



PATIENT

Heidi McFadden

SPECIES

Feline

PRESENTING CLINICAL SIGNS

- 2 day history of lethargy, vomiting and inappetance
- history of hairballs
- PE minimal dehydration, seems sensitive on caudal abd palpation. low grade heart murmur
- given cerenia and 200 ml SQ fluids today

BREED

DSH

Abnormal PE/Chem/CBC/UA Results: CB/chem/UA pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

FS

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

AGE

14yr

Normal size and margination were 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Right kidney craniomedial cortical infarct present. The left kidney measured 3.4 cm in length. The right kidney measured 3.7 cm in length.

WEIGHT

10lb

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 0.26 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 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 primarily anechoic luminal content. Mild cystic and non-obstructive proximal common bile duct dilation was present.

Gastrointestinal

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Sonopath/AndoverAH

REFERRING VET

Dr Sara Vanderbogart

INVOICE

23684

DATE

01/27/2026



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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 duodenum wall measured 0.23 cm width. The jejunum wall measured 0.22 cm width. The ileocolic wall measured 0.30 cm width.

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

BREED

Pancreas

DSH

The left/right pancreas were prominent in size with mild capsule asymmetry exhibiting mild non-homogenous hypoechoic parenchyma compared to adjacent omentum.

SEX

Free Abdomen

FS

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

Primary

14yr

- Chronic / chronic active pancreatitis
- Normal empty small intestine
- Mild non-obstructive cystic and proximal common bile duct dilation- patient or age variant, possible mild cholangitis
- Chronic renal changes with right kidney cranial cortical infarct

WEIGHT

10lb

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

No evidence of mechanical gastrointestinal obstruction, i.e. foreign body, hairball density, etc. Gastrointestinal support and empirical therapy for pancreatitis is recommended. Correlation with a spec fPL or full GI panel to include PLI/TLI, cobalamin and folate to rule out non-structural intestinal disease as a contributing factor may be considered.

**IMAGING
PERFORMED BY**

Sonographic reassessment if continued or progressive gastrointestinal signs is recommended. Correlation with pending lab work and UA recommended.

