



PATIENT

Ghost Uphoff

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

15Y

WEIGHT

5.9lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Christa Williams,
DVM, DABVP

HOSPITAL NAME

Caravan Vet

REFERRING VET

Christa Williams,
DVM, DABVP

INVOICE

75219

DATE

5-29-26

PRESENTING CLINICAL SIGNS

Ghost has a chronic history of vomiting and diarrhea. These symptoms have been responsive to prednisolone in the past. The cat was presented in March for severe diarrhea and crusting skin lesions on the ventral abdomen. CBC, Chem, T4, UA, Felv/FIV were unremarkable. The skin lesions were not pruritic and there was no evidence of pyoderma or ringworm. Skin biopsy was performed and was consistent with a mixed inflammatory infiltrate. The cat was started back on prednisolone (1 mg/kg q 12h) and b12 supplementation and symptoms significantly improved. She is also on Visbiome and Felanorm for stable hyperthyroidism. She is currently eating GI Fiber Response food. This week she has developed diarrhea again, so clients were willing to pursue AUS.

Abnormal PE/Chem/CBC/UA Results: Mild skin crusts remain on ventral abdomen and flanks. Skin is normal otherwise, as are mucocutaneous junctions and pads. Skin has improved 90% since starting pred. For most of her adult life, Ghost was a 10 lb cat. Her current BCS is 4/9. Rectal exam results in frank blood on glove, hematochezia and anal sacculitis have been long standing symptoms for this cat. Rectal exam otherwise normal. Clients have declined GI panel due to financial constraints.

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 was noted.

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

Normal size and margination were 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age related finding and not pathological. The left adrenal gland measured 0.33 width, and the right adrenal gland measured 0.40 width.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.7 cm width level of the mid spleen. 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.



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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 variably echogenic, nonshadowing ingesta consistent with food/chyme and without signs of obstruction or foreign material.

The small intestine presented intact wall layering with overall maintained wall layer ratio. Segmental borderline thickened jejunum wall measured 0.26 cm. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The ileocolic wall measured 0.36 cm. The duodenum wall measured 0.25 cm.

Normal visible colon wall layers were present with semi formed to soft fecal matter in the lumen. The colon wall measured 0.15 cm.

Pancreas

The left pancreas presented normal in size with mild capsule asymmetry and mild heterogeneous remodeled parenchyma. 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 sonographically unremarkable gastrointestinal tract/colon exhibiting borderline thickened jejunum wall and semi formed fecal matter in colon.
- Possible mild left limb chronic pancreatitis.
- Bilateral chronic renal changes.
- Pinpoint dystrophic adrenal mineralization – normal age variant in a cat.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Low grade to chronic possibly suppressed enterocolonopathy is probable given historical prednisolone administration. Chronic IBD or other inflammatory enterocolonopathy is probable given the positive response to previous empirical therapy. Minor potential for suppressed or low grade enterocolic round cell neoplasia i.e. lymphoma is not definitively excluded yet thought less likely. Continued cobalamin supplementation with empirical prednisolone, dietary trial, which may include hydrolyzed diet with fiber supplementation or higher fiber diet w/d or similar, continued high colony count probiotic Visbiome, and consideration for empirical deworming despite fecal testing, panacur SID for 7-10 days, is recommended. Monitoring of gastrointestinal signs and body weight indicated. Recheck sonogram is recommended if evidence of nonresponsive gastrointestinal signs or progressive weight loss.

