



PATIENT

Charli Maresca

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

3yr

WEIGHT

9.86

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ashley Gambon

HOSPITAL NAME

Lanier Animal Hospital

REFERRING VET

Dr. Ashley Gambon

INVOICE 25046

DATE

06/08/2026

PRESENTING CLINICAL SIGNS

Charli, a 3-year-old cat, presented for chronic diarrhea of approximately three weeks duration. The onset of diarrhea coincided with a stressful veterinary visit for vaccines and bloodwork. The stool consistency has fluctuated but is mostly liquid, with occasional periods of being soft-formed. There has been no blood observed in the stool. A fecal test performed previously was negative for parasites, though the owner notes the sample was provided on a day the stool was more formed. Charli was treated with a course of metronidazole which resulted in normal stools for one day before the diarrhea returned. She has also received FortiFlora and Provable probiotics. The owner reports no vomiting, coughing, or sneezing. Charli is strictly indoors but has been outside on a harness in the past, though not within the last year. There is no known history of dietary indiscretion or foreign body ingestion. Diet: A varied diet of different brands of canned and dry food. HW/ flea + tick preventative: Revolution Plus Current Medications/ supplements: Was on Provable until two days prior to the visit.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.6 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was



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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 wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate progressively shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

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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 mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.25 cm width. The jejunum wall measured up to 0.24 cm width.

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

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Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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Free Abdomen

No evidence of peritoneal effusion was present.

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Intermittent mildly prominent to enlarged jejunal 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 measured 1.3 cm x 0.35 cm.

ULTRASONOGRAPHIC FINDINGS

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Primary

- Overall sonographically unremarkable gastrointestinal tract / colon with progressively shadowing gastric ingesta and semi formed fecal matter
- Normal area of pancreas
- Intermittent mild jejunal lymphadenopathy- most consistent with benign criteria i.e. mild hyperplasia, less likely lymphadenitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of visceral specifically gastroenterocolic pathology. A GI panel to include PLI/TLI/Cobalamin/Folate and Diarrhea PCR panel are recommended.

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Empirically cobalamin supplementation pending assessment of cobalamin level, empirical deworming Panacur SID for 7 to 10 days and dietary trial such as higher fiber diet W/D or similar or fiber supplementation and hydrolyzed diet with continued high colony count probiotic such as Proviabie may prove beneficial. Recheck sonogram if non-responsive or continued chronic diarrhea despite empirical therapy recommended.

