



PATIENT

Patches Carroll

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12

WEIGHT

9.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brianna Gaines

HOSPITAL NAME

Health Pets Veterinary
Care - Boca North

REFERRING VET

Dr. Brianna Gaines

INVOICE

75222

DATE

5/18/26

PRESENTING CLINICAL SIGNS

P presents for vomiting and diarrhea. She has had an AUS 6 months ago and was starts on oral steroids which worsened her symptoms. She is continuing to lose weight.

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. 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 changes were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney measured 3.7 cm. Right kidney measured 3.5 cm.

Adrenal Glands

No obvious pathology in the areas of the left and right adrenal glands, although not definitively visualized.

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. The spleen measured 0.87 cm in width at the level of the mid spleen.

Liver

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 mild, non-dependent gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a mild amount of retained anechoic fluid without obstruction to the pyloric outflow. Pylorus wall measured 0.29 cm.

The small intestine presented intact wall layering exhibiting non-thickened wall and maintained wall layer ratio. Segmental non-obstructive duodenojejunal ileus noted. Jejunum wall measured 0.20 cm in width. Duodenum wall measured 0.26 cm. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.



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Pancreas

The visualized left pancreas exhibited normal size with primarily symmetrical contour and mildly hypoechoic homogeneous parenchyma compared to adjacent non-reactive omentum.

Free Abdomen

No visualized significant omental lymphadenopathy. No evidence of effusion. Normal omental echogenicity.

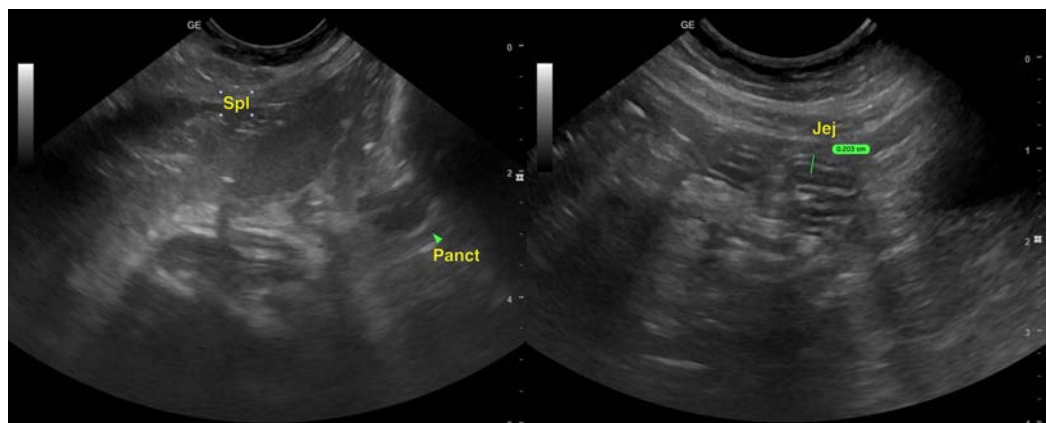
ULTRASONOGRAPHIC FINDINGS

- Overall structurally unremarkable gastrointestinal tract/colon with mild non-obstructive gastric/duodenojejunal ileus and current formed fecal matter in colon.
- Possible to suspect mild left limb chronic/chronic active pancreatitis.
- Sonographically normal liver/gallbladder with mild bile debris.
- Mild age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from suspect possible mild chronic/chronic active pancreatitis, no evidence of significant visceral (specifically gastroenterocolic or hepatobiliary) pathology. Low-grade hepatobiliary inflammation, given the gallbladder debris, as well as microscopic gastroenterocolic disease may present sonographically unremarkable. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. If current or recently discontinued steroid therapy, potential suppression of gastroenterocolic mural changes or lymphadenopathy possible. Mild Triaditis could be a consideration despite lack of hepatic enzyme elevations, given short half-life of hepatic enzymes in cats.

Empirically, gastrointestinal support, which may include cobalamin supplementation pending assessment of cobalamin level, deworming Panacur SID for 7-10 days if clinically indicated or despite fecal testing, dietary trial which may include hydrolyzed or higher fiber diet, and high colony count probiotic such as Provable may prove beneficial. Recheck sonogram if persistent or progressive gastrointestinal signs pending additional diagnostics and further supportive care.





