



PATIENT

Lily Cook

PRESENTING CLINICAL SIGNS

diarrhea 2 weeks historic GI lymphoma CKD hyperthyroidism, diabetes Current meds Varenzin Budesonide Cisapride Methimazole Senvelgo Potassium Citrate

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

SEX

FS

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 2.8 cm in length. The right kidney measured 2.8 cm in length.

AGE

18

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

5.9

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

INTERPRETED BY

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

The spleen exhibited borderline to possible mild enlargement with homogenous parenchyma which was mildly hypoechoic. 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. The spleen measured 0.58 cm in width at the level of the mid spleen.

IMAGING PERFORMED BY

Jenn

Liver/Gallbladder

The liver presented possibly mildly increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. 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, primarily gravity dependent non-organized debris. The cystic and common bile ducts were normal.

HOSPITAL NAME

Rockaway Animal
Hospital

Gastrointestinal

REFERRING VET

Dr Salazar

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.

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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 small intestine measured 0.2 cm in wall width. The ileocolic wall measured 0.30 cm in width.

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



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Pancreas

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The left pancreas was prominent in size with capsule asymmetry and non-homogenous mild variably hypoechoic parenchyma compared to adjacent omentum.

SPECIES

Free Abdomen

Feline

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

ULTRASONOGRAPHIC FINDINGS

BREED

Primary

DSH

- Sonographically unremarkable gastrointestinal tract
- Chronic / chronic active pancreatitis with remodeling
- Subjective borderline to mild enlarged hyperechoic liver
- Non-organized gallbladder debris (non-mucocele)
- Bilateral chronic renal changes
- Semi-formed fecal matter in colon.

SEX

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AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. In addition to current therapy, dietary trial, high colony count probiotics (Proviale) and cobalamin supplementation, pending assessment of cobalamin levels may prove beneficial. If patient is indoor/outdoor, empirical deworming is recommended.

WEIGHT

5.9

Correlation with recheck lab work and UA is suggested if not recently done.

