



PATIENT PRESENTING CLINICAL SIGNS

Bella Marino Chronic interm D+

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES

Feline

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

BREED

DSH

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 3.6 cm in length. The right kidney measured 3.6 cm in length.

SEX

FS

AGE

11yr

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 0.49 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width.

WEIGHT

8lb

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.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Rockaway Animal Hospital

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta/chyme and lumen gas with no signs of obstruction or foreign material.

REFERRING VET

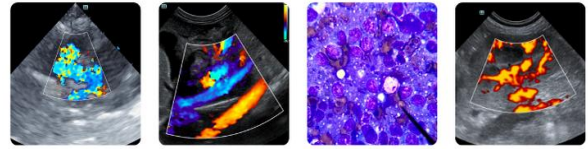
Dr Maniar

The small intestine presented intact wall layering with borderline thickened wall and subtle segmental altered wall layer ratio owing to propensity for minor prominent muscularis layer. The small intestine wall measured 0.25-0.26 cm in width.

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DATE

04/27/2026



PATIENT

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

Bella Marino

Pancreas

The left pancreas was normal in size with mild capsule asymmetry and isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No evidence of peritoneal effusion was present.

BREED

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Intermittent mildly enlarged mesenteric 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 1.2 cm x 0.42 cm.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

Primary

AGE

11yr

- Mild nonspecific enteropathy pattern
- Normal colon containing primarily semi-formed to soft fecal matter
- Possible mild chronic pancreatitis
- Intermittent mild mesenteric lymphadenopathy- suspect benign criteria i.e. mild reactive hyperplasia or lymphadenitis

WEIGHT

8lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic mild IBD or other inflammatory enteropathy in conjunction with probable benign mesenteric lymphadenopathy is favored. Dietary intolerance, infectious disease, occult parasitism, or considered less likely given reported chronic diarrhea, emerging to occult intestinal neoplasia and metastatic lymphadenopathy possible.

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. Sonographic monitoring for evidence of progressive intestinal mural changes or lymphadenopathy indicated specifically if persistent gastrointestinal signs or evidence of weight loss. Biopsies likely required for definitive diagnosis.

