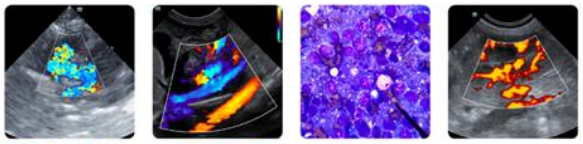


PATIENT
Kimber Miller

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
4.6yr

WEIGHT
8.09

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

IMAGING PERFORMED BY
Renee Ziegler-Post

HOSPITAL NAME
For Cats Only Veterinary Clinic

REFERRING VET
Renee Ziegler-Post

INVOICE
24666

DATE
04/28/2026

PRESENTING CLINICAL SIGNS

Constipation and elevated liver values

ULTRASONOGRAPHIC EXAMINATION OF THE THORAX

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.

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 3.4 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 0.27 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 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

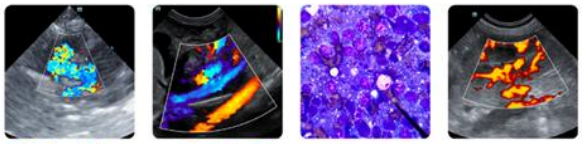
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. 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 contained mild retained pyloric fluid with no signs of obstruction or foreign material.

The small intestine presented intact wall layering with overall maintained muscularis/mucosa ratio. Segmental borderline thickened small intestinal wall with small intestine measuring up to 0.27 cm in wall width. The ileocolic wall was normal measuring 0.29 cm in wall width.

Normal visible colon wall layers were present. Possible distended colon with formed fecal matter although sonographic determination of colon distension may not be accurate.



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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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically unremarkable subjective mild distended colon containing formed fecal matter
- Intact segmental borderline thickened small intestinal wall -nonspecific
- Sonographically normal liver - consistent with benign hepatopathy
- Mild gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of visible colon mural pathology. Assuming normal clotting status and using 25ga needle, hepatic FNA cytology could be considered for further clarification primarily to assess for evidence of inflammation without overt evidence of neoplastic criteria and in conjunction with mild gallbladder debris. The segmental borderline thickened small intestinal wall is nonspecific with possible patient variant.

A GI panel to include PLI/TLI/Cobalamin/Folate may be considered to assess for non-sonographically evident intestinal or pancreatic disease, i.e. triaditis if non-reported gastrointestinal signs or if evidence of hepatic inflammation. Continued empirical therapy for constipation with hepatic support is recommended.

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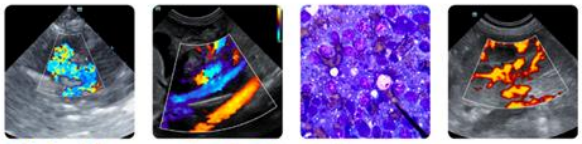

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Educational Teleconsultation Services™

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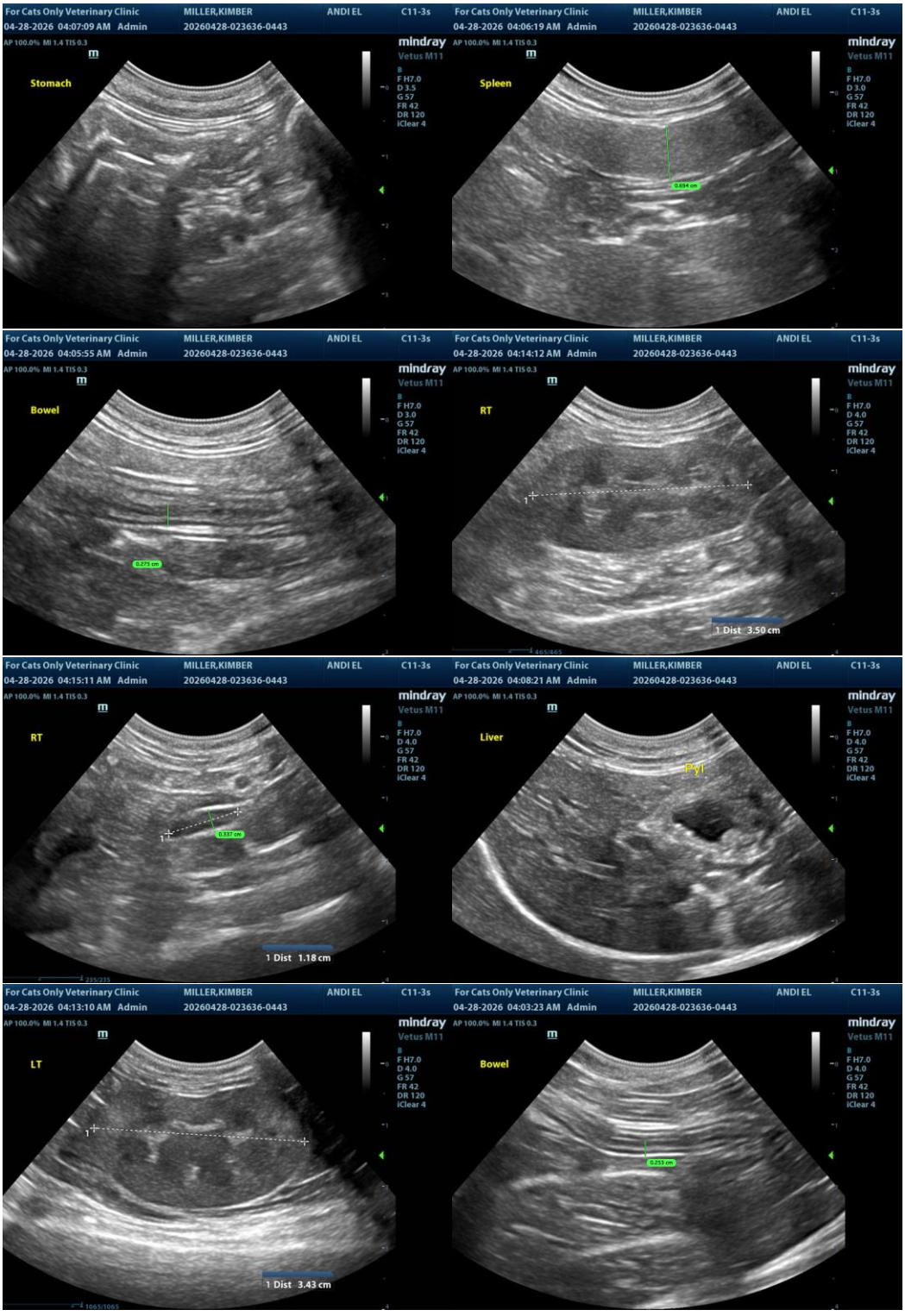

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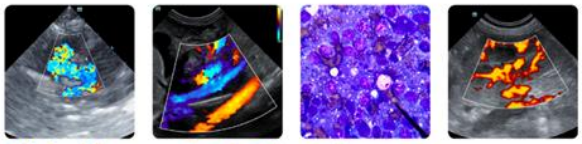

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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