



PATIENT

Rizzo Marsnik

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

6 years

WEIGHT

10.0 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Chrissy Krell, DVM

HOSPITAL NAME

Companion AH

REFERRING VET

Skyler Brendan,
DVM

INVOICE

10583

DATE

1/27/26

PRESENTING CLINICAL SIGNS

History:

- Rizzo has a history of chronic vomiting. First mention of vomiting was in Dec 2024, at that time was only once q 1-2 weeks. Did well on Royal Canin HP diet for several months but then vomiting increased to q 1-2 days. May 2025 chem was WNL so O treated with Cerenia PRN which does help. Rizzo presented on ER for acute V/D episode in Sept 2025. At that time discussed referral for AUS vs pred trial vs supportive care trial- refilled Cerenia and started Forti Flora SA. Rizzo just came to see us for a wellness and had an area of superficial pyoderma, we did start treatment with oral prednisolone and topical antibiotics and I advised O to monitor vomiting while on pred. O was interested in setting up AUS at that time and we discussed that Rizzo should be off of pred for best results. We just checked in with O and she reports he has not vomited since starting pred. Rizzo will be off of prednisolone by 12/15.

Abnormal PE/Chem/CBC/UA Results: PE: today unremarkable 05/2025: Chem - ALT 51, unremarkable. 09/2025: chem then showed ALT 125 (H) and AMY 1126 (H).

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. Primarily anechoic urine was present in the lumen. Nondependent, particulate, mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

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 4.0 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 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.



PATIENT	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. The spleen measured 0.92 cm width at the level of the mid spleen.
Rizzo Marsnik	
SPECIES	<i>Liver/ Gallbladder</i>
Feline	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 non-distended in size containing primarily anechoic content with mild gallbladder debris. The cystic and common bile ducts were normal.
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SEX	<i>Gastrointestinal</i>
Male Neutered	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate, variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material. There was no obvious obstruction to pyloric outflow or pyloric obstructive mural pathology. The pylorus wall width measured 0.33 cm in width.
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6 years	
WEIGHT	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental similar appearing mild intestinal ingesta was present with minor duodenal corrugation. The duodenum wall measured 0.27 cm width. The jejunum wall measured 0.25 cm width.
10.0 lbs.	
INTERPRETED BY	Normal visible colon wall layers were present with apparent formed feces in lumen.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Pancreas</i> The pancreas was normal in size with symmetrical contour and subtle heterogeneous hypoechoic parenchyma compared to adjacent nonreactive or inflamed omentum.
IMAGING PERFORMED BY	<i>Free Abdomen</i> Minor colic 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). No evidence of peritoneal effusion was noted.
Chrissy Krell, DVM	
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
Companion AH	<i>Primary Findings</i>
REFERRING VET	<ul style="list-style-type: none"> • Overall structurally normal gastrointestinal tract with nonshadowing gastrointestinal ingesta - consistent with food echogenicity • Minor duodenal corrugation - possible minor duodenitis • Subtle nonhomogeneous hypoechoic pancreas - patient variant, potential for minor inflammation
Skyler Brendan, DVM	
INVOICE	<i>Secondary Findings</i>
10583	<ul style="list-style-type: none"> • Mild gallbladder debris • Mild urinary bladder sediment
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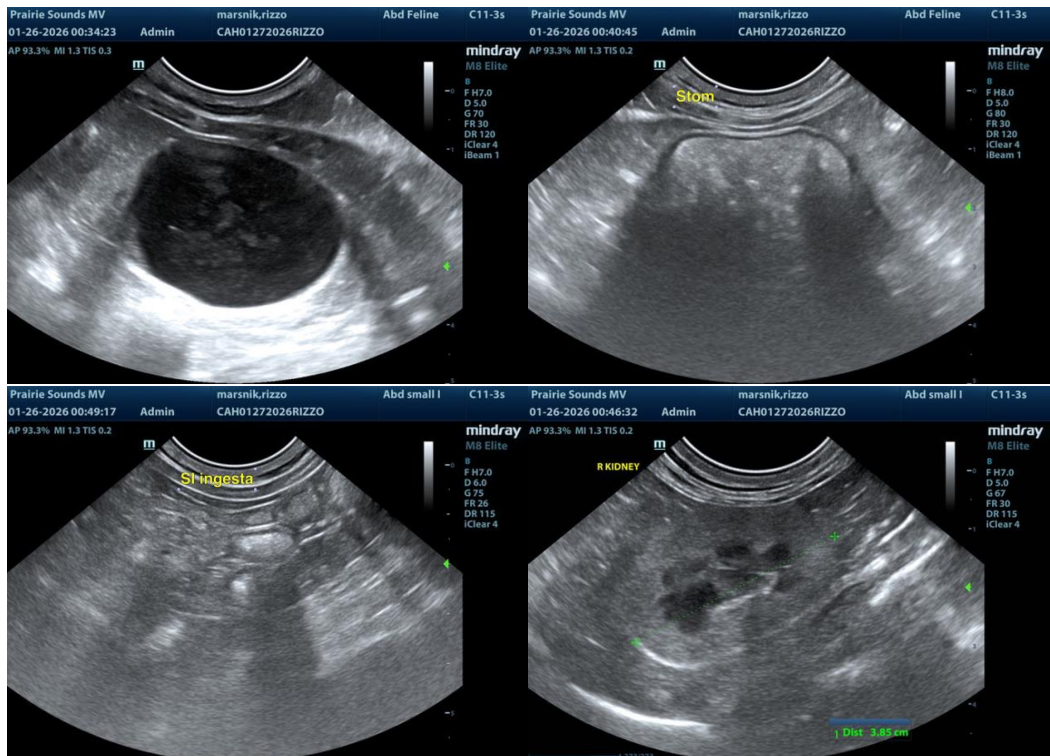
DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given previous positive response to prednisolone trial, nonstructural or low-grade inflammatory enteropathy with potential for minor pancreatitis is possible. There is no evidence of significant gastrointestinal mural pathology, i.e., significant IBD criteria, neoplasia, masses, etc.