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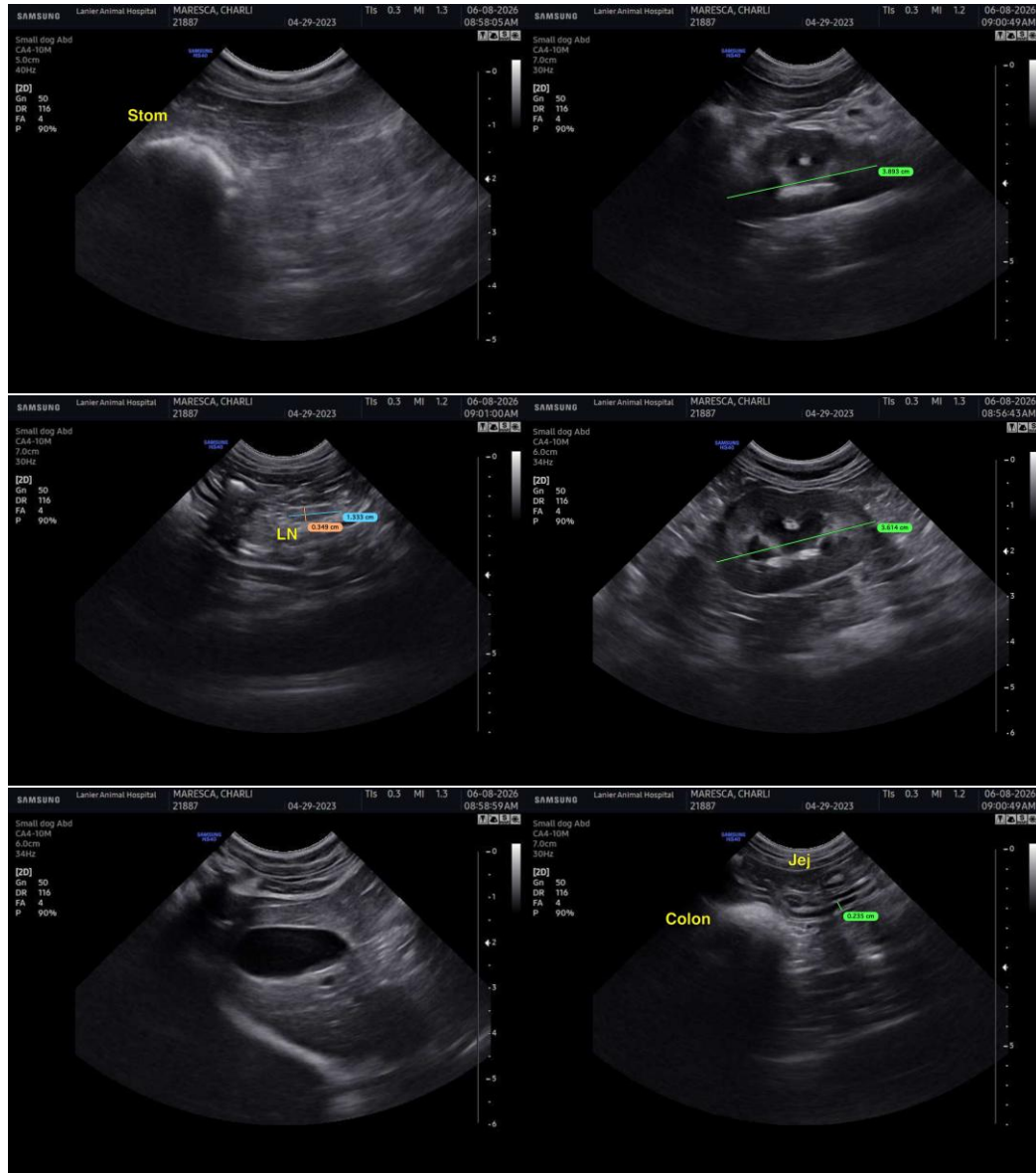
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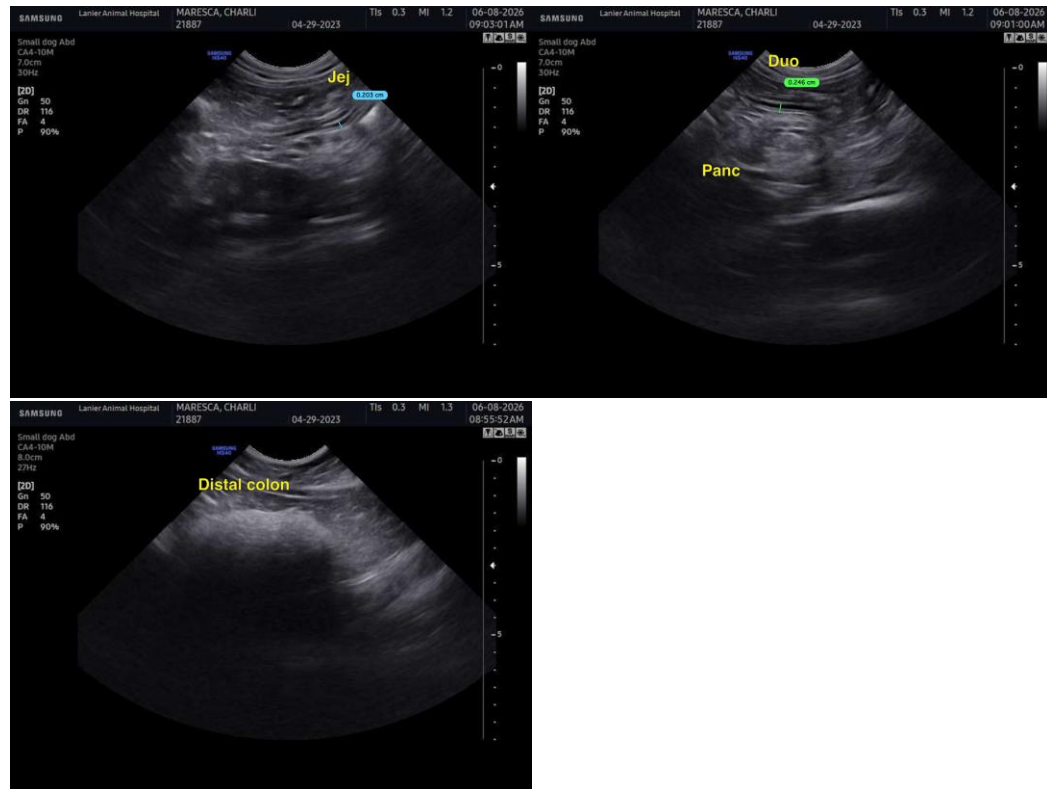
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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