



PATIENT

Rumple Garets

SPECIES

Feline

BREED

DSH

SEX

n/a

AGE

11Y, 8M

WEIGHT

10.96

INTERPRETED BY

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

IMAGING PERFORMED BY

Carter

HOSPITAL NAME

Willamette
Veterinary Hospital

REFERRING VET

Carter

INVOICE

75147

DATE

5-26-26

PRESENTING CLINICAL SIGNS

Has been eating z/d. May 7, 2026 owner reported not eating z/d dry, eating the canned ok, but having diarrhea and vomiting. In March of 2025 was seen for vomiting and several times prior to that for GI issues. In March of 2025 started z/d trial for possible IBD

Was seen Feb 2026 for vomiting, diarrhea; hematochezia (blood and mucus in stool), hyporexia. Chart notes at that visit indicate eating i/d, but z/d had been recommended in Mar 2025. Weight has been stable

Abnormal PE/Chem/CBC/UA Results: IN April; creatinine 1.7, sdma 16.5, usg 1.024, 1+ protein

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.

No evidence of pathology in the area of the aortic trifurcation.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Loss of corticomedullary distinction was also present. A lateral thinly walled cortical cyst is present within the left kidney. The left kidney measured 3.5 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.92 cm width level with the mid spleen. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

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



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The stomach presented intact mildly thickened wall. Intact wall layering was maintained and distinct. Subjective mildly thickened gastric mucosa. The stomach contained mild retained fluid without obstruction to pyloric outflow. The stomach wall measured 0.37 cm.

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 jejunum wall measured up to 0.32 cm. The ileocolic wall measured 0.42 cm.

Normal visible colon wall layers were present with semi formed fecal matter in lumen.

Pancreas

Mildly prominent nonhomogeneous to subtle hypoechoic pancreas with asymmetrical contour. 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.

No peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened hypomotile stomach.
- Intact thickened small intestinal wall.
- Semi formed fecal matter in colon.
- Mildly prominent nonhomogeneous minor hypoechoic pancreas.
- Chronic renal changes with left kidney cortical cyst.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic infiltrative enteropathy criteria is met with chronic IBD or other inflammatory enteropathy in conjunction with chronic pancreatitis suspected. Neoplastic enteropathy with round cells i.e. lymphoma may present in a similar sonographic manner and not definitively excluded.

A GI panel to include PLI/TLI/Cobalamin/Folate and Diarrhea PCR panel are recommended. Gold standard biopsies required for definitive diagnosis.

Continued hydrolyzed diet with as needed gastroprotectants and empirical IBD protocol +/- deworming if clinically indicated with as needed clinical and sonographic monitoring would be more conservative.



