



## PATIENT

Eevee Wooley

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

7yr

## WEIGHT

3.64kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sookhoo

## HOSPITAL NAME

Calusa Veterinary  
Center

## REFERRING VET

Dr. Sookhoo

## INVOICE 23682

**DATE**  
01/27/2026

## PRESENTING CLINICAL SIGNS

- Owner noticed that Eevee has been vomiting since Thursday. Does have a history of vomiting undigested food for several years. Does not appear lethargic. Eating Hills perfect digestion salmon. Indoor only. Gets dasaquin advanced EOD. Fasted for ultrasound.

Abnormal PE/Chem/CBC/UA Results: Pending results

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with moderate, non-dependent particulate sediment. 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 3.5 cm in length. The right kidney measured 3.7 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 non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of retained fluid, obstruction or foreign material. The gastric body wall measured 0.30 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with mild non-shadowing upper to mid duodenal ingesta/ chyme,



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with no signs of obstruction or foreign material. The duodenum wall measured 0.23 cm width. The jejunum wall measured 0.21 cm width. The ileocolic wall measured 0.30 cm width.

Normal visible colon wall layers were present with apparent 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

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## ULTRASONOGRAPHIC FINDINGS

### Primary

- Structurally unremarkable empty generalized gastrointestinal tract
- Normal area of pancreas

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### Secondary

- Urinary bladder sediment

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3.64kg

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral, specifically gastrointestinal or pancreatic pathology as an obvious contributing factor to the patient's clinical signs. Non-specific gastroenteritis or other non-structural gastroenteropathy or low-grade pancreatitis may present sonographically normal. Dietary intolerance is also a potential.

