



PATIENT

Clyde Thissell

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

4.5yr

WEIGHT

4.82kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Hayes

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Hayes

INVOICE 23415

DATE

01/05/2026

PRESENTING CLINICAL SIGNS

P presents for vomiting 3 times since 10pm. P has had a long history of chronic vomiting. On a C/D diet P will vomit every other day so O changed P to Hill's GI biome 2 months ago. P vomits now once a week or so. The clinic was recently out of GI biome so I took home Purina EN and have been feeding that over the last two weeks. P has had weight loss over the last year to year and a half. Dental performed in June. P was on recovery wet food post dental to help gain weight but no change in weight for 3 months on recovery. Stool is normal at least once a day. Urinating normally. No C,S or D+. Indoor only. Not known to eat foreign objects. 4 other cats in home. Hx: FIC

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 47.1, WBC 8.57, Plt 307 Chem10: Creat 1.7, BUN 21, TP 7.7, ALb 3.7, ALT 73, ALP 25 EPOC: pH 7.359, Na 150, K 3.8, Cl 121, iCa 1.19 (L), Creat 1.77 (H normal), BUN 21 (N), Lact 5.74 (H), HCT 45 (N) FPL: 1.2

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 significant nondependent 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 and indistinct corticomedullary definition was present. Mild increased corticomedullary echogenicity was present. Pinpoint to focal areas of mineralization and small cysts were present. A larger caudal right kidney cyst measured 1.1 cm diameter. The left kidney measured 4.0 cm in length. The right kidney measured 3.8 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 0.28 cm width. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

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. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing pyloric chyme with no signs of ileus, obstruction or foreign material.

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 0.20 cm width. The jejunum wall measured 0.20 cm width.

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

Pancreas

The pancreas was normal in size with symmetrical contour and mild non-homogenous hypoechoic parenchyma compared to adjacent non-reactive or inflamed omentum.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically normal gastrointestinal tract with mild non-shadowing pyloric chyme
- Significant urinary bladder sediment
- Non-specific increased bilateral corticomedullary echogenicity with renal cysts
- Possible mild left limb pancreatitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal mechanical obstruction, foreign material or significant mural pathology. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Continued gastrointestinal support and dietary therapy with monitoring of gastrointestinal signs and body weight is recommended. A urine C/S on sterile urine sample is indicated if inflammatory sediment +/- UPC, if non-inflammatory proteinuria. Concurrent monitoring of renal parameters going forward is suggested.

