PATIENT

Mew Roundtree

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10yr

WEIGHT

6.9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS, Certified Veterinary Sonographer (IVUSS)

HOSPITAL NAME

East Boston Animal Hospital

REFERRING VET

Raman Chopra, DVM

INVOICE
24861

DATE
05/18/2026

PRESENTING CLINICAL SIGNS

Chronic weight loss; loose stool. Had been 10.7 lb, then Dec 2025 8.7 lb, now 6.9 lb. Appetite OK. No medications currently.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 mild non-dependent particulate sediment. 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 3.5 cm in length. The right kidney measured 3.8 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 0.41 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width at the caudal pole.

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 was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with primarily maintained muscularis/mucosa ratio. Propensity for mildly thickened submucosal layer, wall thickening most notable in the jejunum. The duodenum wall measured 0.29 cm width. The jejunum wall measured 0.27 cm width. The ileocolic wall measured 0.38 cm width.

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The colon walls presented intact yet thickened wall layering. Primarily empty colon lumen with mild soft fecal matter. The descending colon measured 0.33 cm in wall width.

Pancreas

The left pancreas was normal in size with mild capsule asymmetry and isoechoic heterogeneous mildly remodeled parenchyma compared to adjacent non-reactive omentum.

Free Abdomen

No evidence of peritoneal effusion was present.

Intermittent minor prominent to enlarged colic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

ULTRASONOGRAPHIC FINDINGS

Primary

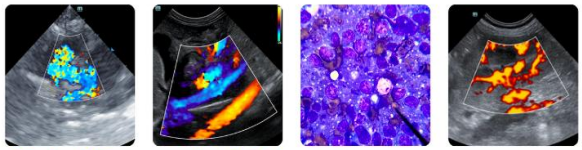
- Chronic enterocolopathy
- Suspect concurrent chronic pancreatitis
- Normal liver with mild gallbladder debris
- Mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic IBD / colitis in conjunction with suspect chronic pancreatitis and gallbladder debris may indicate chronic triaditis despite no reported hepatic enzyme elevations and given short half-life of hepatic enzymes in cats. Technically mild potential for emerging to low-grade small intestinal to enterocolic neoplasia not excluded yet thought less likely. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

Dietary trial which may include higher fiber diet W/D or similar or fiber supplementation and hydrolyzed diet, high colony count probiotics such as Proviable, cobalamin supplementation pending assessment of cobalamin level, deworming Panacur SID for 7 to 10 days if patient is indoor /outdoor and despite fecal testing, +/- empirical IBD /triaditis protocol may prove beneficial. Sonographic monitoring indicated if continued gastrointestinal signs or weight loss. Biopsies with histopathology are gold standard for definitive diagnosis.

