



## PATIENT

Inari Gibbs

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

25 Years

## WEIGHT

4 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Dr. Michael Schacher

## HOSPITAL NAME

Emergency  
Veterinarians of Idaho  
LLC

## REFERRING VET

Dr. Juli Sorenson

## INVOICE

16578

## DATE

05/29/26

## PRESENTING CLINICAL SIGNS

Diarrhea, straining to defecate, intermittent panting at home

CBC - HCT 32%, mild stress leukogram Chemistry - BUN40, K 2.4, Cl 111 Normal chest x-rays

## 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 change were noted.

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 border demarcation was also present. The left kidney measured 3.6 cm in length. The right kidney measured 4.1 cm in length.

### Adrenal Glands

The left adrenal gland presented mildly enlarged with symmetrical contour and mild nonhomogenous nonmineralized parenchyma. The left adrenal gland measured 0.64 cm width.

The right adrenal gland was 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 0.8 cm width level of the mid spleen.

### Liver & Gallbladder

The liver presented subjective mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized nondependent biliary sludge. The proximal common bile duct was dilated and mild tortuous without overt post hepatic obstruction.

### Gastrointestinal

The stomach presented intact wall layering. The stomach contained a mild amount of retained anechoic fluid. Possible homogenous pyloroduodenal mural lesion present potentially measuring 1.1 cm in diameter.



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The intestinal walls demonstrated intact wall layers with diffuse variably thickened walls and altered 1:3 muscularis / mucosa ratio primarily owing to variably thickened muscularis layer. The small intestine wall measured 0.34 cm to 0.42 cm wall width.

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The visible colon exhibited intact mildly thickened wall containing formed to semi-formed fecal matter with subjective mild distended colon size. Colon wall measured 0.26 cm wall width.

### **Pancreas**

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The pancreas was indistinctly visualized owing to gastric fluid and omental artifact. No overt pancreatic pathology.

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### **Free Abdomen**

No visualized significant omental lymphadenopathy was present. A moderate volume of peritoneal effusion was present along with potential for ill-defined large cystic abdominal mass, potentially measuring approximately 8.0 cm in diameter.

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## ULTRASONOGRAPHIC FINDINGS

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- Mild retained gastric fluid with possible pyloroduodenal lesion.
- Diffusely thickened intact small intestine wall with concurrent mildly thickened visible colon wall, mild subjective colon distention containing formed fecal matter.
- Noncongested hepatomegaly.
- Mild gallbladder debris with nonobstructive proximal common bile duct dilation.
- Bilateral chronic renal changes.
- Left adrenomegaly.
- Echogenic peritoneal effusion versus ill-defined cystic abdominal mass.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The small intestine exhibited mural changes consistent with infiltrative enteropathy criteria. Considerations may include IBD or other inflammatory enteropathy or intestinal round cell neoplasia such as lymphoma with suspect mild colon involvement. Potential for non-visualized colon lumen or colorectal pathology as a contributing factor to the clinical signs is not excluded.

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A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Assuming normal clotting status, hepatic FNA cytology using a 25-gauge needle as well as ultrasound guided collection of effusion versus centesis in the cystic abdomen mass for fluid analysis +/- culture and sensitivity is recommended.

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Monitoring of serum potassium level +/- serum aldosterone level, if persistent hypokalemia or evidence of hypertension given left adrenomegaly is recommended. Gastrointestinal support and empirical therapy for IBD may be considered.

