



PATIENT

Dahlia Doyle

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9Y, 3M

WEIGHT

9lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Leck Veterinary
 Hospital

REFERRING VET

Dr. Doyle

INVOICE

75101

DATE

5-21-26

PRESENTING CLINICAL SIGNS

Decreased appetite about 10 days. Mild constipation noted on 5/12 responded positively to enema. Radiographs before, and after enema showed food moving through G.I. tract. Decreased appetite persisted. Stomach and Jejunum biopsies performed in 2022 showed mild lymphocytic plasmacytic infiltration. Oral steroid trial started with positive response. Transitioned to Depo Medrol injection on 5/19 due to patient compliance. Decreased appetite and hiding returned on 5/21/26.
 Abnormal PE/Chem/CBC/UA Results: Biopsy in 2022 showed lymphocytic plasmacytic infiltration in stomach and jejunum

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild particulate nondependent 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.

The area of the iliac trifurcation was free of pathology.

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 3.7 cm in length. The right kidney measured 4.2 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 0.30 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm.

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. Normal hepatic vascular volume was present. 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 contained mild to moderate variably echogenic, primarily nonshadowing to regional progressive



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shadowing ingesta without signs of obstruction to pyloric outflow or foreign material. The area of shadowing ingesta measured approximately 1.8 cm in diameter.

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 ileus, obstruction, or foreign material. The duodenum wall measured 0.25 cm. The jejunum wall measured 0.24-0.25 cm.

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

Pancreas

The left pancreas was normal in size and contour with minor nonhomogeneous hypoechoic parenchyma compared to adjacent nonreactive omentum. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

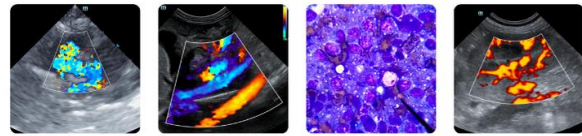
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Overall structurally unremarkable gastrointestinal tract/colon.
- Nonshadowing to regional progressively shadowing gastric ingesta.
- Possible mild left limb chronic / chronic active pancreatitis.
- Nondistended colon with formed fecal matter.
- Mild urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of gastroenterocolic mural pathology. Potential suppression of intestinal mural changes given patient's history and owing to steroid therapy possible. The gastric ingesta is likely consistent with retained food echogenicity. Mild potential for intermixed nonobstructive hairball type density in the stomach is not excluded. Correlation with most recent meal ingestion recommended given reported inappetence. 12-hour fast and sonographic monitoring of gastric emptying or persistent retained gastric ingesta indicated. No evidence of pyloric or upper intestinal obstruction. Correlation with a Spec fPL and full GI panel to include PLI/TLI/Cobalamin/Folate is suggested. Gastrointestinal support indicated pending further monitoring.



