



PATIENT

Gypsy Woodruff

PRESENTING CLINICAL SIGNS

weight loss over last several months, x-rays at primary veterinarian revealed concerns for free fluid and abnormal appearance to stomach. Bloodwork largely unremarkable

SPECIES

Feline

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 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.

BREED

DSH

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of minor medullary mineral were present. The left kidney measured 3.7 cm in length. The right kidney measured 4.0 cm in length.

AGE

14yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

3kg

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.31 width. The right adrenal gland measured 0.40 cm in width.

INTERPRETED BY

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

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. The spleen measured 0.73 cm in width at the level of the mid spleen.

IMAGING PERFORMED BY

Michael Schacher

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 common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

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Transdiaphragmatic view of the caudal thorax revealed pleural effusion.

REFERRING VET

Michael Schacher

Gastrointestinal

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.

INVOICE 23482

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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. An example of the small intestine wall measured 0.21 cm in width.



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

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Pancreas

SPECIES

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Feline

Free Abdomen

No overt lymphadenopathy was present.

BREED

Minor cranial perihepatic effusion was present.

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

Primary

FS

- Bilateral chronic renal changes exhibiting mild medullary mineral
- Urinary bladder sediment
- Non-congested hepatomegaly.
- Sonographically unremarkable gastrointestinal tract
- Mild heterogeneous left pancreas
- Transdiaphragmatic pleural effusion with minor cranial abdomen / perihepatic effusion.

AGE

14yr

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

3kg

Three view chest radiographs as well as pleural effusion analysis cytology, and if clinically indicated, C/S is recommended. Although no evidence of reported hepatic enzyme elevations, and assuming normal clotting status, screening hepatic FNA cytology, using 25ga needle is warranted to assess for occult disease as a contributing factor.

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(Canine and Feline)

No obvious sonographic evidence of gastrointestinal mural pathology. A spec fPL and assessment for cranial abdomen /subxiphoid discomfort on palpation, which may allude to mild chronic to chronic active pancreatitis may be considered. However if present, the degree of chronic to chronic active pancreatitis does not appear to be severe enough to result in effusion or systemic inflammation.

