



PATIENT

Natookie Arcangeli

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

14 Years

WEIGHT

8.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ginny Dodd DVM, D,
 ABVP (CFP)

HOSPITAL NAME

Steele Creek Animal
 Hospital

REFERRING VET

Dr. Schuver

INVOICE

16014

DATE

05/09/26

PRESENTING CLINICAL SIGNS

H/O hyperthyroidism- and on Methimazole and last TT4 ws 3. Weight loss- from 12 to 8.7 # Vomiting and diarrhea- suspect melena today

PE: BCS 4/9, CBC, Panel- Normal

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 size and margination was 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. Areas of mild medullary mineral were present. The left kidney measured 3.6 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.44 cm width. The right adrenal gland measured 0.44 cm width.

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. 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 subnormal in size, potentially secondary to the presence of gastric ingesta. NO evidence of pathology. Nonorganized minor bile sediment was present. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material. The pylorus wall measured 0.24 cm wall width without evidence of pyloric outflow obstruction.

The small intestine presented intact mildly thickened wall with mild altered wall layer ratio subjectively secondary to mildly thickened intestinal mucosa layer. Primarily empty intestinal lumen with mild segmental nonshadowing to focally shadowing ingesta without obstructive pattern to the level of the



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colon. The duodenum wall measured 0.39 cm wall width. The jejunum wall measured 0.31 cm wall width. Segmental mild indistinct jejunum wall layer detail without definitive mass. The ileocolic wall measured 0.38 cm wall width. The ileocolic junction was subjectively visualized primarily caudal to the stomach and medial to the spleen in the left cranial abdomen.

The colon walls presented intact yet mild variably thickened wall layering. The colon was non-distended containing soft fecal matter consistent with the patient's history. The descending colon wall measured 0.27 cm wall width.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mildly prominent hypoechoic distal left pancreas.

Free Abdomen

Mildly enlarged colic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild perilymphatic to mild peri-ileocolic hyperechoic omentum. An example of lymph node size was 0.80 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Enterocolonopathy.
- Mildly swollen colic lymphadenopathy with regional peri-ileocolic hyperechoic omentum.
- Heterogeneous to regionally hypoechoic left pancreas.
- Normal stomach with mild nonshadowing gastric ingesta- most consistent with food/chyme.
- Chronic renal changes with mild medullary mineral.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IBD, colitis or other inflammatory enterocolonopathy, infectious disease, emerging to occult enterocolic neoplasia i.e. lymphoma with reactive colic lymphadenitis or early metastatic colic lymphadenopathy in conjunction with potential mixed pattern chronic/chronic active pancreatitis are primary potentials.

No evidence of mechanical gastrointestinal obstruction or foreign material. Given visualized ileocolic junction in the subjective cranial to left cranial abdomen, possible decreased colon length is possible yet not definitive with potential patient variant.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Fresh fecal analysis is recommended if clinically indicated. Gastrointestinal support including cobalamin supplementation pending assessment of cobalamin level or consideration for empirical IBD pattern with clinical and sonographic monitoring would be appropriate. Biopsies are likely required for a definitive diagnosis, such as ProViable.



