



## PATIENT

Ivan Houghtaling

## SPECIES

Feline

## BREED

DSH

## SEX

Male Neutered

## AGE

5

## WEIGHT

7.5

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Christensen

## HOSPITAL NAME

Tranquility  
Veterinary Clinic

## REFERRING VET

Christensen

## INVOICE

74893

## DATE

5-6-26

## PRESENTING CLINICAL SIGNS

Rescued from a hoarding situation a few years ago. Chronic soft stool but worse lately. Has had full mouth extractions due to stomatitis. Recent weight loss, vomiting and decreased appetite. Recently started on b12 injections. See below.

Abnormal PE/Chem/CBC/UA Results: Abnormal PE/Chem/CBC/UA Results: Recent BW= Ok except for mild globulin increase and bacteriuria (culture pending). Stool= Negative. Felv/FIV= Negative. Recent Fecal Dx= Negative. PCR Diarrhea panel pending. B12 low(159) Folate high(23).

## 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. Mild nondependent particulate urinary bladder sediment was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the residual prostate appeared normal and free of pathology.

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

Both kidneys presented adequate size and mild asymmetric margination exhibiting variably echogenic to nonuniform cortex. Probable previously noted cortical infarcts. A 1:3 cortex / medulla ratio and adequate corticomedullary border demarcation. No evidence of pyelectasia. The left kidney measured 4.5 cm in length. The right kidney measured 3.8 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 0.41 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 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 proximal common bile duct was dilated and mildly tortuous without overt post hepatic obstruction.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.



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The small intestine presented overall intact wall layering exhibiting variable thickened wall width and segmental mild altered wall layer ratio owing to propensity for mildly thickened mucosa layer. The jejunum wall measured 0.27 up to 0.35 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 semi-formed fecal matter in lumen.

### *Pancreas*

The left pancreas presented normal in size with mild capsule asymmetry exhibiting minor nonhomogeneous hypoechoic to remodeled parenchyma. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

### *Free Abdomen*

Intermittent to multiple, mildly enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.6 x 0.42 cm.

Previously noted minor peritoneal effusion.

## ULTRASONOGRAPHIC FINDINGS

- Chronic enteropathy pattern with semi-formed fecal matter in colon.
- Probable chronic pancreatitis
- Nonobstructive minor common bile duct dilation.
- Mild mesenteric lymphadenopathy.
- Static bilateral renal cortical remodeling and probable cortical infarcts.
- Static minor peritoneal effusion.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic IBD or other inflammatory enteropathy in conjunction with probable chronic pancreatitis and potential triaditis is favored. The enteropathy pattern and mesenteric lymphadenopathy did not overtly suggest neoplastic criteria, which is thought less likely, yet not technically excluded. Monitoring of cobalamin levels given cobalamin supplementation indicated. Definitive diagnosis would require biopsies for histopathology.

Gastrointestinal support with consideration for empirical IBD/triaditis protocol with clinical and as needed sonographic monitoring would be reasonable.