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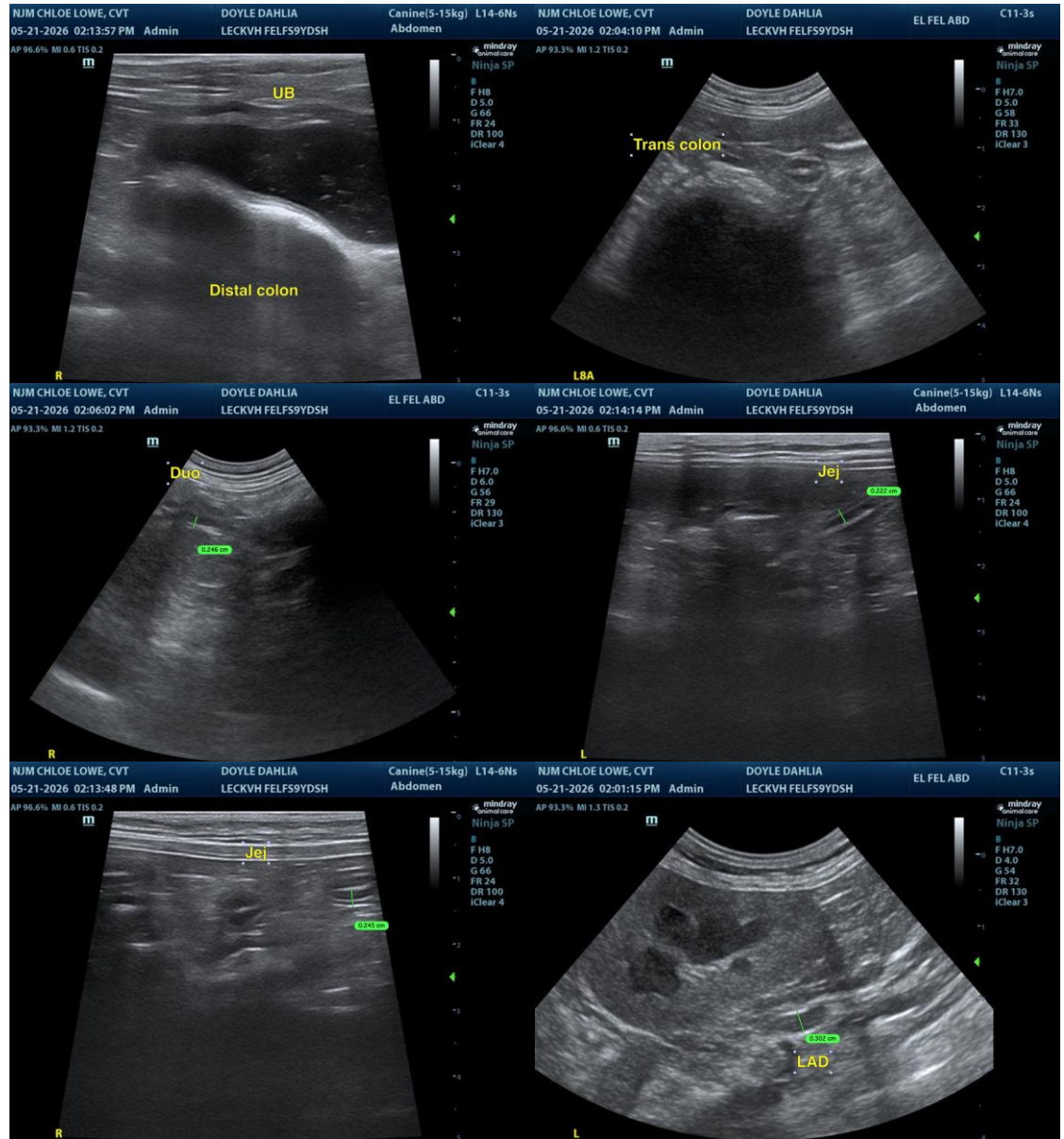
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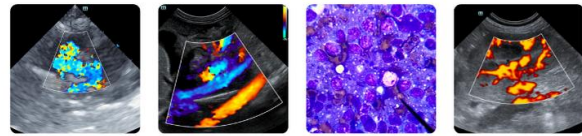
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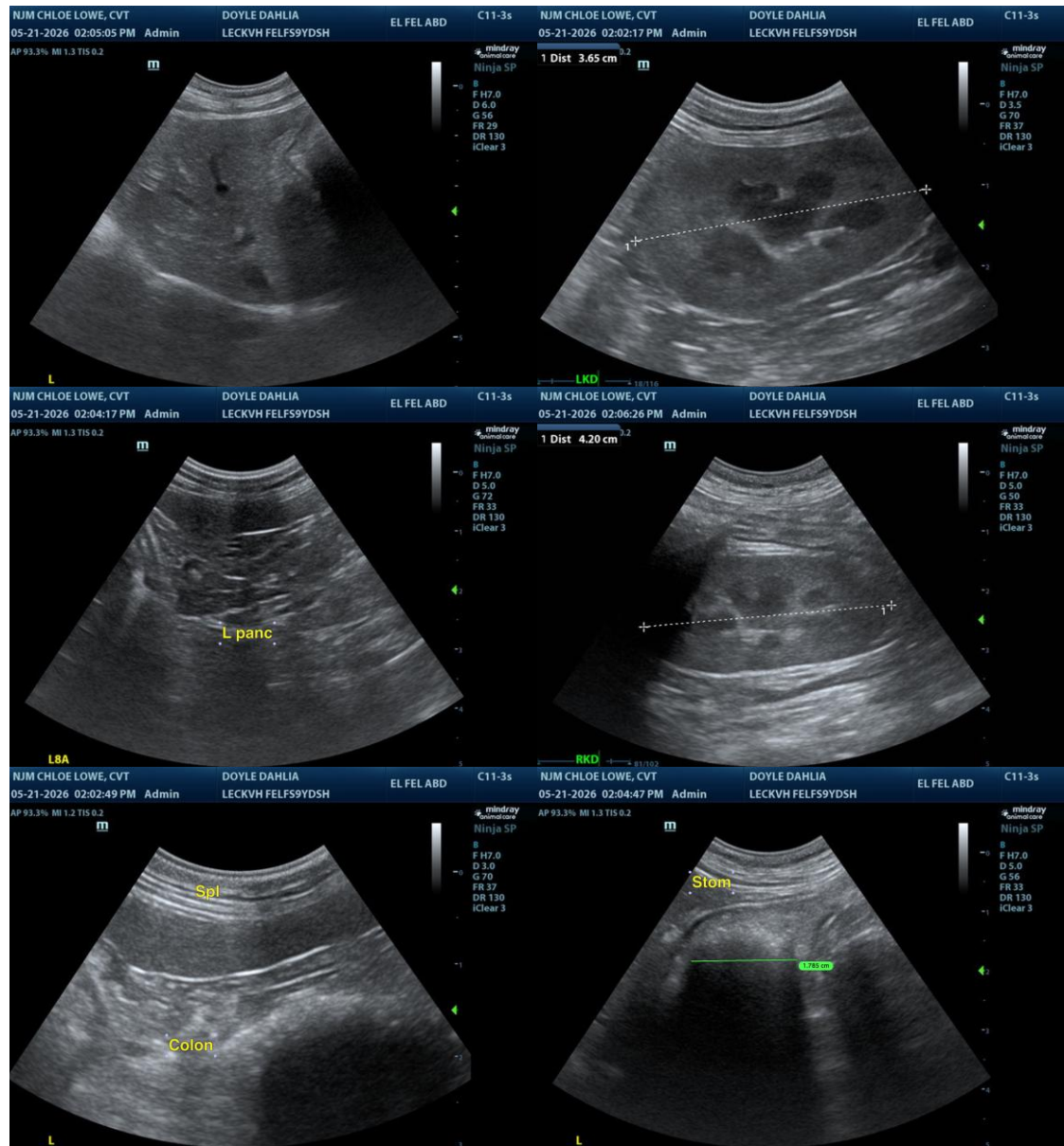
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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