



## PATIENT

Riley Shenck

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

1yr

## WEIGHT

5.48kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Melissa Randolph

## HOSPITAL NAME

Shores Veterinary  
Emergency Center

## REFERRING VET

Lisa Miller

## INVOICE

24395

## DATE

04/06/2026

## PRESENTING CLINICAL SIGNS

- 2/22: P had been vomiting for 5 days. diarrhea 3 times. hyporexia/anorexia for 5 days. prior rdvm lab work when adopted and ALP 100. P had been on denosyl for 30 days. 10/28/25 recheck ALP 77. no recheck blood work since 10/2025. 9/2025 felv/fiv negative. 2/22/26 Fever 103. P was admitted for supportive care and abdominal ultrasound done. P discharged on 2/23 with fortiflora, emeprev, and panacur.
- 2/27: P recheck for continued diarrhea and anorexia. P given sq fluids, cerenia injection. rx'd proviable capsule. sent home with i/d can diet. recommended to have follow up ultrasound.
- 4/6: P has been eating well and less diarrhea. P had diarrhea on 3/29 and 4/5. P will not eat the i/d diet. owner did do a food change from fancy feast kitten food to the c/d dry diet and also was offering proplan urinary can food. P weight has remained steady 2/22 was 5.33 kg, 2/23 5.5 kg, 2/27 5.2 kg, today 4/6 5.48 kg.
- concern for colitis, enteritis, infiltrative gi disease, other; follow up from prior imaging

Abnormal PE/Chem/CBC/UA Results: PE: gassy on abdominal palpation, otherwise unremarkable 9/2025: ALP 100; 10/28/25: ALP 77 2/22/26: CBC: Normal; Chemistry: Phos 6.3 sl H, TP 5.5 L, Glob 2.7 sl dec; EPOC: Normal; fPL: 2.4 Normal rads: Stomach small but contains some fluid. Small intestines appears to have bunched focal segment caudal to mid abdomen. Fluid filled SI ventrally on lateral view. Gas and small stools in descending colon, soft stool/increased admixed gas in proximal colon. Concern for intestinal FB or linear FB. 2/22 abd aus: minor intestinal thickening/enteritis pattern with reactive lymphadenopathy (case # 73172) 2/27/26: pcv 48% TS 6.4 g/dL; epoc: glucose 79, other values WNL; glucose (alphatrak): 117 mg/dL; afast: no effusion 3/3/26 rdvm fecal O &P: negative

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

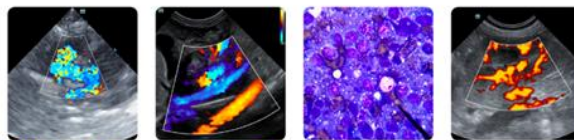
### Urinary System

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

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

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The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

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**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.

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**Liver/Gallbladder****SEX**

MN

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.

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**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.

**WEIGHT**

5.48kg

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 0.24 cm width. The jejunum wall measured 0.21 cm width.

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Normal visible colon wall layers were present with current formed to semi formed feces in lumen.

**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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**Free Abdomen**

No visualized overt lymphadenopathy or peritoneal effusion was present.

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Regional mild non-uniform hyperechoic omentum medial to the spleen in the area of the left pancreas.

**ULTRASONOGRAPHIC FINDINGS****Primary**

- Sonographically unremarkable gastrointestinal tract with formed to semi formed fecal matter in colon
- Sonographically unremarkable pancreas
- Mild non-uniform hyperechoic omentum/ steatitis, area of left pancreatic limb
- Sonographically normal liver/ gallbladder