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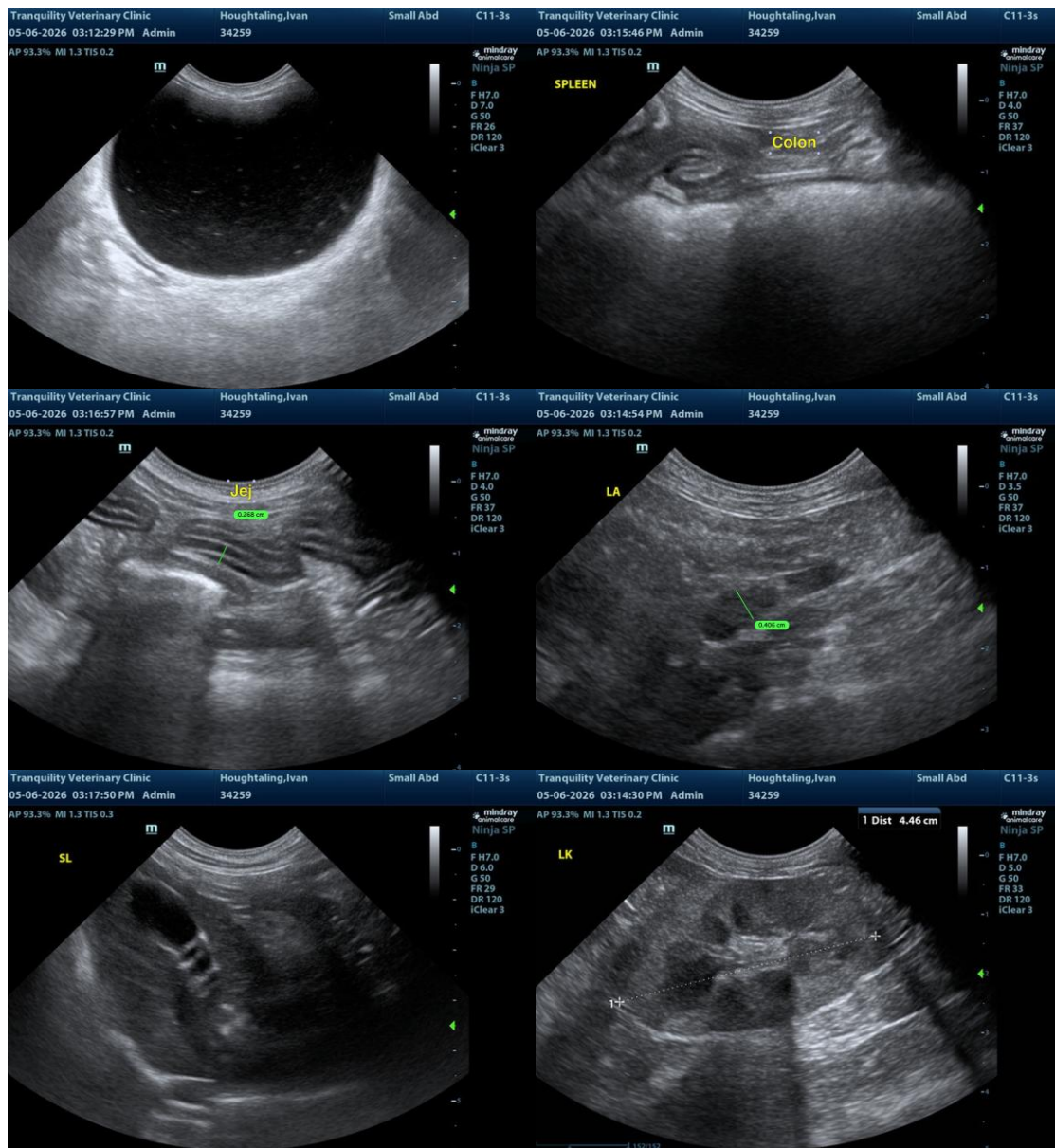
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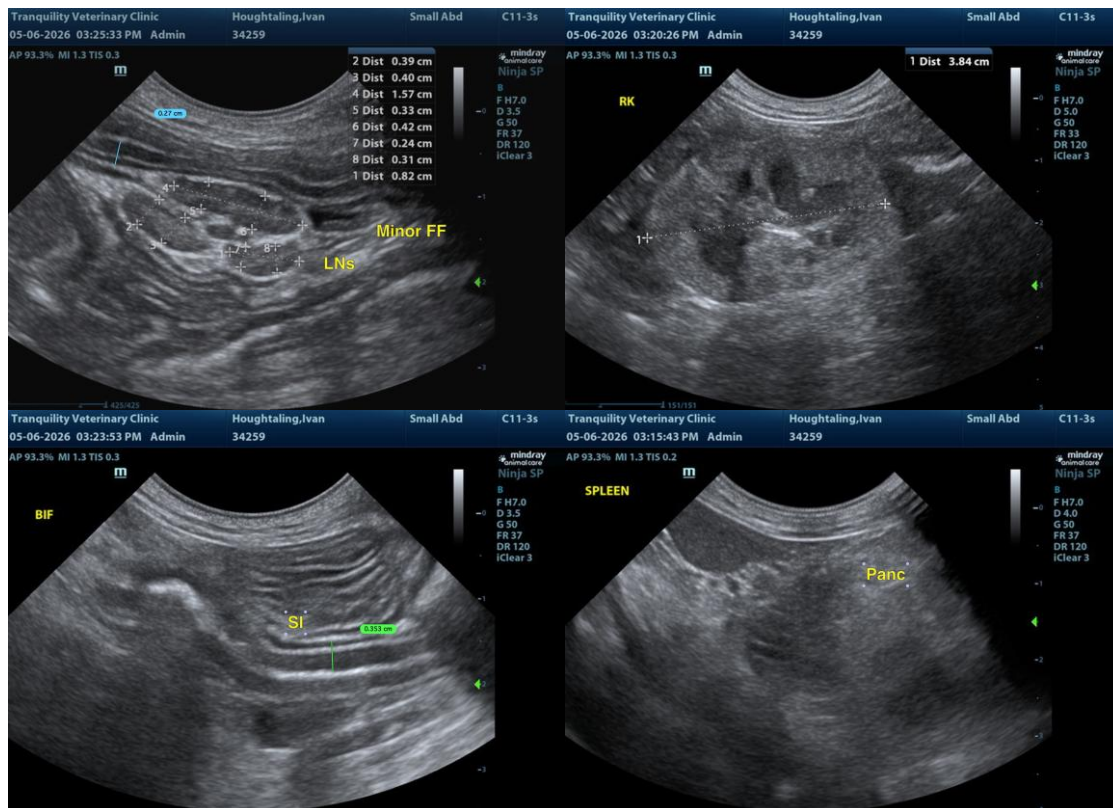
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)