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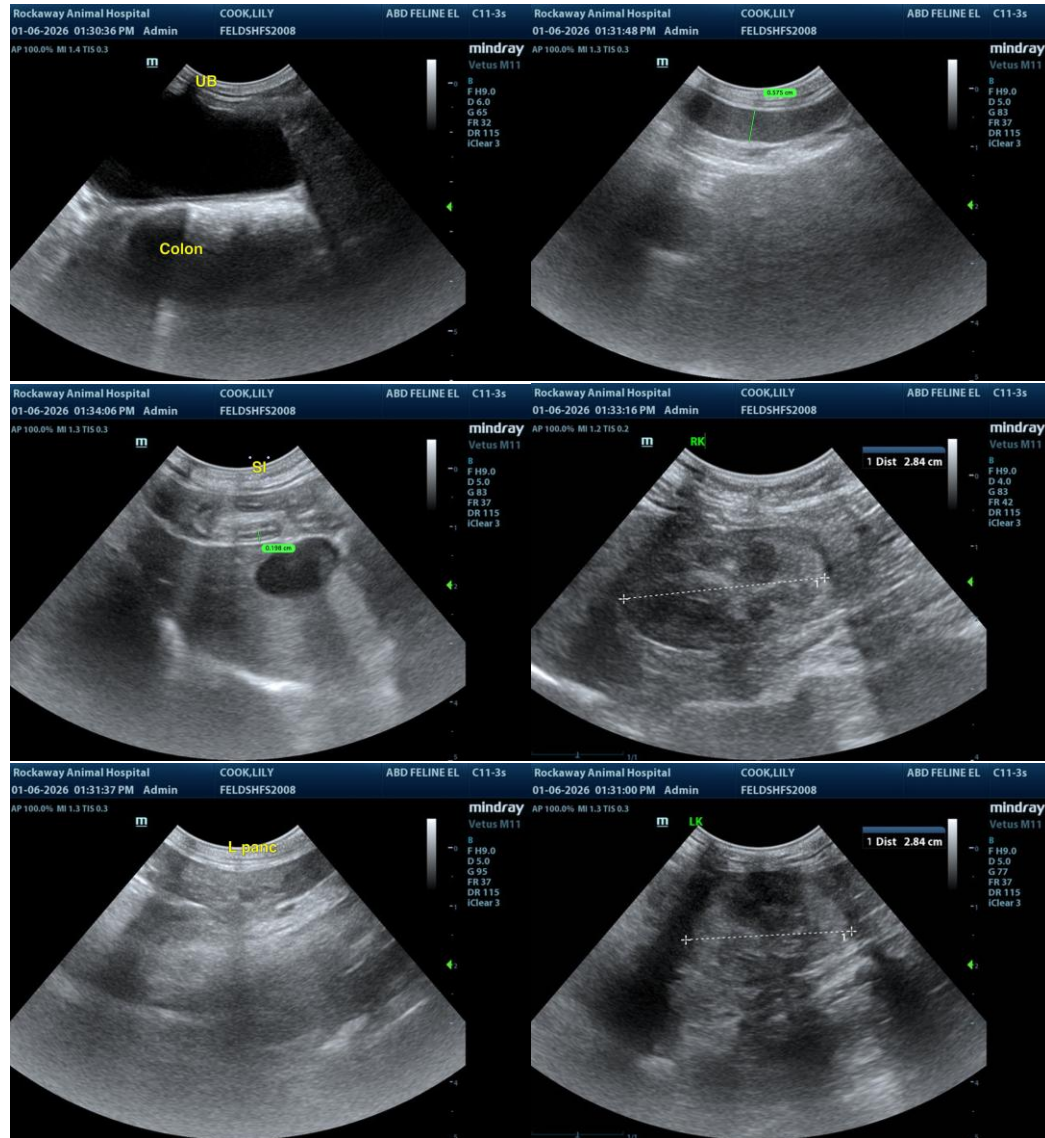
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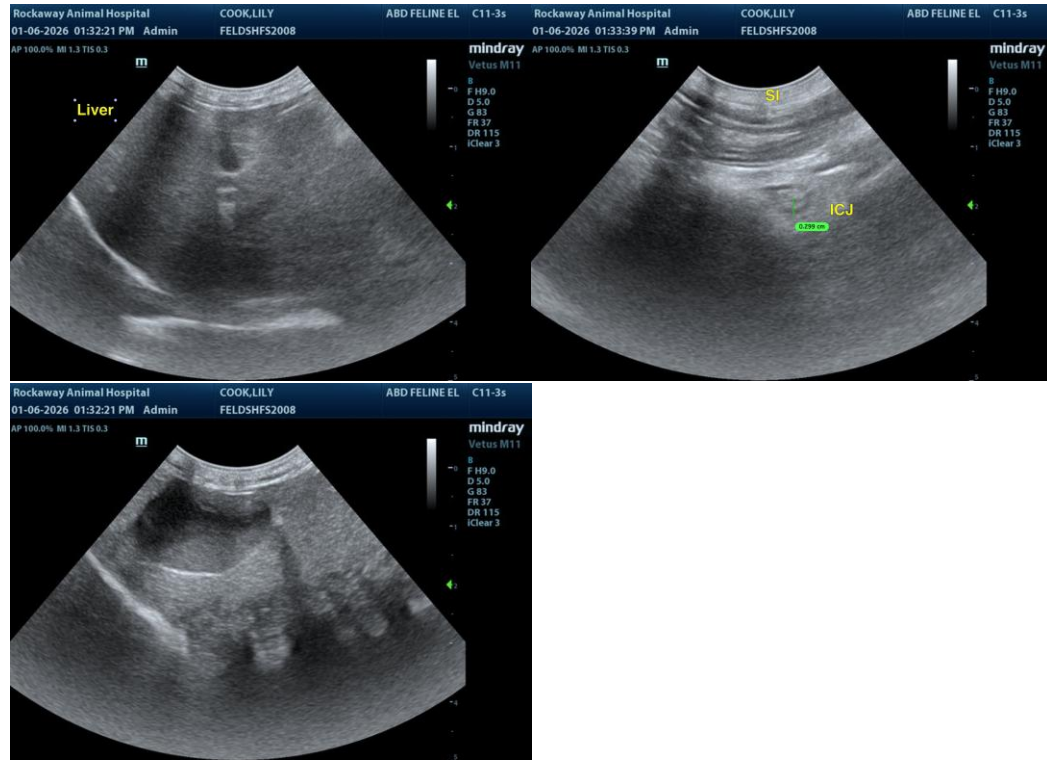
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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