



PATIENT

Aurora Fix

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

4 Years 7 Months

WEIGHT

11.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Veterinary
Clinic

REFERRING VET

Dr. Erin Rothrock

INVOICE

16761

DATE

06/17/26

PRESENTING CLINICAL SIGNS

Patient has a history of intermittent soft stool and then straining to defecate, sometimes owner notices streak of blood in the stool. Now patient is vomiting more frequently (almost daily).

Abnormal PE/Chem/CBC/UA Results: bloodwork unremarkable in 2025

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change 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 3.8 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The adrenal glands are overtly normal in size, position and shape. The left adrenal gland measured 0.35 cm width. The right adrenal gland measured 0.38 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

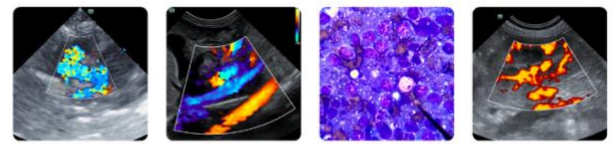
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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 overall intact borderline to mild variable thickened wall and mild altered wall layer ratio. Propensity for mild to variably thickened muscularis layer. Mild duodenal corrugation. The duodenum wall measured 0.32 cm wall width. The jejunum wall measured 0.27 cm to 0.30 cm wall width. Generalized empty intestinal lumen without evidence of mechanical/metabolic ileus to the level of the colon.



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The visualized colon exhibited overtly normal wall, non-distended size containing formed fecal matter.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No obvious visualized significant omental lymphadenopathy or peritoneal effusion was present.

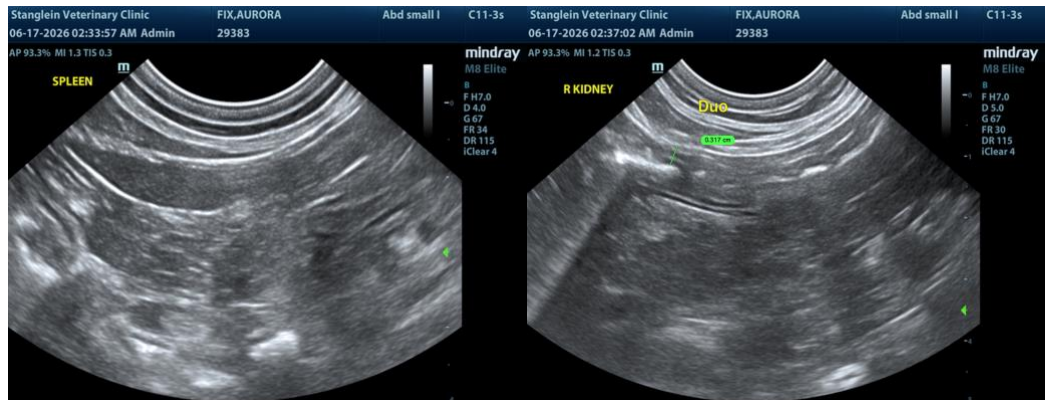
ULTRASONOGRAPHIC FINDINGS

- Normal empty stomach
- Normal nondistended visualized colon.
- Nonspecific enteropathy exhibiting overall intact mild to variably thickened wall, mild duodenal corrugation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No visible colon mural pathology although mural pathology obscured by fecal matter or non-visible colon at the level of the colorectum and pelvic inlet are not definitively excluded. The small intestine exhibited overall mild mural changes which although non-specific with possible patient variant, may suggest inflammatory disease, i.e. IBD or other inflammatory enteropathy with emerging to occult round cell neoplasia such as lymphoma thought less likely.

Fresh fecal analysis and screening GI panel to include PLI, TLI, cobalamin and folate are recommended. Gastrointestinal support which may include dietary trial, high colony count probiotics such as Provable, empirical cobalamin supplementation pending assessment of cobalamin level and supportive care for non-obvious colitis with clinical monitoring would be reasonable. Sonographic reassessment if persistent gastrointestinal signs or weight loss. Sedated rectal palpation may be considered if not done.