Assessment for evidence of cranial abdomen / subxiphoid discomfort on palpation in correlation with a spec fPL is suggested. If the patient is documented NPO, some degree of concurrent nonobstructive metabolic gastrointestinal ileus may be possible. Continued empirical dietary therapy and as-needed gastroprotectants would be reasonable. Mild cholangitis / cholangiohepatitis may be suspected if recurrent elevated ALT, given the presence of mild gallbladder debris.





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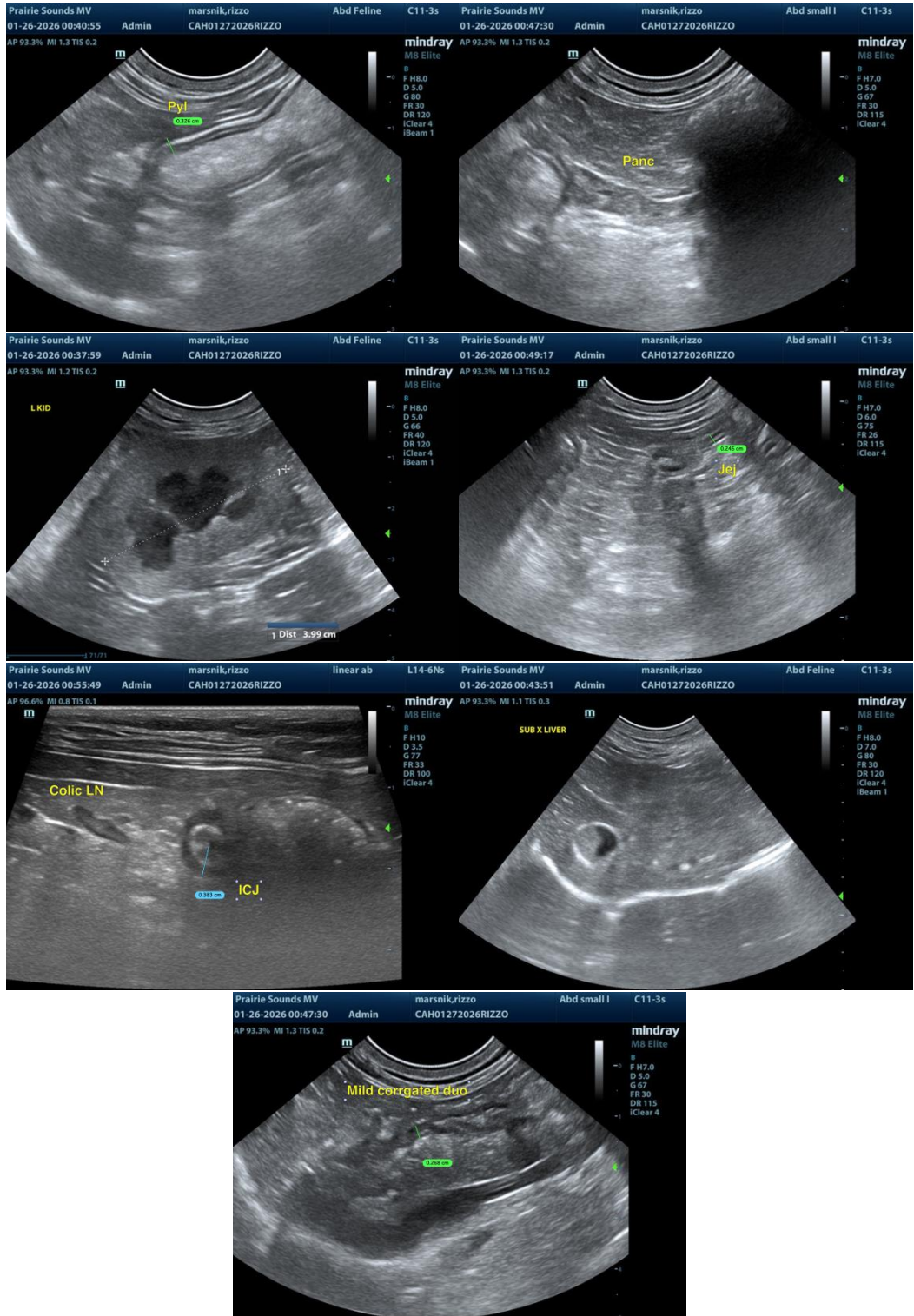
Skyler Brendan,
DVM

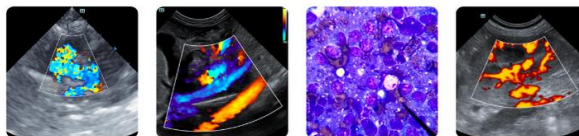
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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