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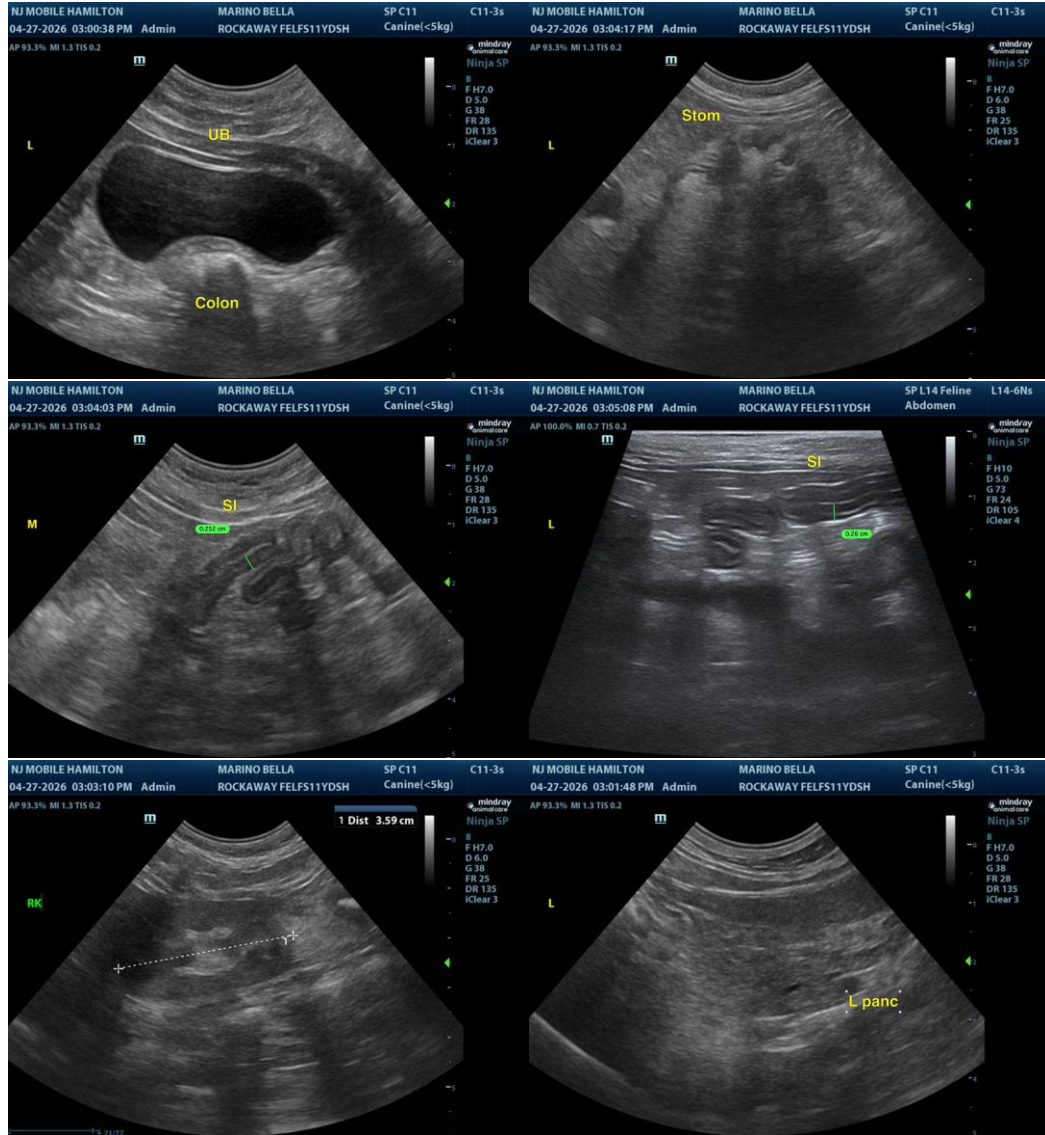
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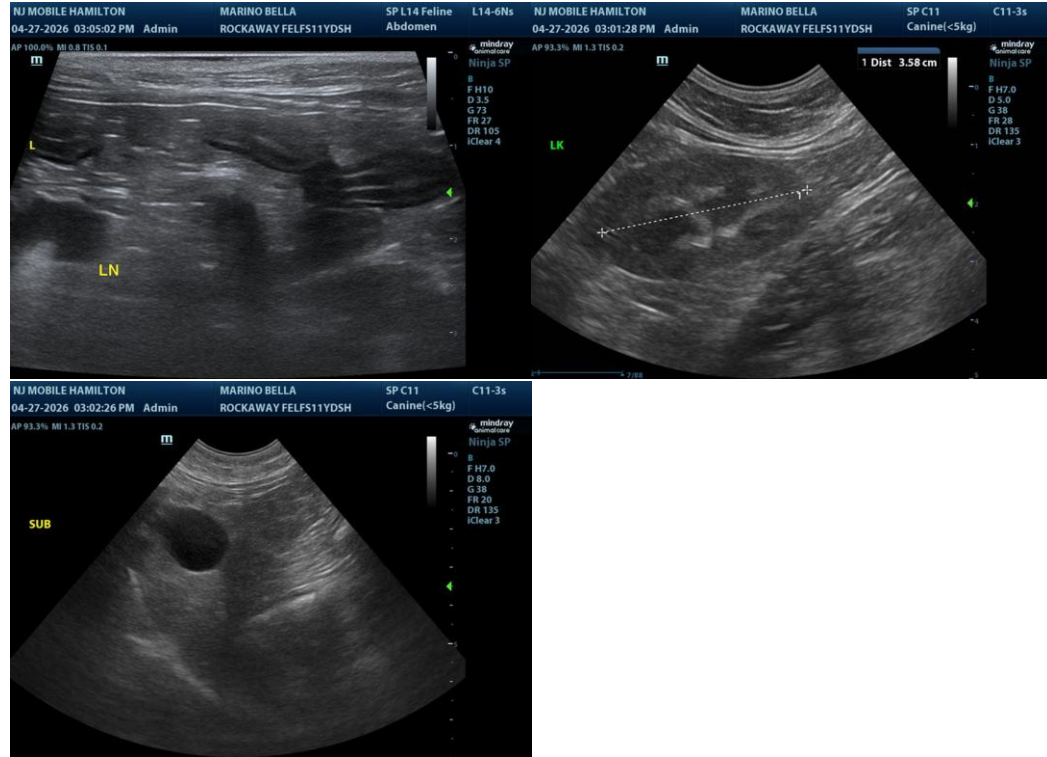
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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