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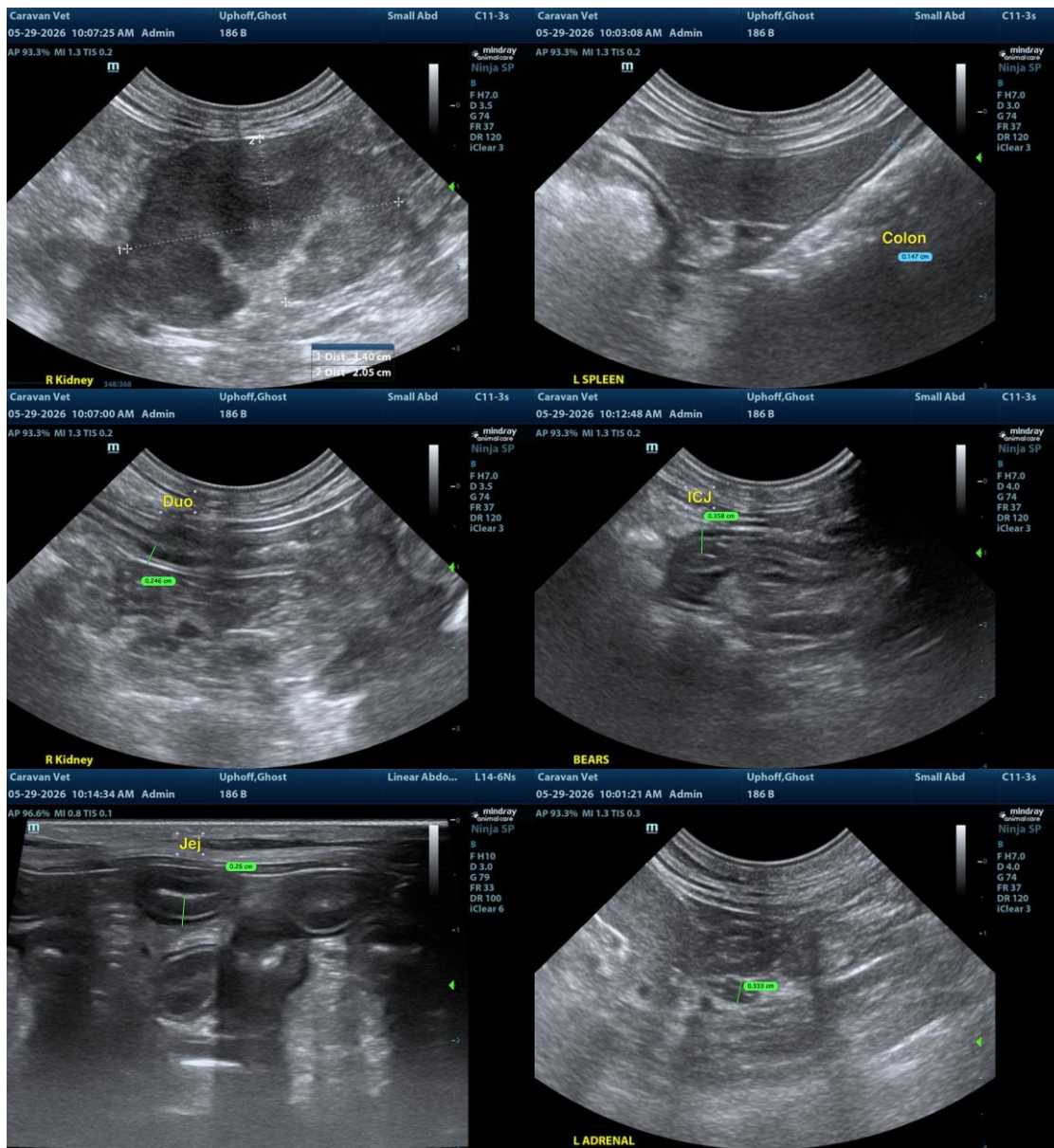
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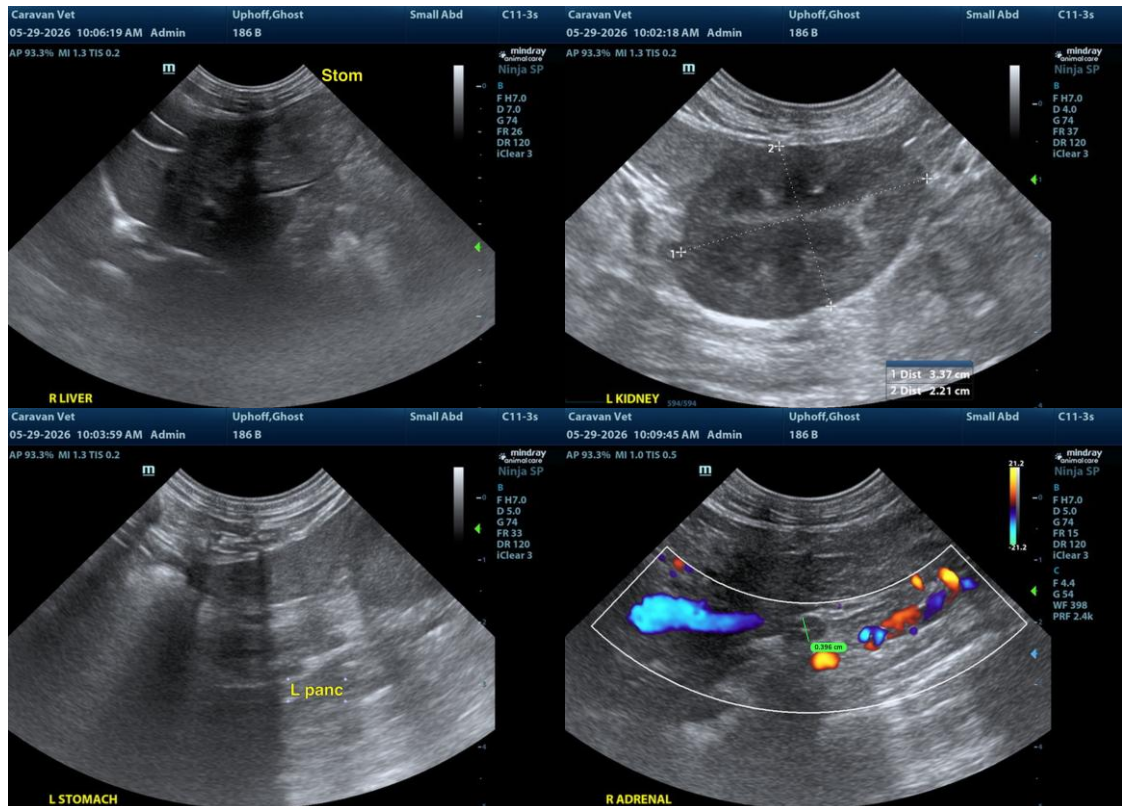
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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