Diane McFadden

HOSPITAL NAME

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DSH

SEX

FS

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IMAGING PERFORMED BY

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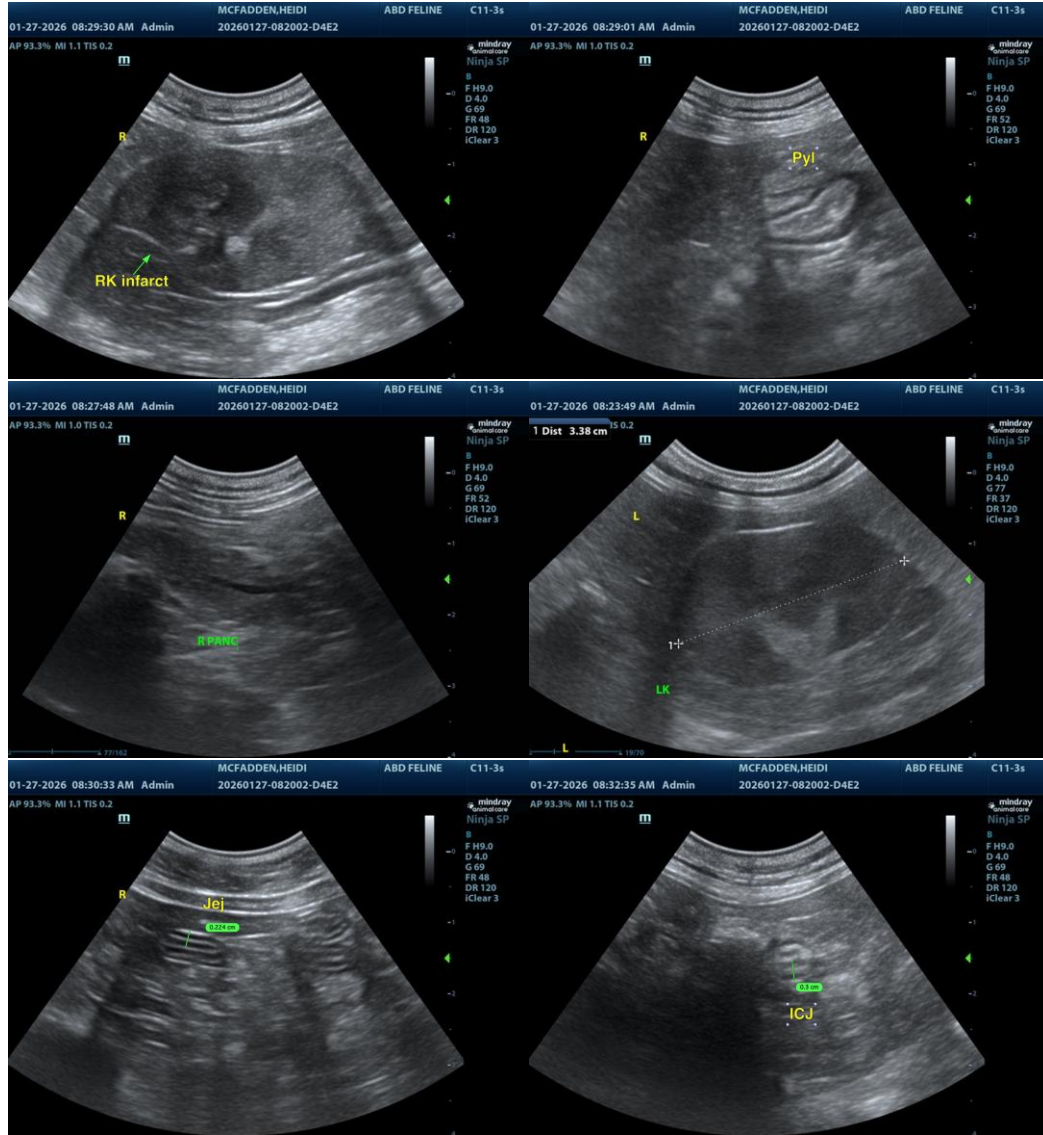
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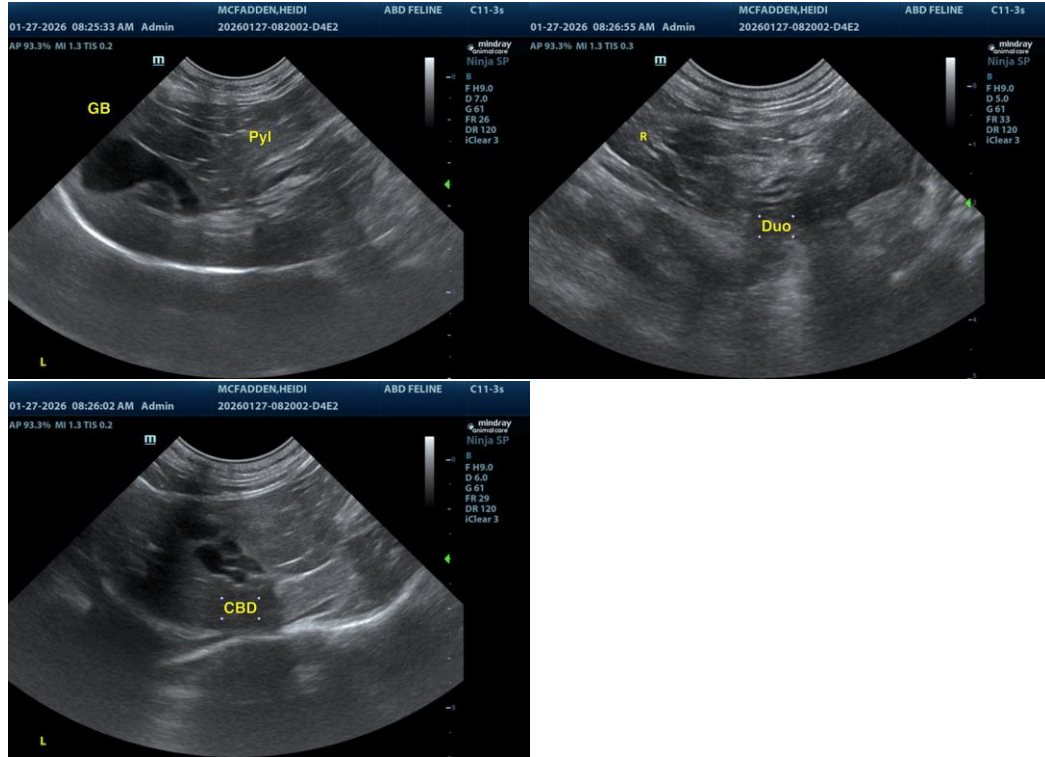
FS

AGE

14yr

WEIGHT

10lb



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.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Diane McFadden

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