



## PATIENT

Myla Campbell

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

4

## WEIGHT

5.1kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Michael Schacher

## HOSPITAL NAME

Emergency  
Veterinarians of Idaho

## REFERRING VET

Michael Schacher

## INVOICE 23504

## DATE 01/12/2026

## PRESENTING CLINICAL SIGNS

5 day history of anorexia and lethargy

Abnormal PE/Chem/CBC/UA Results: amylase 2442 , glucose 161, Na 139, Globulins 6.0 Mild anemia at 30%

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder was non-distended with urine exhibiting mild generalized thickened urinary bladder wall. The bladder contain anechoic urine with mild urine sediment. No evidence of mineral or calculi. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. The urinary bladder wall measured 0.35 cm wall width.

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 3.9 cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was free of pathology.

### *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. 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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Transdiaphragmatic view of the caudal thorax revealed subjective mild volume caudal pleural effusion.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, 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 small intestinal wall measured 0.22 cm in width.

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

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### **Pancreas**

The pancreas was indistinctly visualized exhibiting overall isoechoic parenchyma compared to adjacent omentum with subjective mild heterogeneous parenchyma echotexture.

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### **Free Abdomen**

No visualized overt lymphadenopathy was present.

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Mild pericyclic to ventrocaudal abdomen hyperechoic omentum and minor pockets of ventral to caudal abdomen peritoneal effusion was present.

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### **Primary**

- Non-distended mildly thickened urinary bladder, pericyclic to ventrocaudal abdomen hyperechoic omentum and minor effusion
- Sonographically unremarkable gastrointestinal tract
- Indistinctly visualized yet subjective mild heterogeneous pancreas
- Mild gallbladder debris
- Subjective mild transdiaphragmatic pleural effusion

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## ULTRASONOGRAPHIC FINDINGS

## INTERPRETED BY

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(Canine and Feline)

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Although no reported lower urinary tract signs, the thickened bladder may suggest cystitis criteria with mild potential for emerging to occult urinary bladder neoplasia. Correlation with a urinary workup is indicated.

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Sonographically the pancreas did not meet significant or active pancreatitis criteria, although mild pancreatitis may present in similar manner. Correlation with a spec fPL is suggested.

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If possible, peritoneal or if confirmed pleural effusion analysis cytology +/- C/S for further clarification is recommended.

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Pending additional diagnostics, gastrointestinal support and empirical therapy for pancreatitis with clinical monitoring and as needed sonographic reassessment would be reasonable. A CBC pathology review, recheck retroviral status and potential FIP titer / PCR on effusion if clinically indicated may be considered.

