



PATIENT

Picasso Happ

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15yr

WEIGHT

9.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS, Certified
Veterinary
Sonographer (IVUSS)

HOSPITAL NAME

Norfolk County
Veterinary Service

REFERRING VET

Tami Ilovich, DVM

INVOICE

23733

DATE

01/31/2026

PRESENTING CLINICAL SIGNS

- History of hyperthyroidism (treated with methimazole) and CKD stage 2. Per owner, vomiting became worse when thyroid medications dose was increased last October. Also, with attempt to switch to renal diet, patient's vomiting frequency increased.
- *Sedated with torb/Alfaxalone

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 mild 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Minor left kidney pyelectasia was present. 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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 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 mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mild thickened wall. Intact wall layering was overall maintained and distinct. The gastric body wall measured 0.68 cm width. The stomach contained a mild amount of anechoic fluid.



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The small intestine presented intact wall layering with segmental borderline thickened jejunum wall. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The jejunum wall measured 0.25-0.28 cm width. The ileocolic wall measured 0.37 cm width.

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

Pancreas

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The pancreas was normal in size with capsule asymmetry and heterogeneous remodeled parenchyma. Dilated pancreatic duct present.

Free Abdomen

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No evidence of peritoneal effusion was present.

A solitary enlarged non-homogenous colic lymph node with mild surrounding hyperechoic omentum was present. The lymph node measured 2.4 cm x 0.91 cm.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Urine sediment
- Mild chronic renal changes
- Mildly thickened hypomotile stomach
- Normal small intestine exhibiting borderline thickened segmental jejunum wall
- Chronic pancreatitis
- Colic lymphadenopathy
- Mild gallbladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypomotile gastritis with possible concurrent low-grade inflammatory enteropathy, colic reactive hyperplasia or lymphadenitis in conjunction with chronic pancreatitis is favored. Emerging gastrointestinal and lymphatic neoplastic criteria felt less likely yet not excluded.

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Further assessment may include assuming normal clotting status, colic lymph node FNA cytology, +/- C/S. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Gastrointestinal support including dietary trial and gastric protectants with clinical and as needed sonographic monitoring would be reasonable.

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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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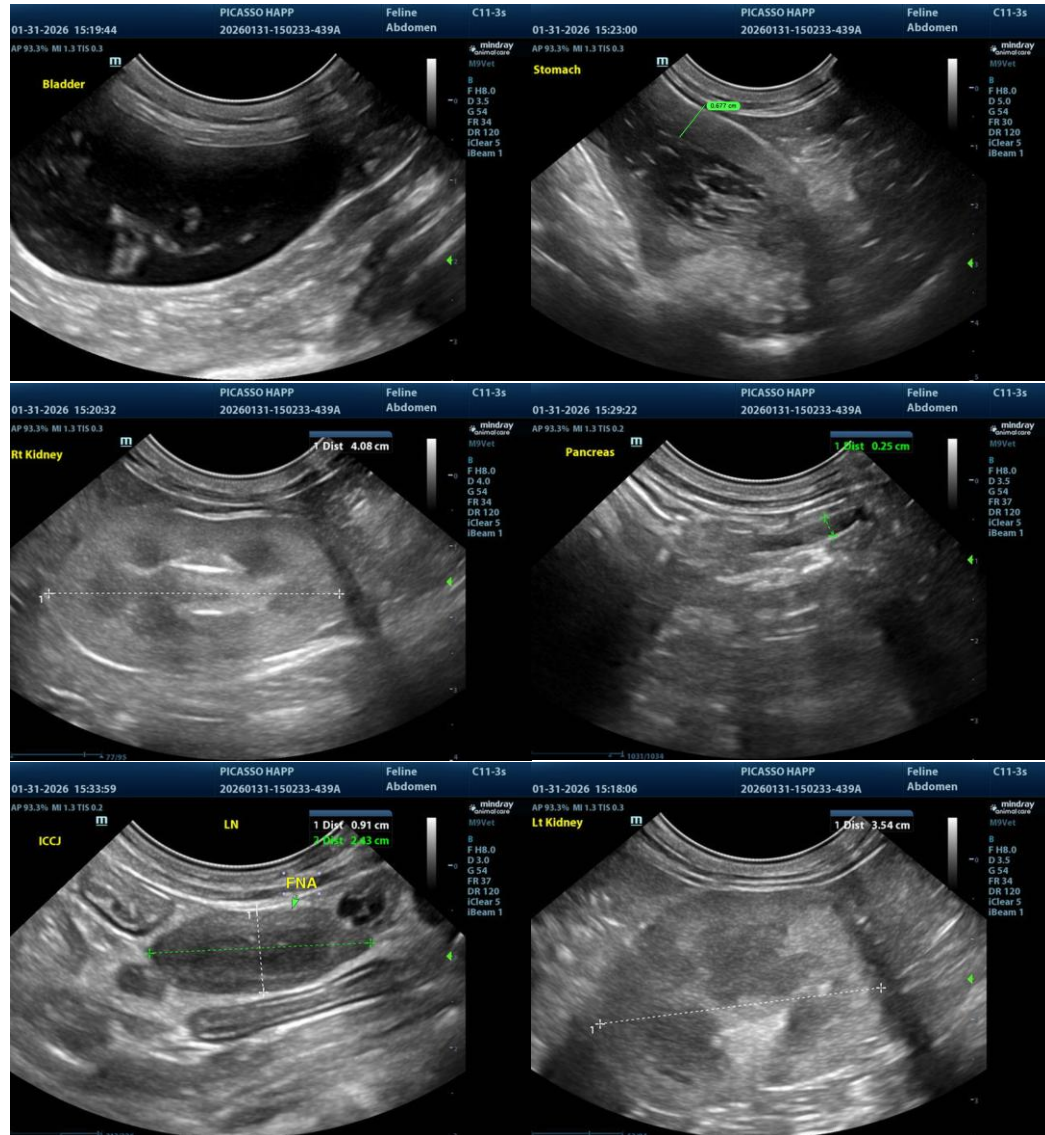
Tami Ilovich, DVM