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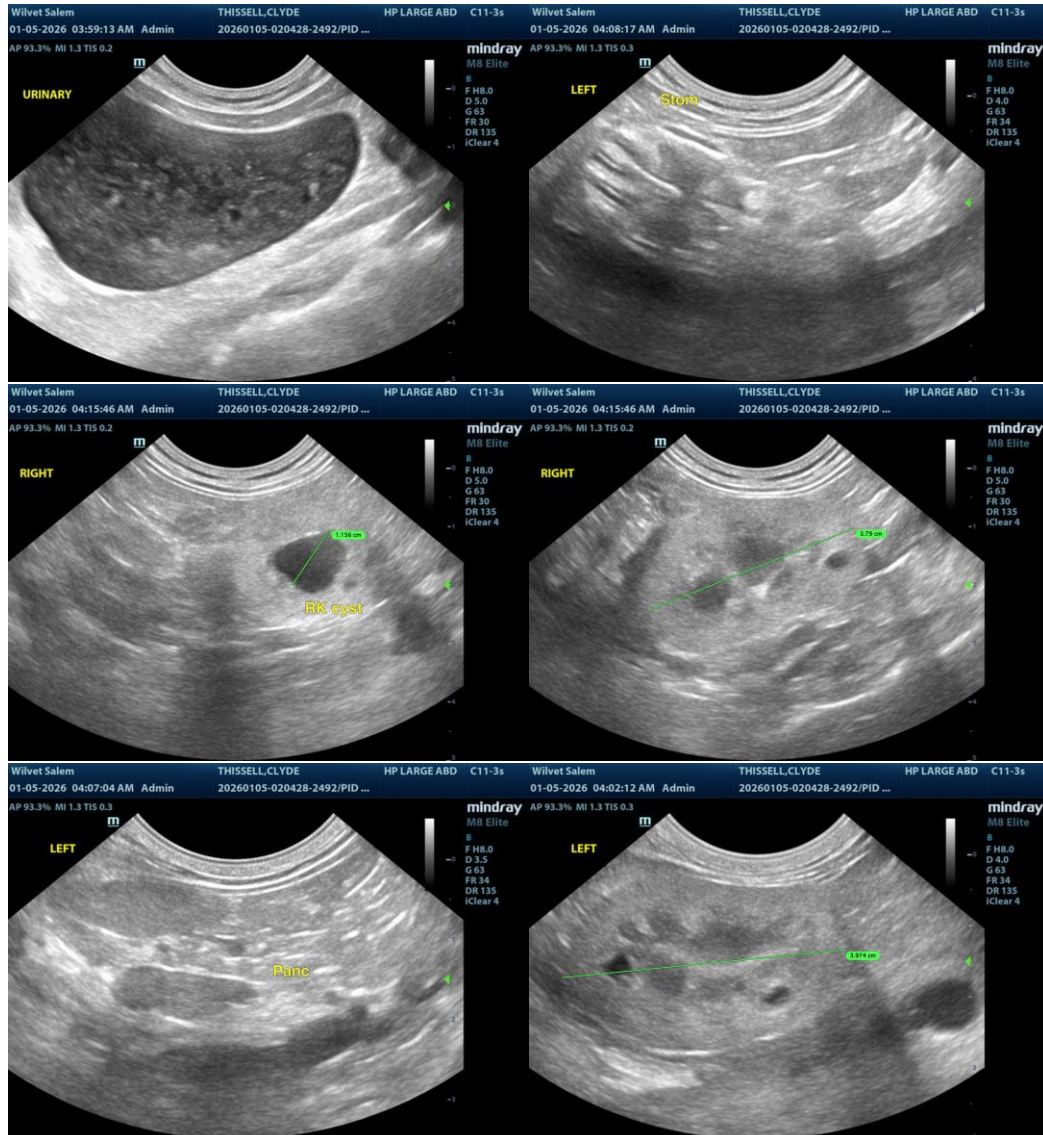
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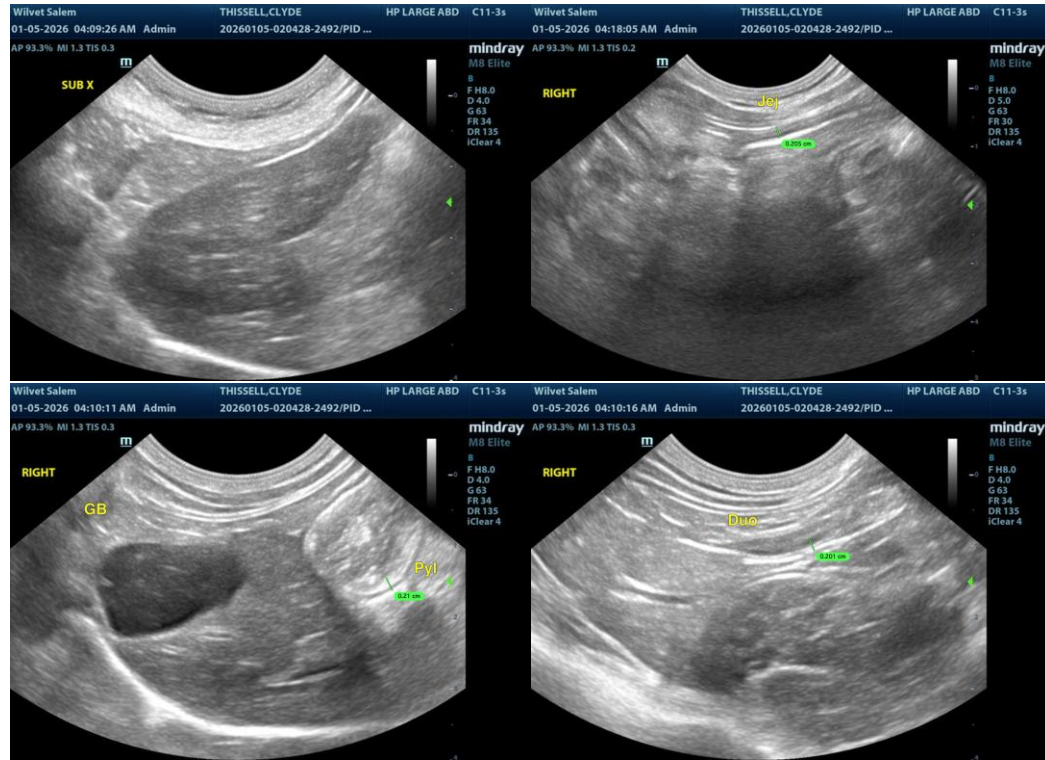
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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