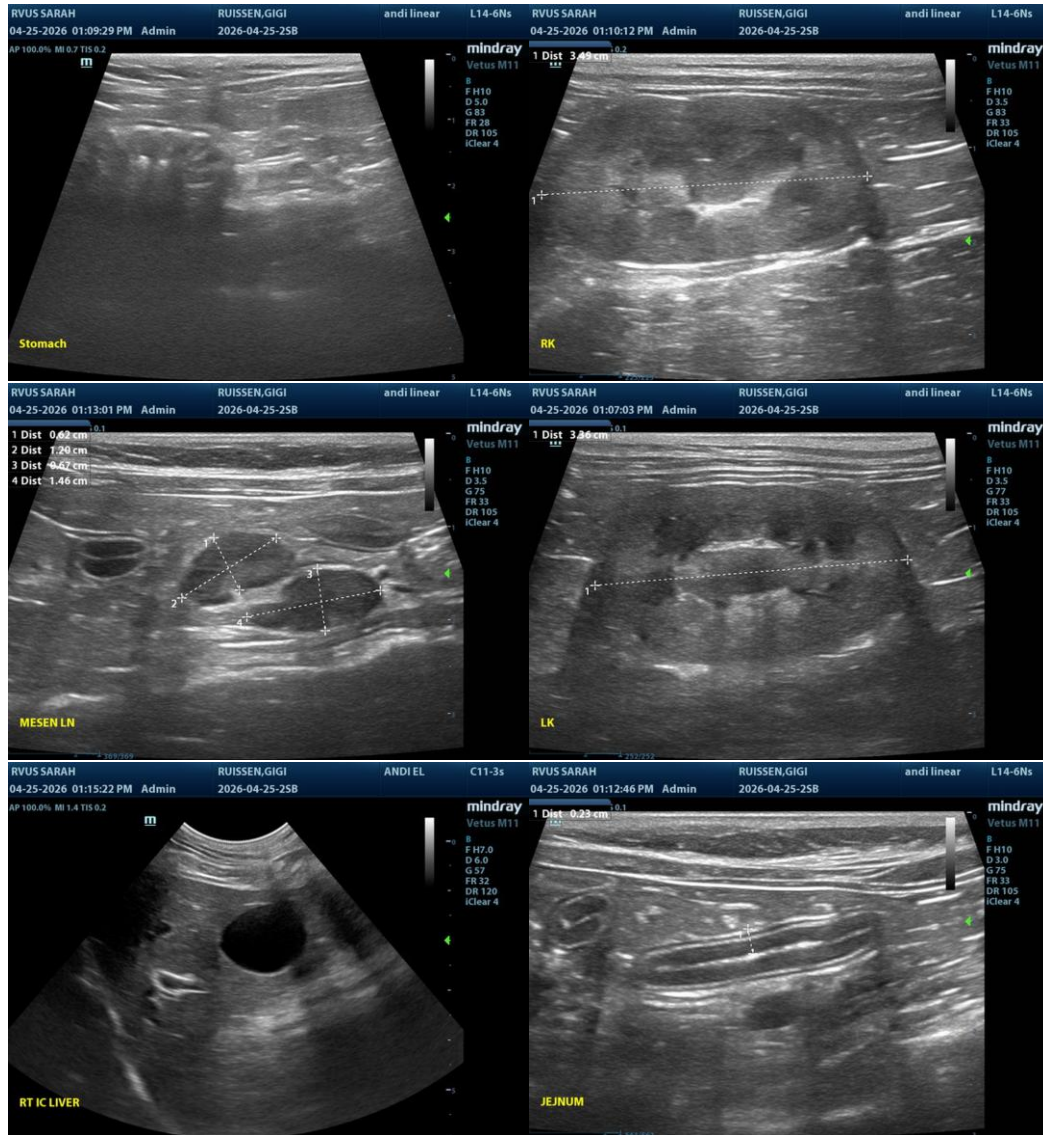
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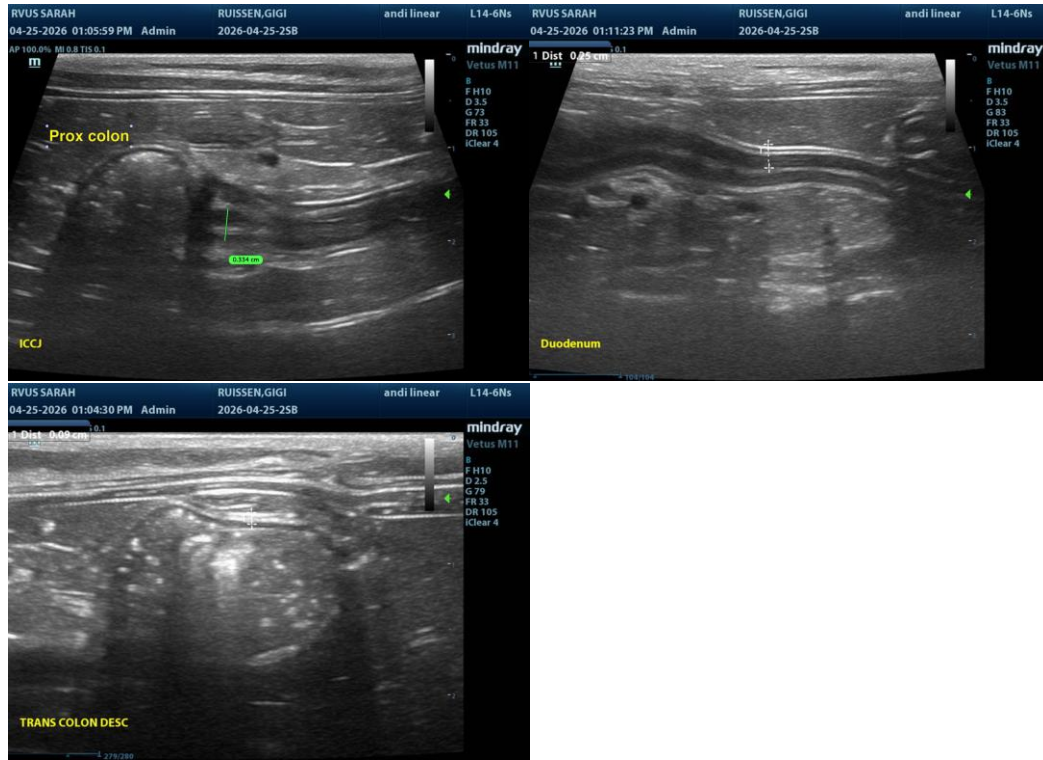
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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