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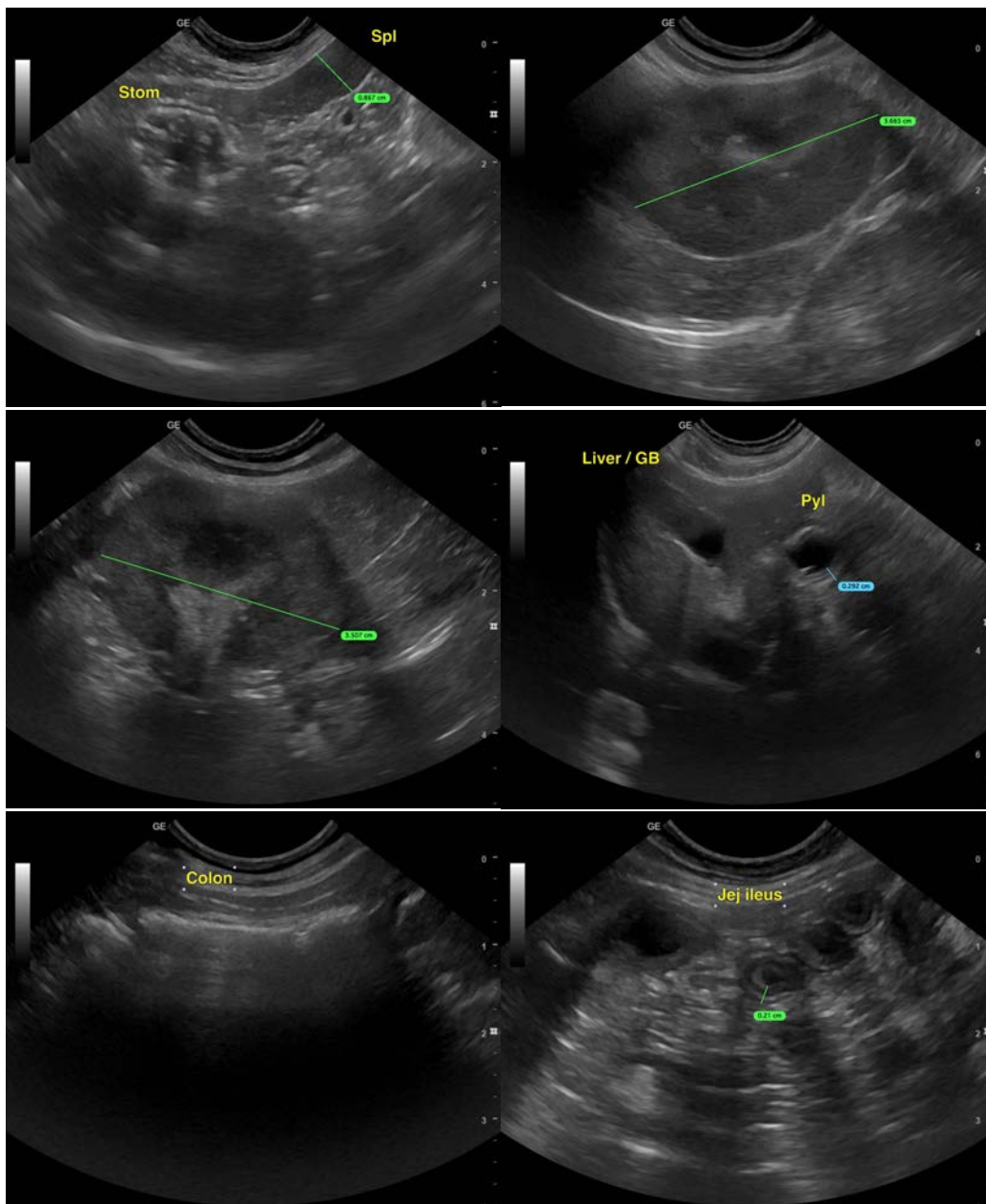
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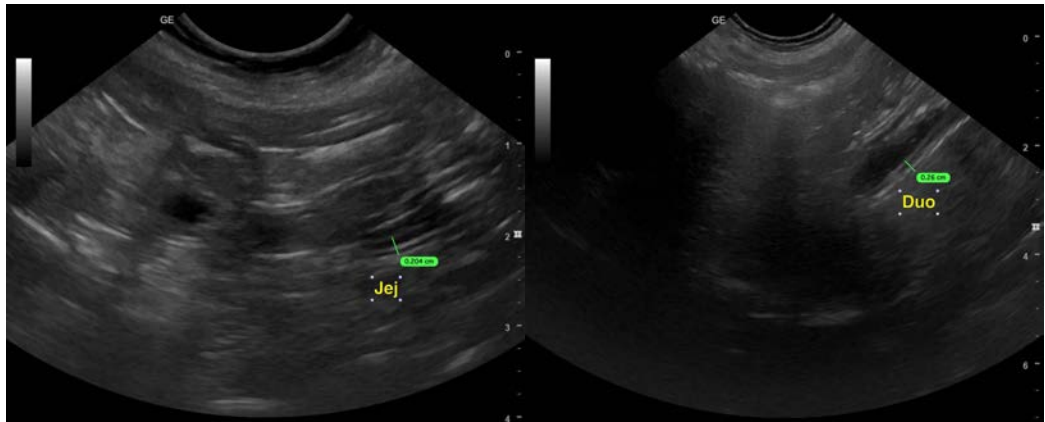
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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