



PATIENT

Lucifer Coyle

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

5yr

WEIGHT

9.30kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Huntington

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr Huntington

INVOICE 23722

DATE

01/31/2026

PRESENTING CLINICAL SIGNS

- Interested in food/sniffs - can't seem to eat. Picks up food and spits it out. Auto-feeder has been full for a few days per O, normally pt is very interested. Wet food was tried, not interested. Pt started to be a little lethargic today, was active yesterday.
- Symptoms: E-, lethargic, smacking lips per O

Abnormal PE/Chem/CBC/UA Results: -CBC: WNL -Chem: Creat 2.0 -Lyte 4: WNL -Urinalysis: USG 1.024 pH 6.5 Blood / Hemoglobin 250 Ery/ μ L White Blood Cells <1 /HPF Red Blood Cells >50 /HPF Calcium Oxalate Dihydrate Crystals 1 - 5 /HPF Musculoskeletal: overconditioned Abdomen: Painful upon palpation of abdomen General Appearance: Agitated, febrile Hydration: Slightly dehydrated

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

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 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

No obvious pathology in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 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



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non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate shadowing to non-shadowing ingesta. No evidence of no overt obstruction to pyloric outflow.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental intestinal ileus with non-shadowing ingesta /chyme with concurrent empty small intestinal segments present to the level of the colon. Focal to segmental mild shadowing intestinal content was present.

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Normal visible colon wall layers were present with 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.

Free Abdomen

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

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Increased intra-abdominal fat.

ULTRASONOGRAPHIC FINDINGS

Primary

- Moderate shadowing to non-shadowing gastric ingesta.
- Sonographically normal small intestine exhibiting segmental non-shadowing to focally shadowing ingesta and concurrent empty intestinal segments.
- Normal pancreas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from the gastrointestinal ingesta, no evidence of significant visceral pathology. The gastrointestinal ingesta may correlate with recent meal ingestion per history. The degree of gastric ingesta may suggest some degree of metabolic or functional gastric or gastrointestinal ileus. Potential for gastric or focal to segmental mild intestinal foreign material i.e. hairball type density or similar cannot be excluded.

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Hospitalization with documented 12-24 hour fast with sonographic monitoring of gastrointestinal motility and shadowing gastrointestinal content is recommended. A GI panel to include PLI/TLI/cobalamin and folate to assess for occult intestinal or pancreatic disease is warranted. If persistent moderate retained gastric ingesta combined with patient clinical signs despite fast, exploratory laparotomy may be considered.

