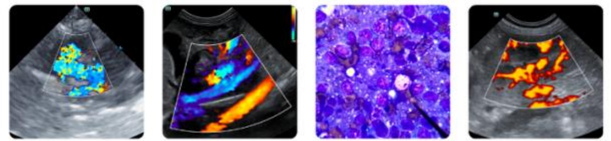


PATIENT
Scram Moran

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
4 Years 2 Months

WEIGHT
5.13 kg

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

IMAGING PERFORMED BY
Patti Mayfield, DVM

HOSPITAL NAME
Sunriver Veterinary Clinic

REFERRING VET
Emily Kent, DVM

INVOICE
16282

DATE
05/15/26

PRESENTING CLINICAL SIGNS

Chronic intermittent diarrhea and hematochezia for the last year. Recurrent symptoms on different diets. The last flare occurred last week and included vomiting daily x 1 week. Patient is indoor only. No s/c.

Abnormal PE/Chem/CBC/UA Results: Abdominal radiograph review at ER on 2/19/26: The thickened appearance of the stomach wall may be associated with an incidental fluid gas interface; however, a true intestinal wall thickening secondary to inflammatory bowel disease or an infiltrative neoplasm cannot be ruled out. - CBC performed 3/5/26: EOS 2.6, BAS 0.274 remainder WNL (RBC 9.11, HCT 42.7, HGB 13.4, WBC 14.4, NEU 7.2, LYM 3.84, PLT 299,000) - Chemistry performed 3/5/26: GLOB 2.6, ALT 16, Chol 86, remainder WNL (GLU 84, SDMA 13, CRE 1.5, Phos 4.2, Ca 8.7, Na 154, Cl 120, AST 23, ALP 24, GGT <1, TBIL 0.1, CK 102) - UA performed 3/5/26: USG 1.057, pH 6.5, Neg GLU, Trace Ket, Negative Bilirubin, 1+ammonium phosphate crystals, neg bacteria, 2+ protein UPC ratio: 0.1 - T4 performed 3/5/26: 0.9 - FeLV/FIV/HWT: Negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal size and margination was 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 4.3 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width.

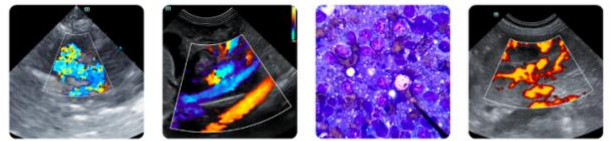
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width.

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. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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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 contained echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material. No evidence of obstruction to the pyloric outflow.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Segmental mild nonshadowing ingesta/chyme to the level of the colon. The small intestine wall measured up to 0.32 cm wall width. The ileocolic wall measured 0.41 cm wall width.

Normal visible nonthickened colon wall layers were present with semi formed to possible soft fecal matter 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.

Free Abdomen

No visualized significant or swollen mesenteric lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- IBD intestinal pattern with nonshadowing intestinal ingesta- consistent with food/chyme.
- Normal pancreas.
- Sonographically normal colon with semi formed/soft fecal matter.

Secondary Findings

- Mild urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild potential for emerging to low-grade intestinal round cell neoplasia such as lymphoma which may present in a similar sonographic manner, is not definitively excluded yet thought less likely.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Concurrent fresh fecal analysis +/- diarrhea PCR is suggested. Dietary trial, cobalamin supplementation, empirical deworming if clinically applicable, and high colony count probiotic with empirical IBD protocol may be considered as empirical therapy. A definitive diagnosis would require intestinal biopsies for histopathology.

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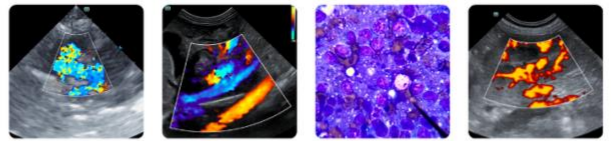

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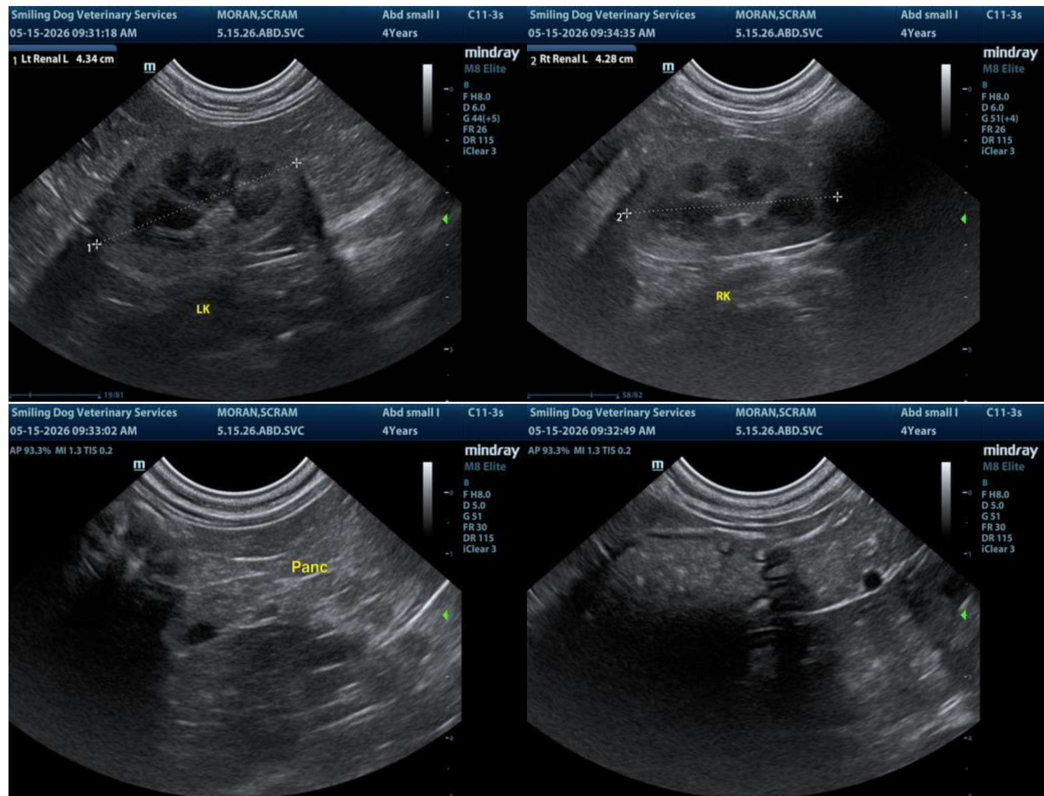

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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