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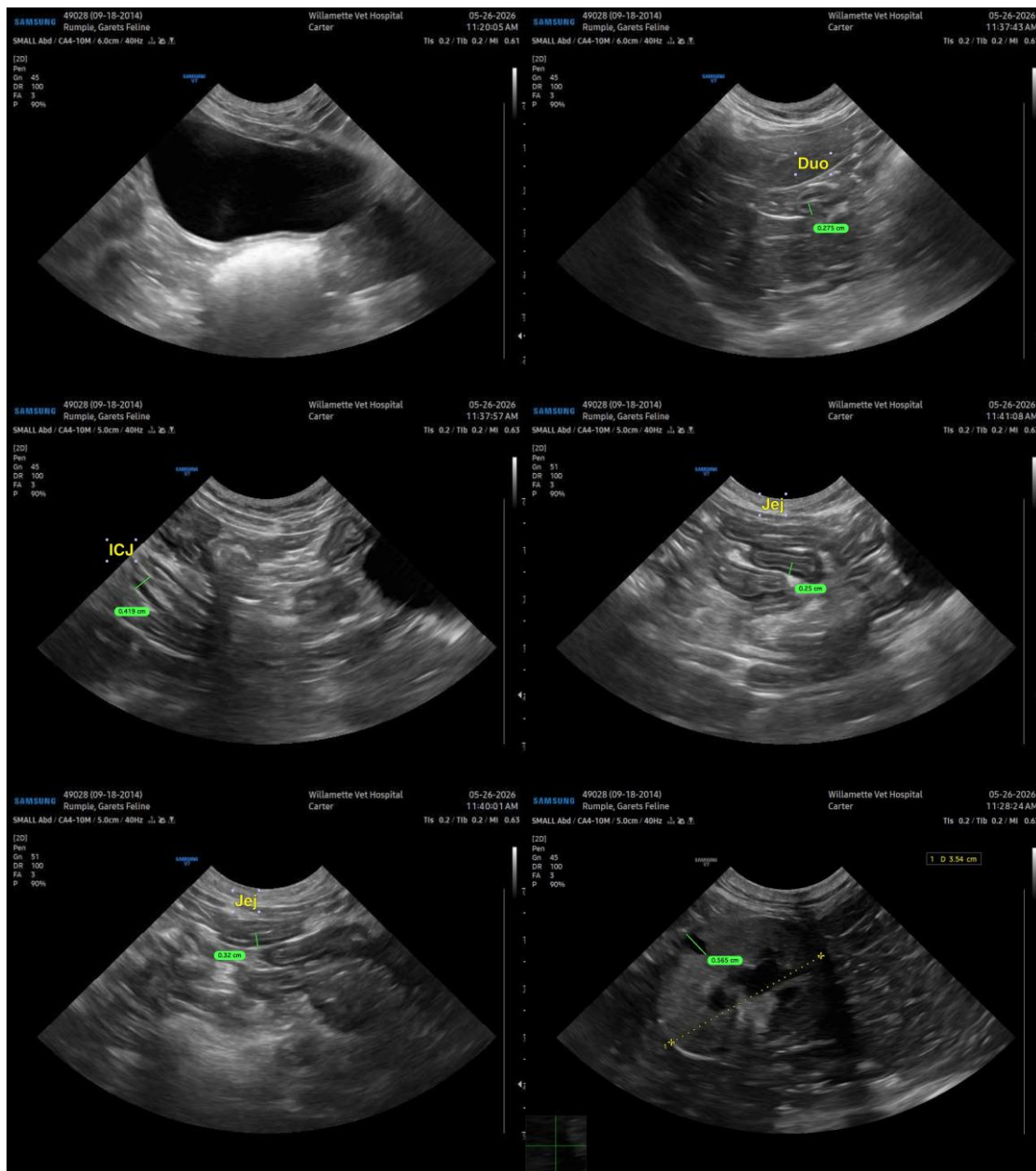
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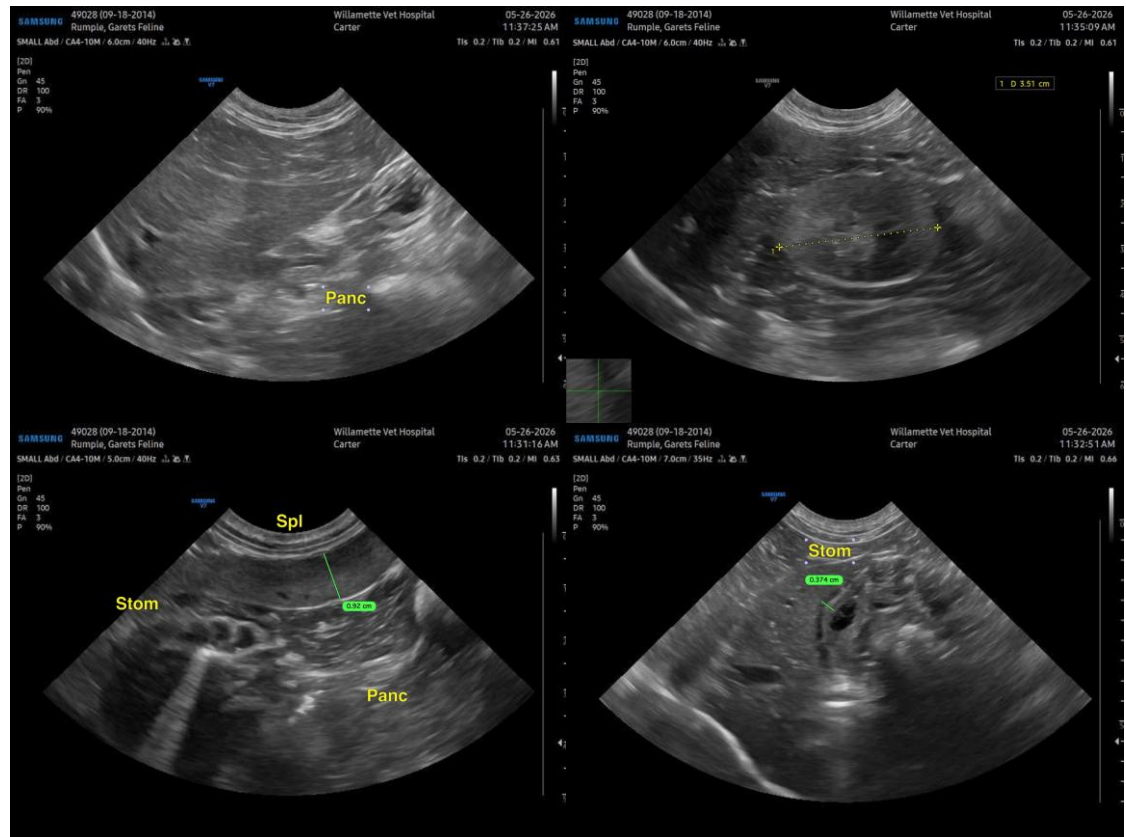
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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