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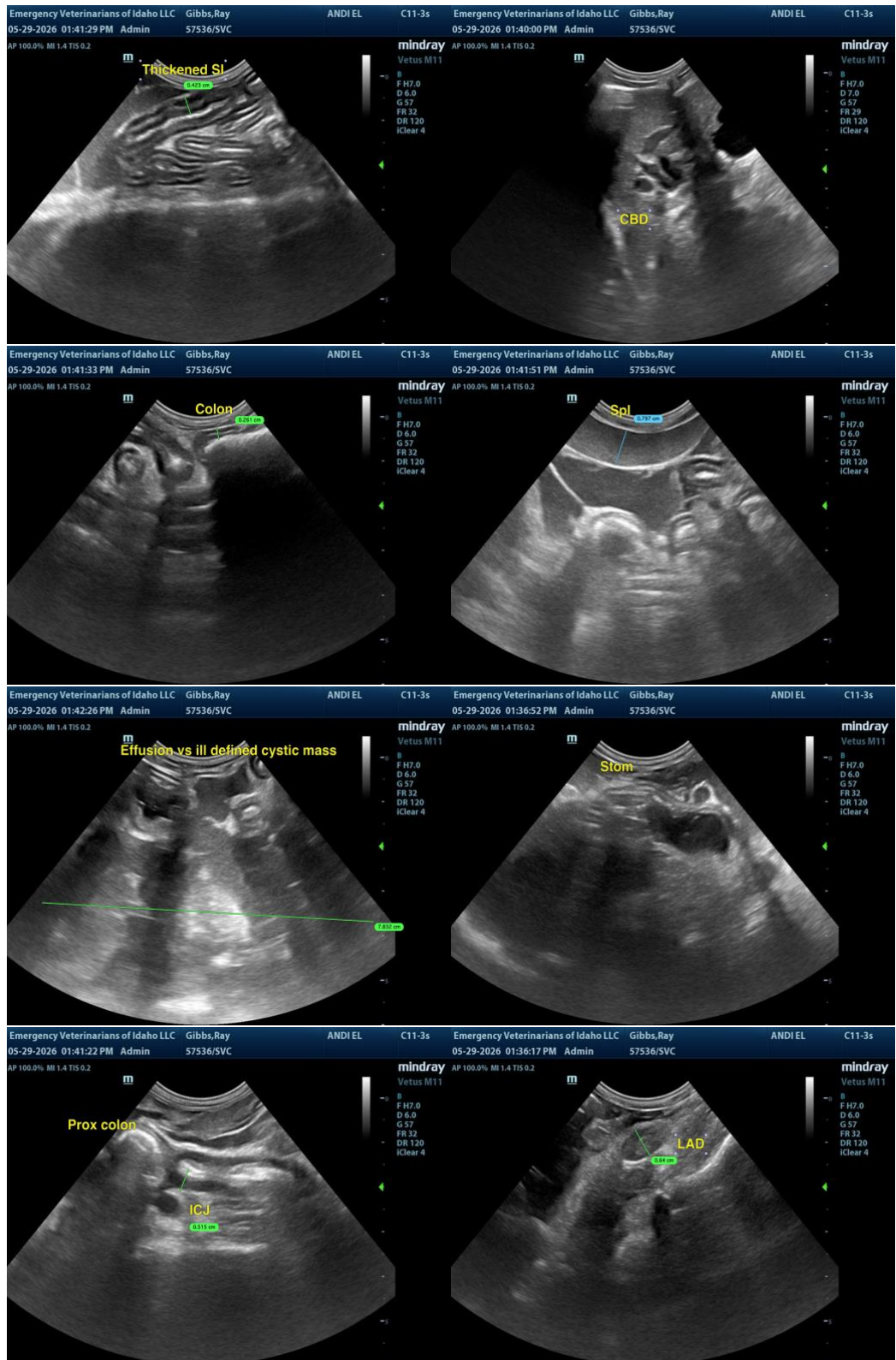
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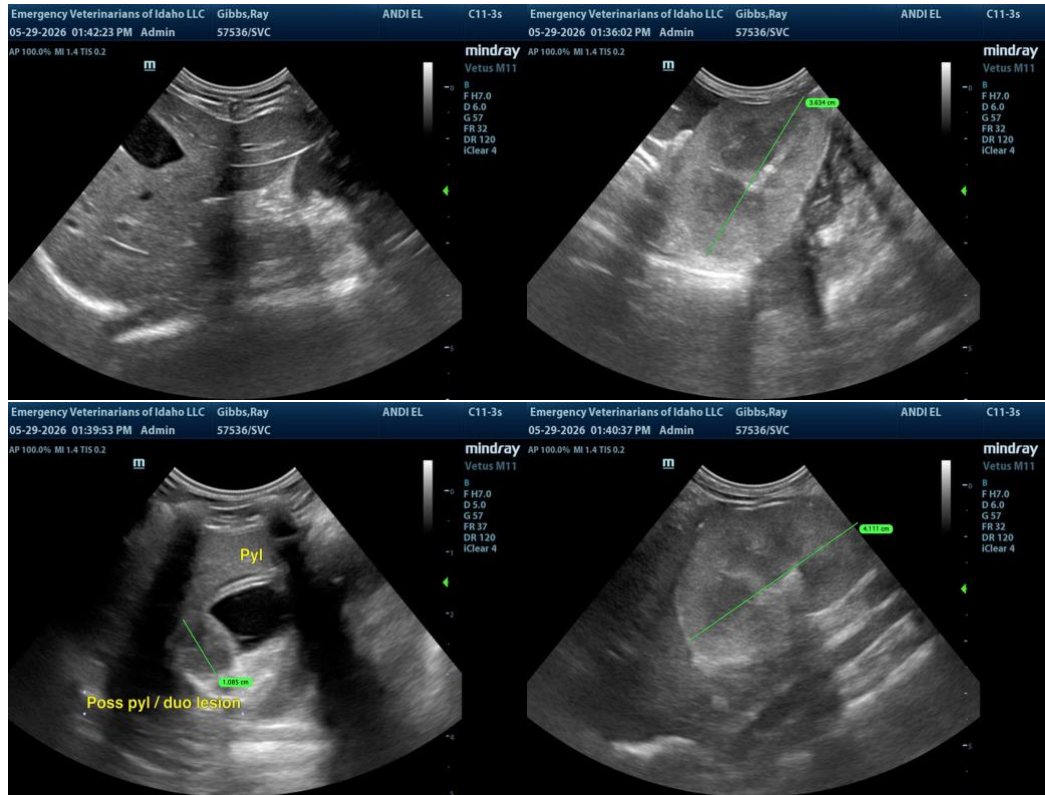
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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