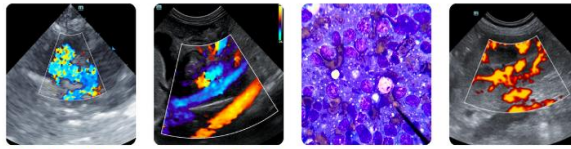
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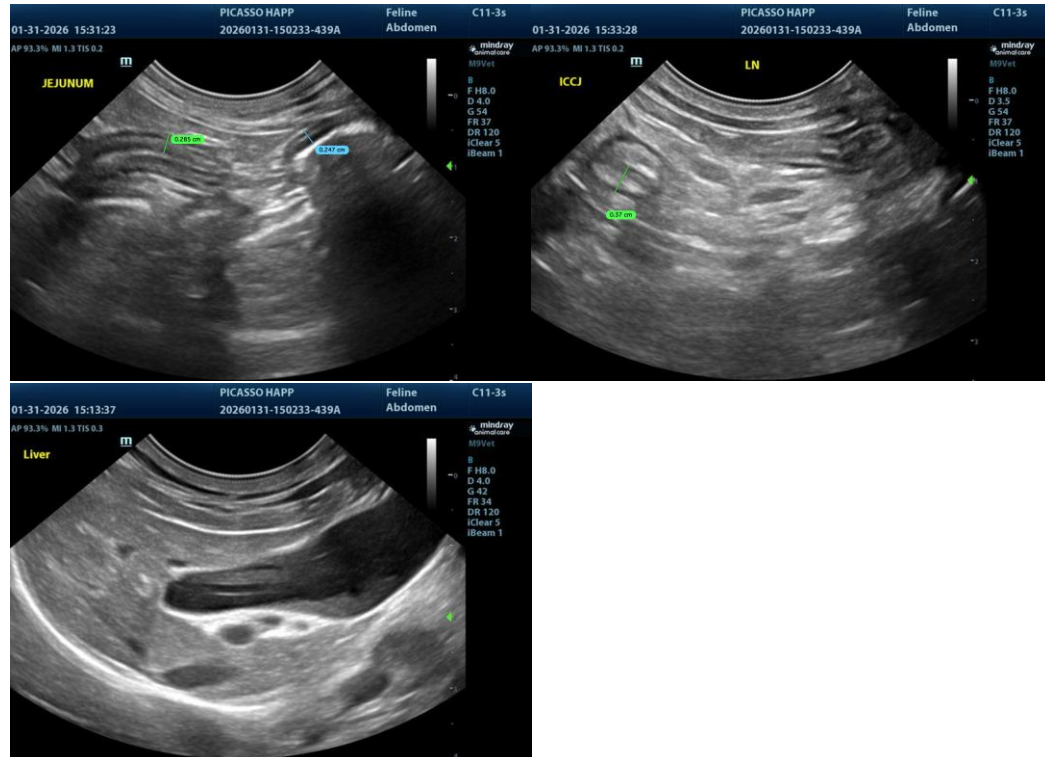
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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