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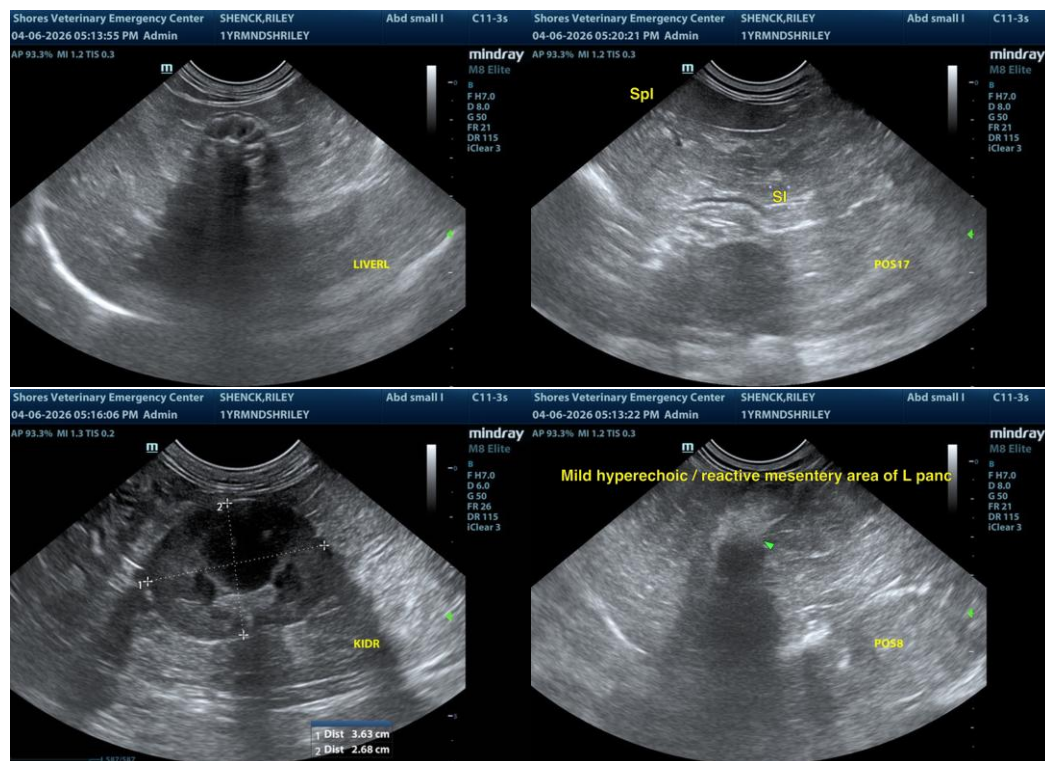
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of gastroenterocolic mural pathology, obstructive pattern or foreign material. The mild non-uniform hyperechoic omentum in the area of the left pancreas is non-specific yet may suggest mild resolving reactive omental changes or steatitis potentially associated with resolving pancreatitis. A GI panel to include PLI/TLI/Cobalamin/Folate and Diarrhea PCR panel are recommended.

Empirically dietary trial, which may include hydrolyzed diet with fiber supplementation or higher fiber diet, cobalamin supplementation pending assessment of cobalamin level, Panacur SID x 7-10 days despite fecal testing and high colony count probiotics (Proviale) may prove beneficial.





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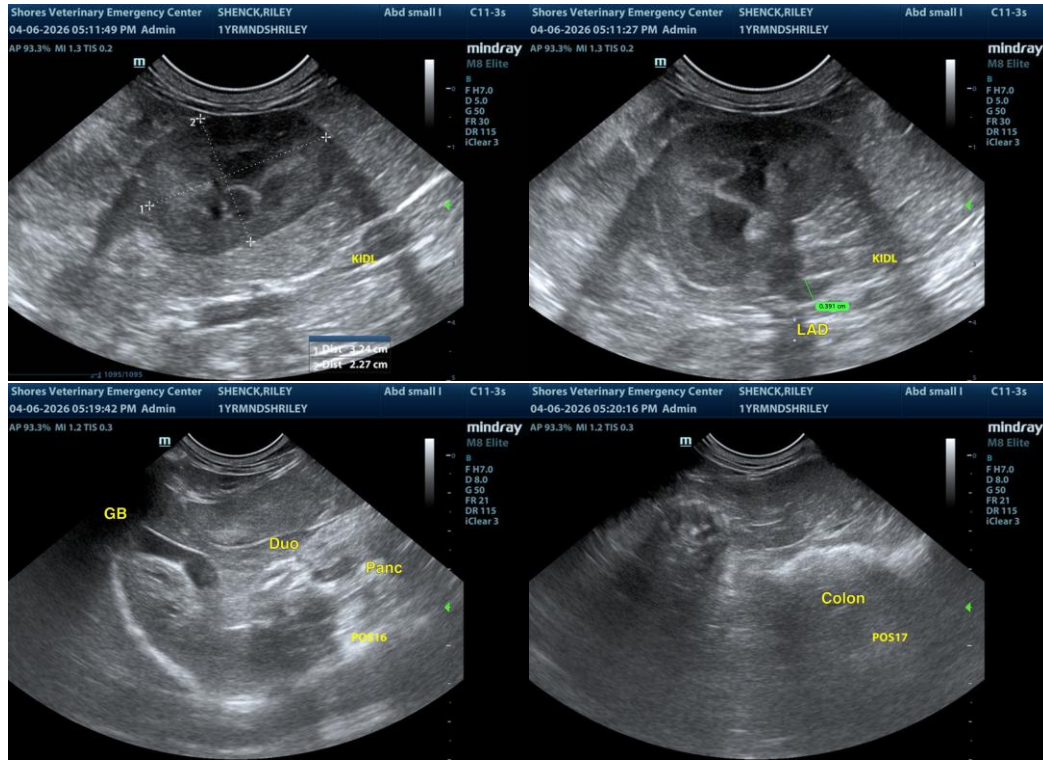
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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