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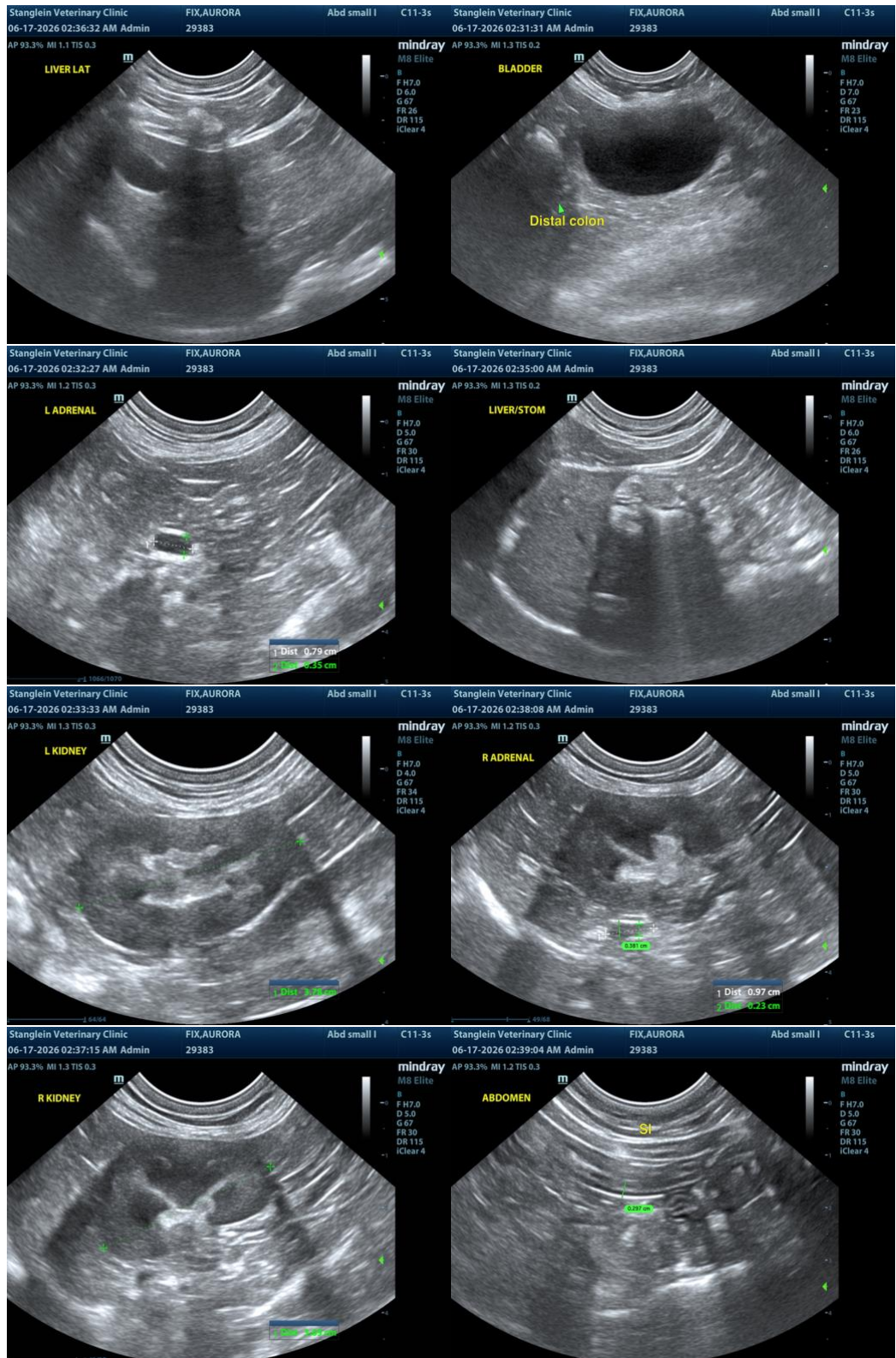
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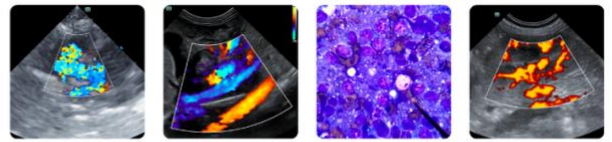
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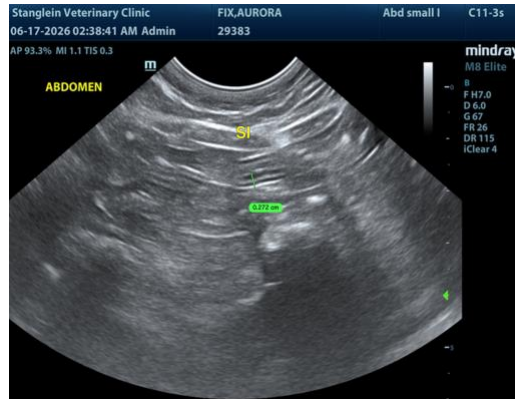
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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