

## PATIENT

Gilbert Gurfield

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

16 Years

## WEIGHT

10.6

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Dr. Brita Kiffney

## HOSPITAL NAME

Northshore Veterinary  
Hospital

## REFERRING VET

Dr. Brita Kiffney

## INVOICE

13437

## DATE

01/28/26

## PRESENTING CLINICAL SIGNS

- History of GI disease for the last year, is on HP. Vomited black substance (liquid, flaky - couldn't get a great description) 1x Sunday and 2x today. Good appetite, energy off. 5-7% dehydrated on presentation with uncomfortable cranial abdomen. Iris stage 2, azotemia a little worsened from baseline last week. Radiographs suggestive of constipation but owners confirm he is defecating normally

## 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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint hyperechoic medullary foci were present which may indicate pinpoint microinfarction, fibrosis or mineralization. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 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 0.38 cm width.

No obvious pathology in the area of the right adrenal gland.

### Spleen

The spleen was mildly enlarged with primarily maintained symmetrical capsule contour and exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent noncapsule distorting hyperechoic nodules were present with an example measuring 0.72 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. The spleen measured 1.2 cm width level of the mid spleen.

### 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. 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



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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.

The small intestine presented intact wall layering with maintained wall layer ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.26 cm wall width. The jejunum wall was borderline prominent and measured 0.26 cm wall width.

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

**Pancreas**

The pancreas presented mildly prominent in size and capsule asymmetry contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**Free Abdomen**

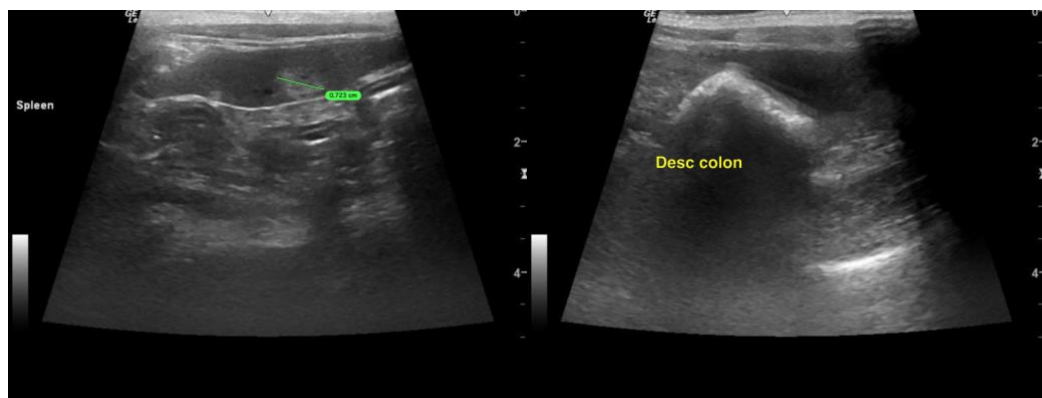
Intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph nodes measured 2.0 cm x 0.60 cm. No evidence of peritoneal effusion.

**ULTRASONOGRAPHIC FINDINGS**

- Mild splenomegaly with hyperechoic nodules- nodular hyperplasia, myelolipomas, neoplasia are all possible.
- Probable chronic enteropathy and concurrent chronic pancreatitis.
- Intermittent mildly mesenteric lymphadenopathy.
- Bilateral chronic renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Correlation with urinalysis and renal staging to include screening culture/sensitivity and UPC level if clinically indicated are recommended. No evidence of significant gastrointestinal mural pathology, i.e. masses. A GI panel to include PLI, TLI, cobalamin and folate is recommended. Gastrointestinal and renal support with clinical monitoring and sonographic reassessment if progressive gastrointestinal signs or azotemia is recommended.





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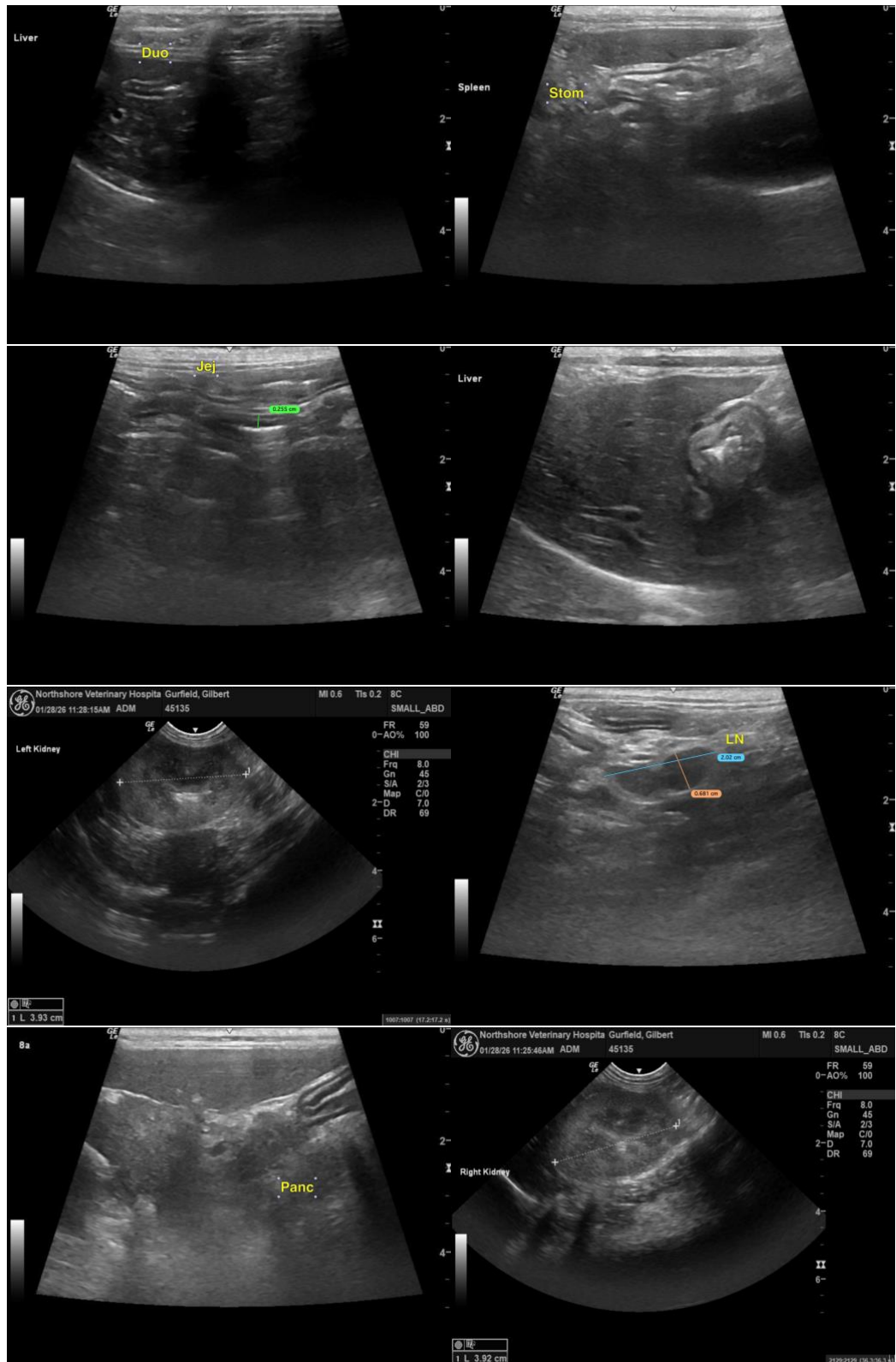
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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