Gastrointestinal support indicated which may include alternative diet trial and as needed gastric protectant, Omeprazole 1 mg/kg SID. A spec FPL or full GI panel to include PLI/TLI, cobalamin and folate may be considered to assess for occult disease if continued or progressive gastrointestinal signs or weight loss. Screening three view chest radiographs may be considered to rule out thoracic or esophageal pathology.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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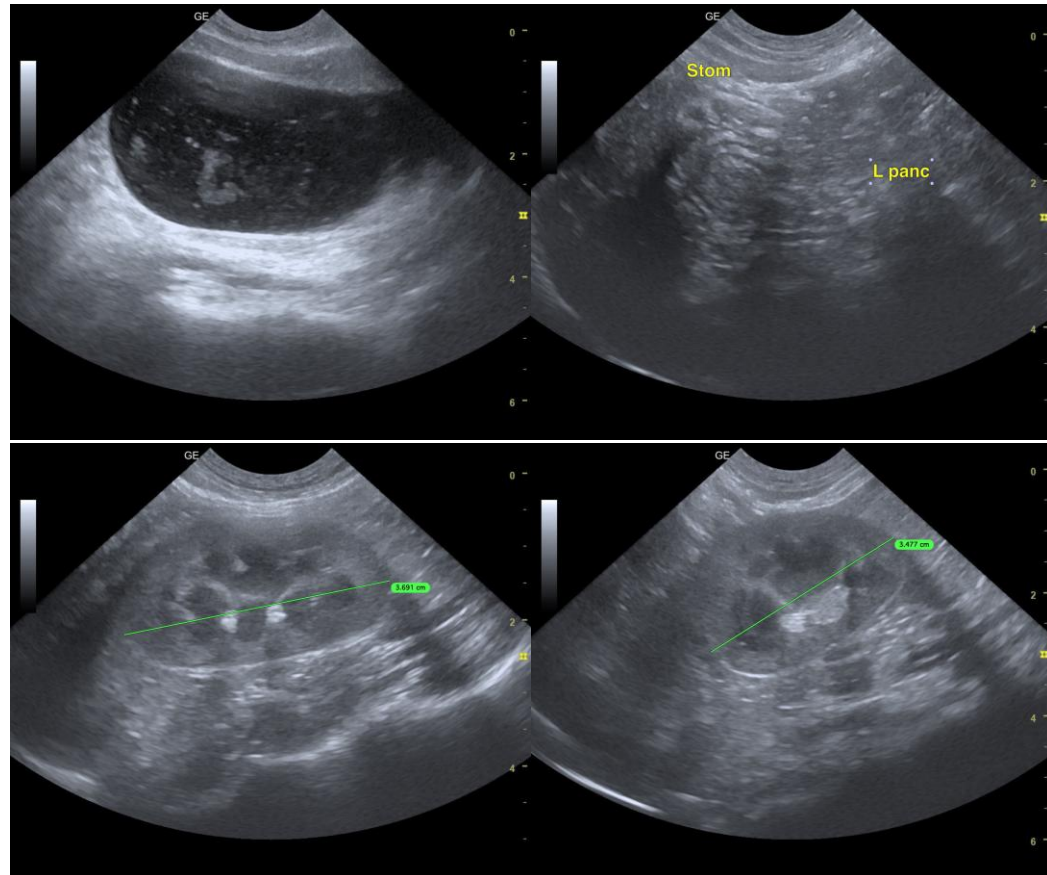
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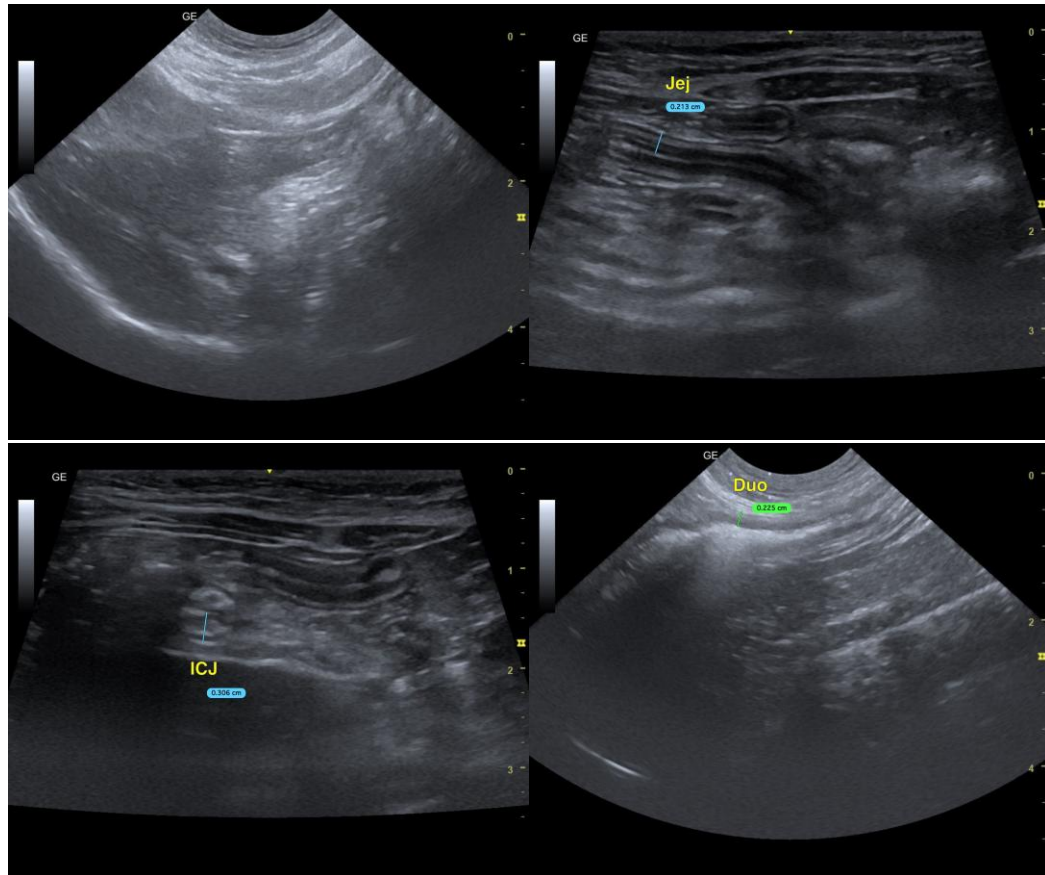
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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[info@sonopath.com](mailto:info@sonopath.com)