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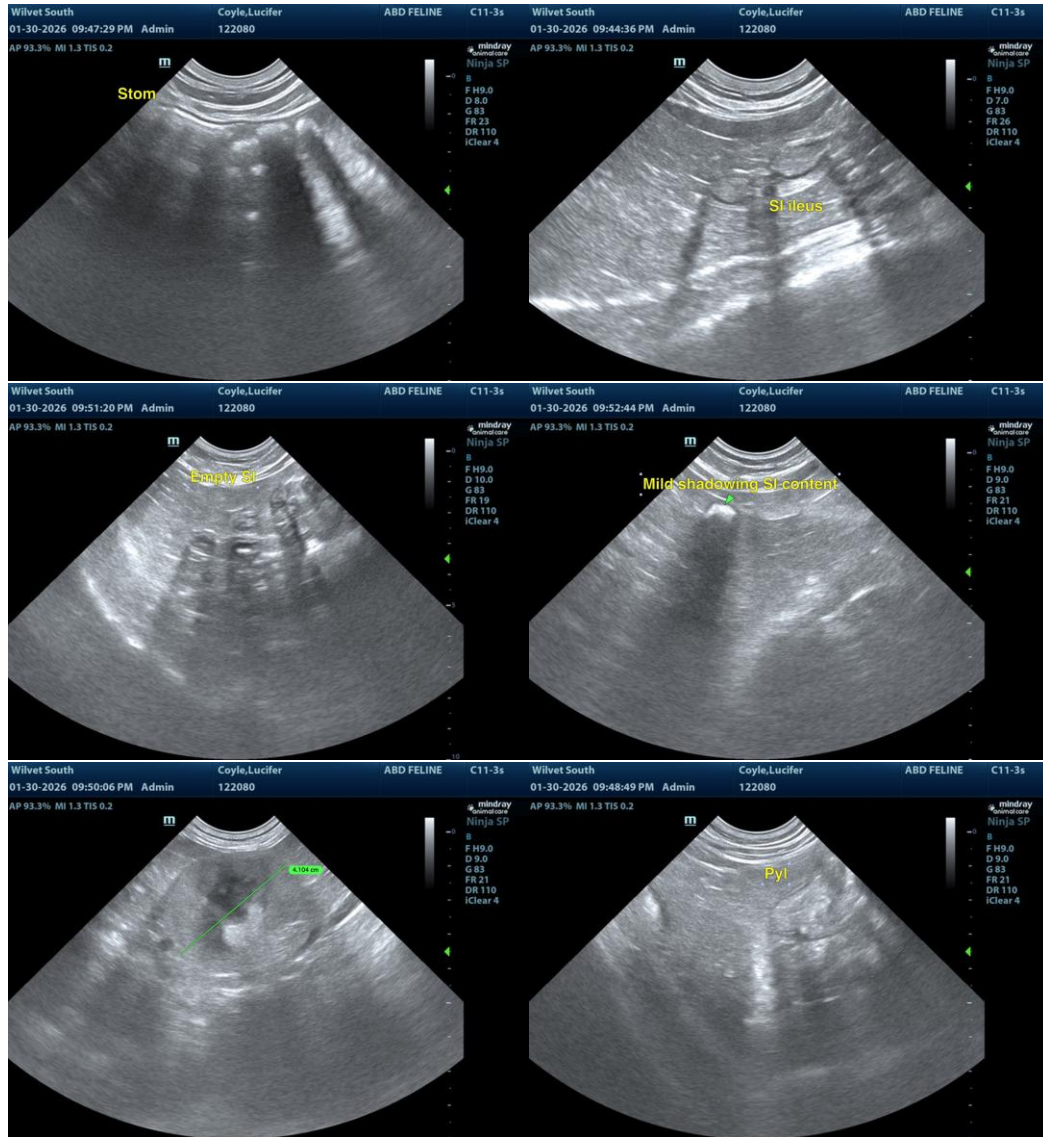
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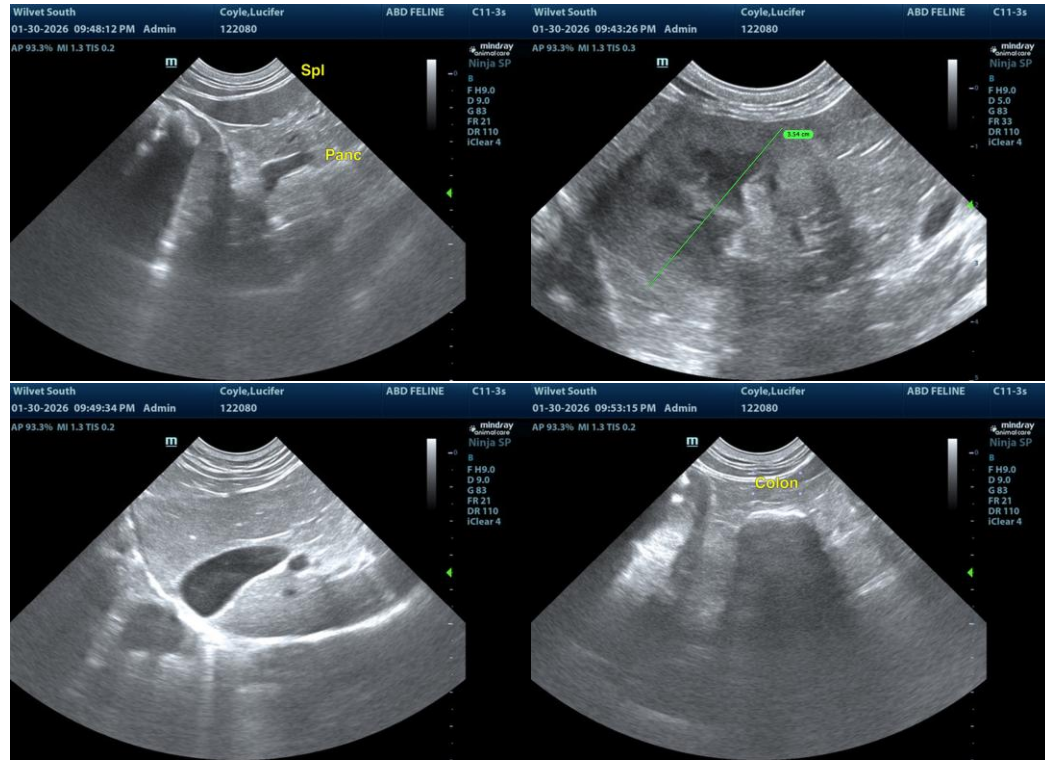
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com