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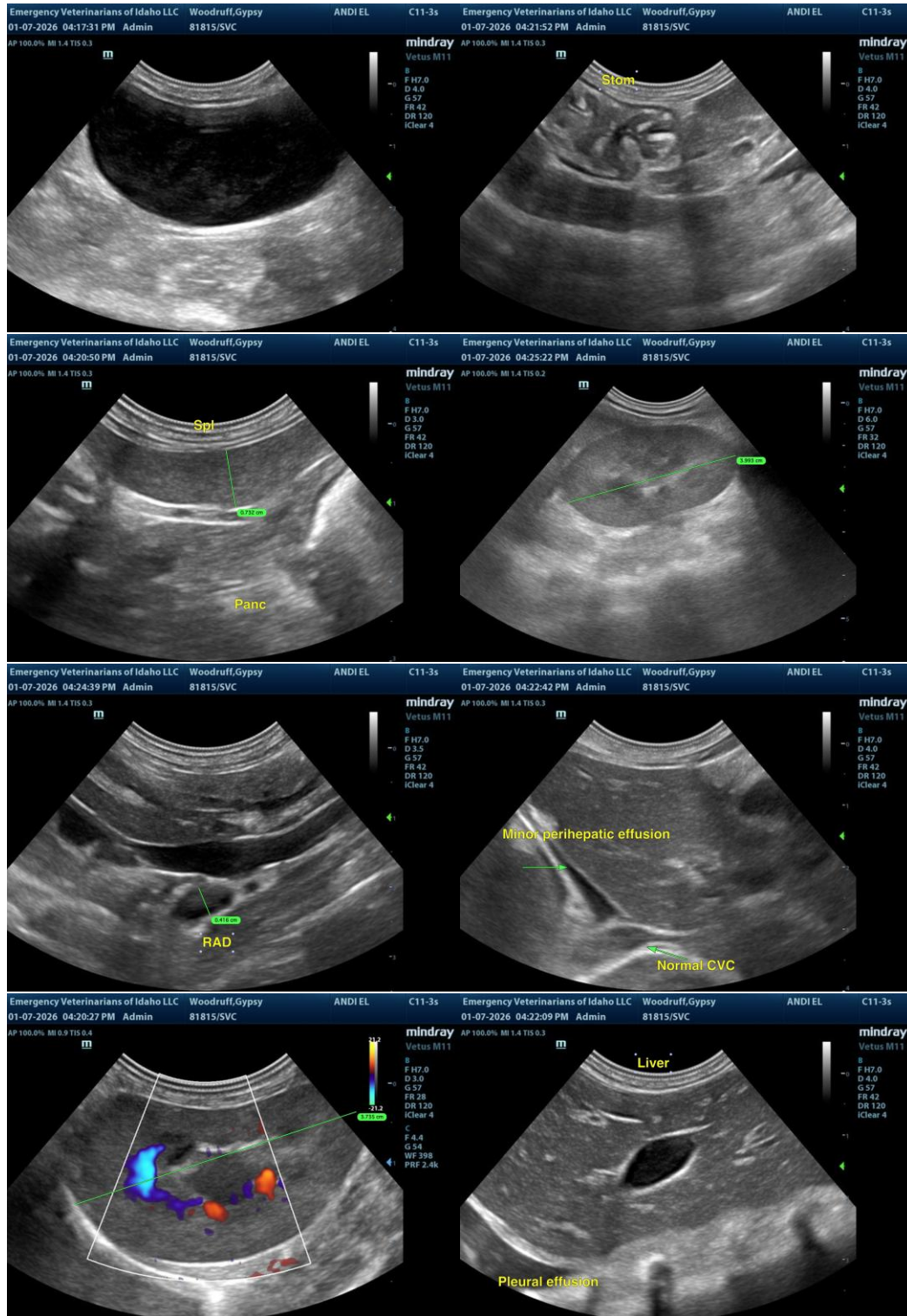
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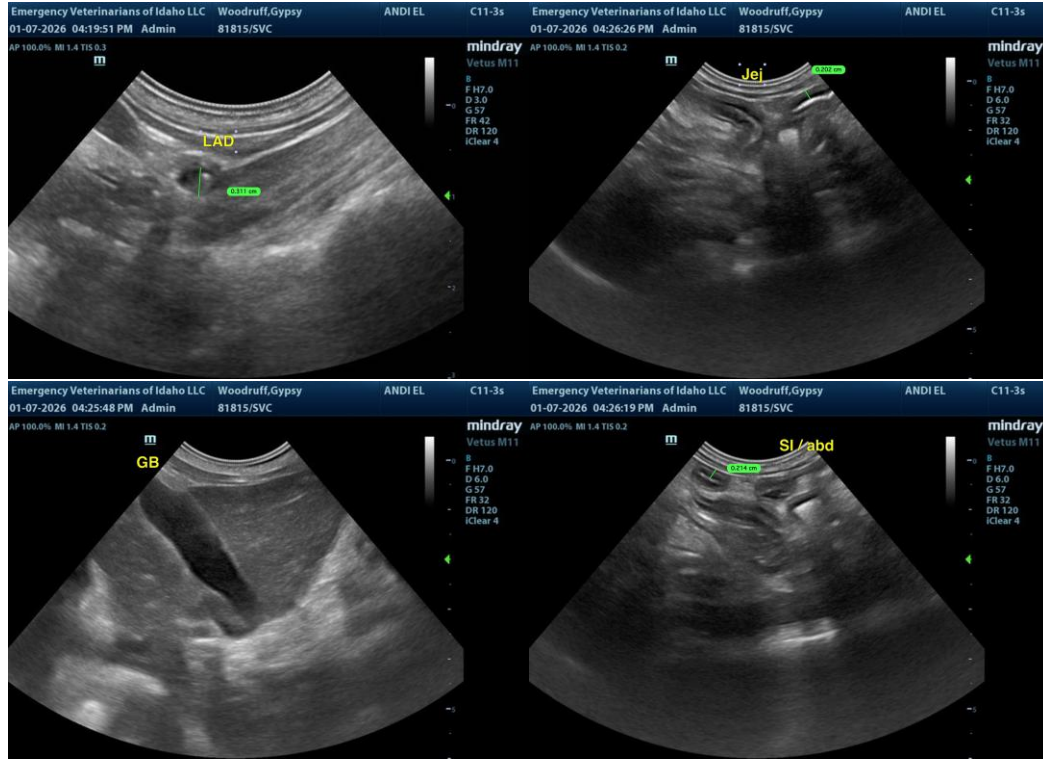
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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