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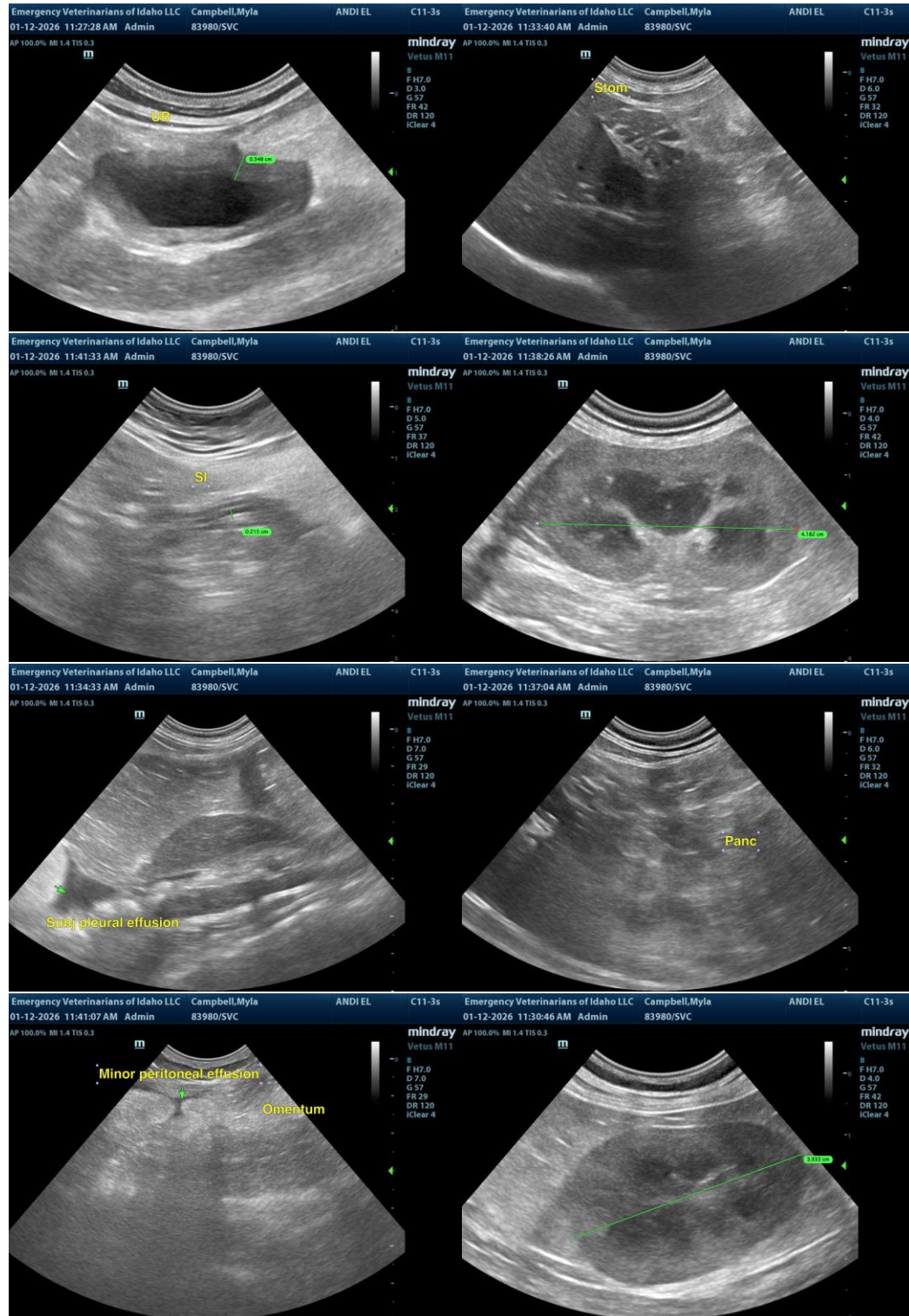
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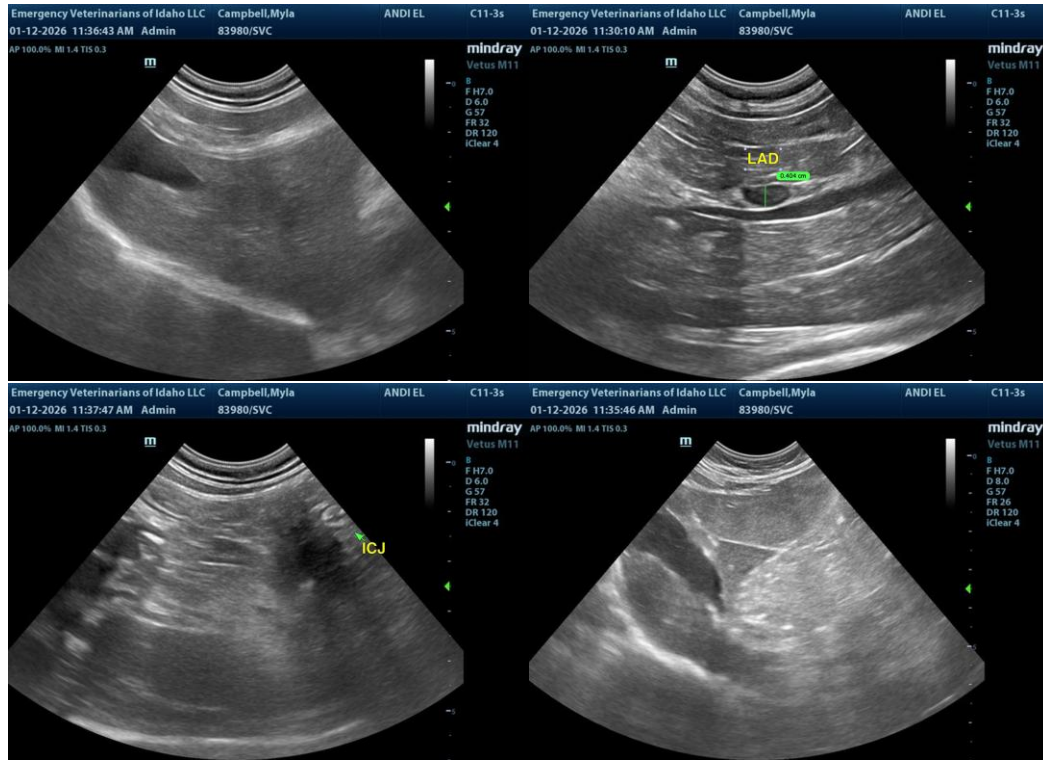
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**INTERPRETED BY**

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