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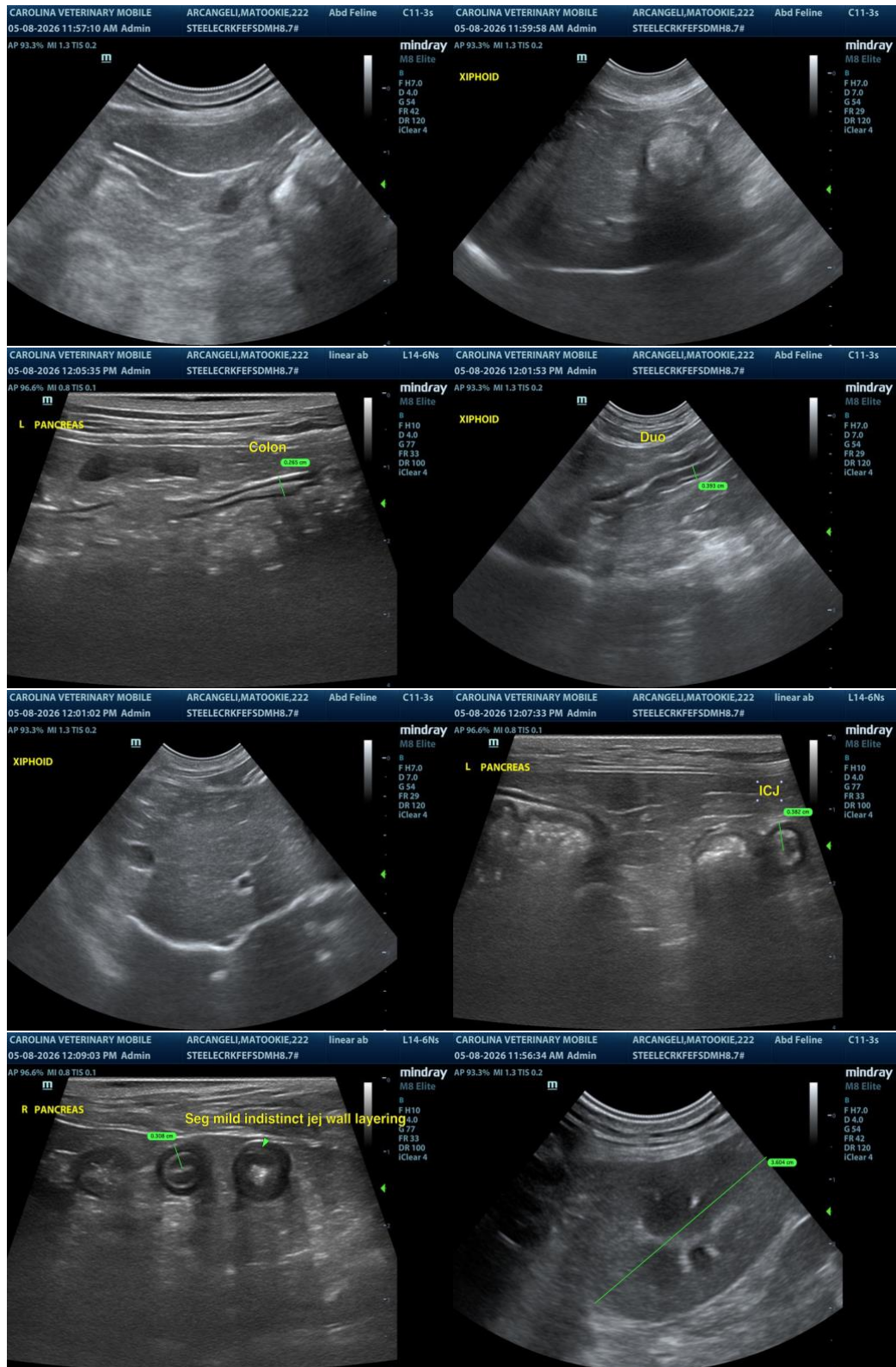
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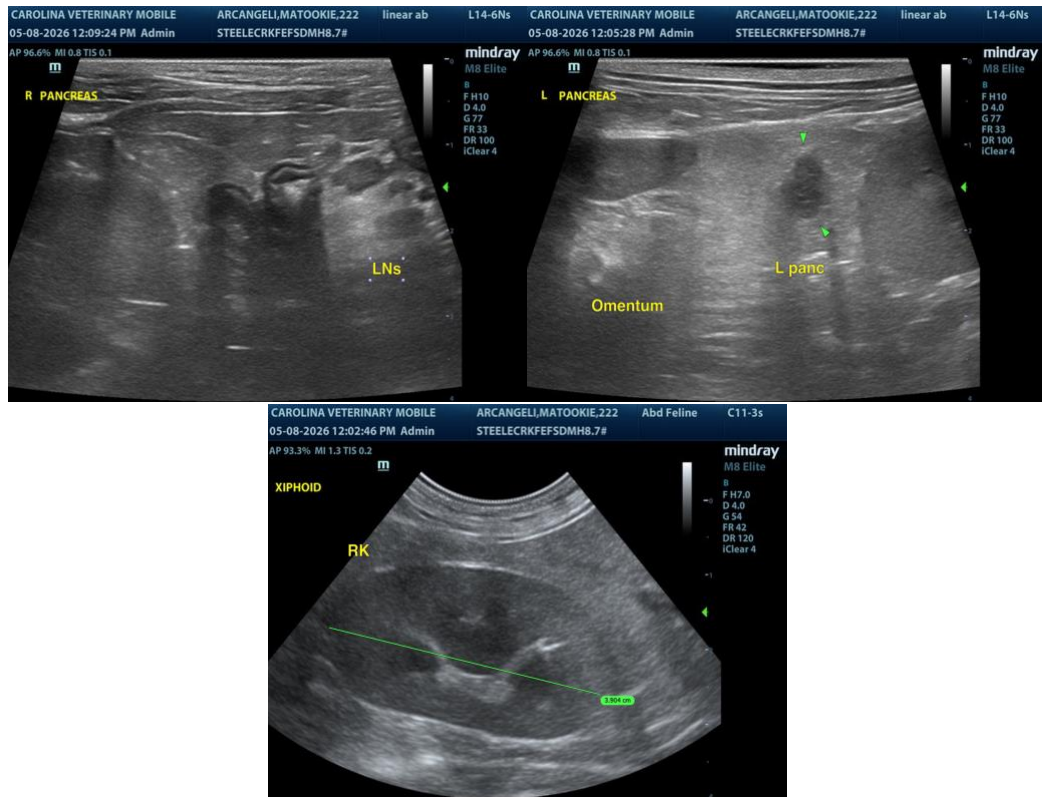
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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