NAVIX DIAGNOSTIX ANIMAL SERVICES



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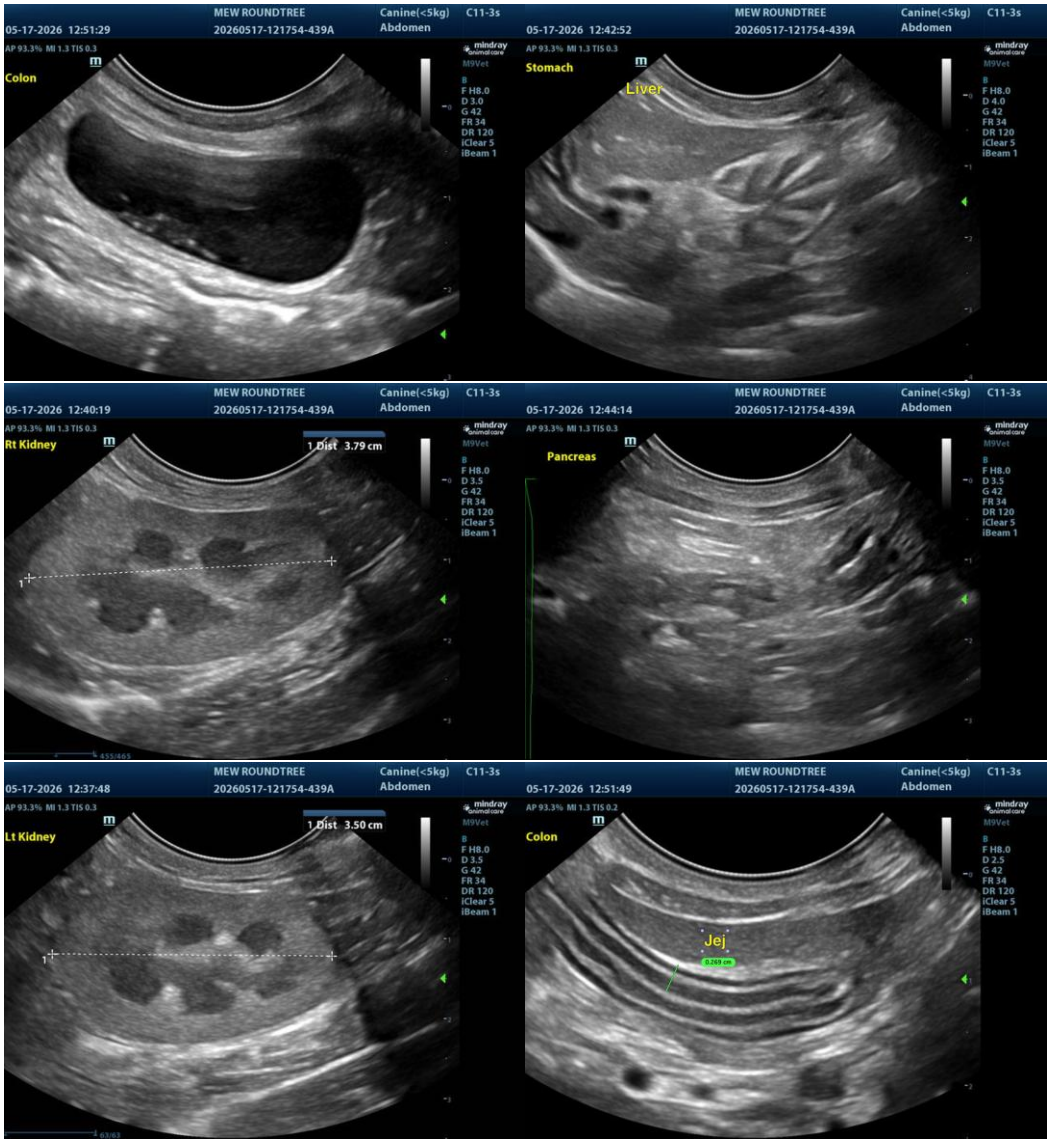

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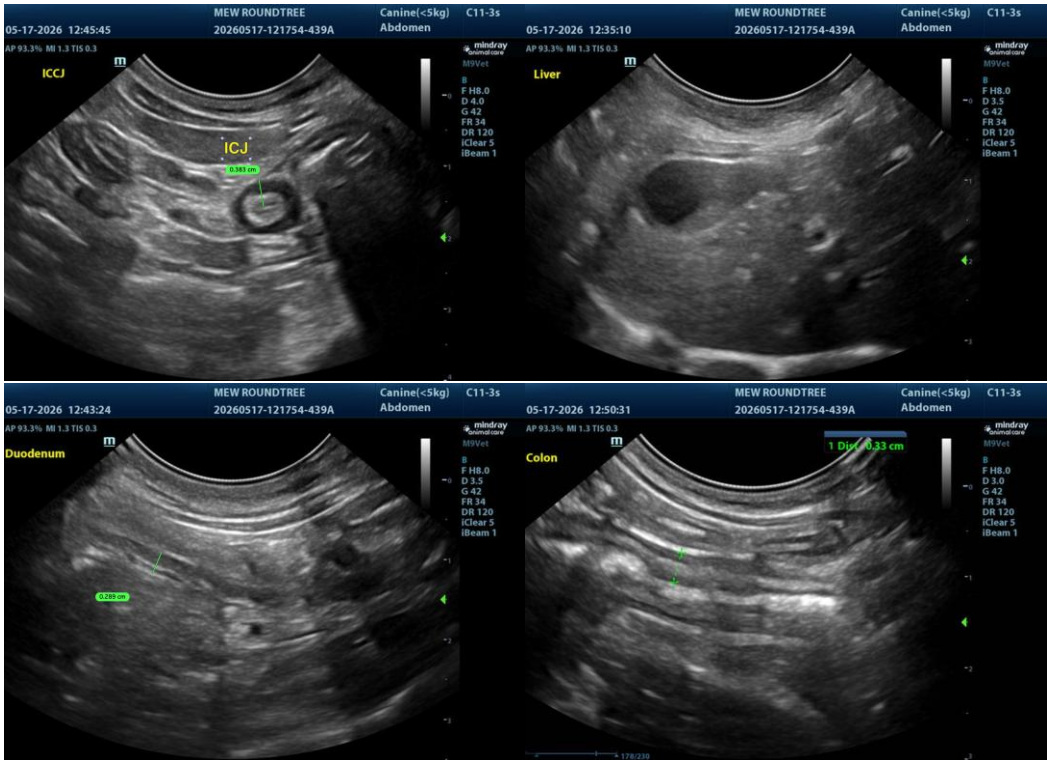

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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