



PATIENT

Buddy Cowan

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14

WEIGHT

11.5

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Brita Kiffney

HOSPITAL NAME

Northshore Veterinary
Hospital

REFERRING VET

Dr. Brita Kiffney

INVOICE

13023

DATE

01/08/2026

PRESENTING CLINICAL SIGNS

Chronic emesis, vomiting multiple times per day. O unable to give oral medications- did respond favorably to injectable maropitant. Fractious, semi feral, unable to examine easily.

Abnormal PE/Chem/CBC/UA Results: Radiographs were suggestive of intestinal thickening, CBC/Chem/T4- Nonregenerative Anemia, Hypoalbuminemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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. The left kidney measured 4.1 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.

Spleen

The spleen presented mildly enlarged with symmetrical capsule contour and subtle nonhomogenous parenchyma and minor cranial splenic folding. The spleen measured 1.1 cm width level of the mid spleen.

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. 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.

Gastrointestinal

The stomach presented with a mild to variably thickened wall exhibiting overall intact to discernable mural detail. The stomach wall measured 0.45 cm wall width. The stomach lumen was primarily empty with mild retained primarily pyloric fluid and a small amount of hyperechoic ingesta with gas. No evidence of obstruction to pyloric outflow.



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The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. An example of the small intestine wall measured 0.37 cm wall width. The ileocolic wall measured 0.48 cm wall width.

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

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

Primarily mid ventral abdomen to intermittent variable mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of larger mesenteric lymph node size was 3.6 cm x 1.3 cm. Minor pockets of peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild thickened stomach with mild retained gastric fluid and hyperechoic content.
- Intact diffusely thickened small intestine.
- Variable to significant irregular hyperechoic to nonhomogenous mesenteric lymphadenopathy with surrounding perilymphatic hyperechoic omentum.
- Minor peritoneal effusion.

Secondary Findings

- Mild age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

General considerations for the small intestine and lymphadenopathy may include inflammatory, infectious, granulomatous, FIP or neoplastic etiologies. Neoplasia is a primary concern, i.e. lymphoma or similar given significant mesenteric lymphadenopathy. Correlation with pending sampling is recommended. A definitive diagnosis may require biopsies for histopathology. A small non-obstructive hairball density in the pylorus may be possible. Sonographic monitoring is indicated if persistent or progressive emesis.



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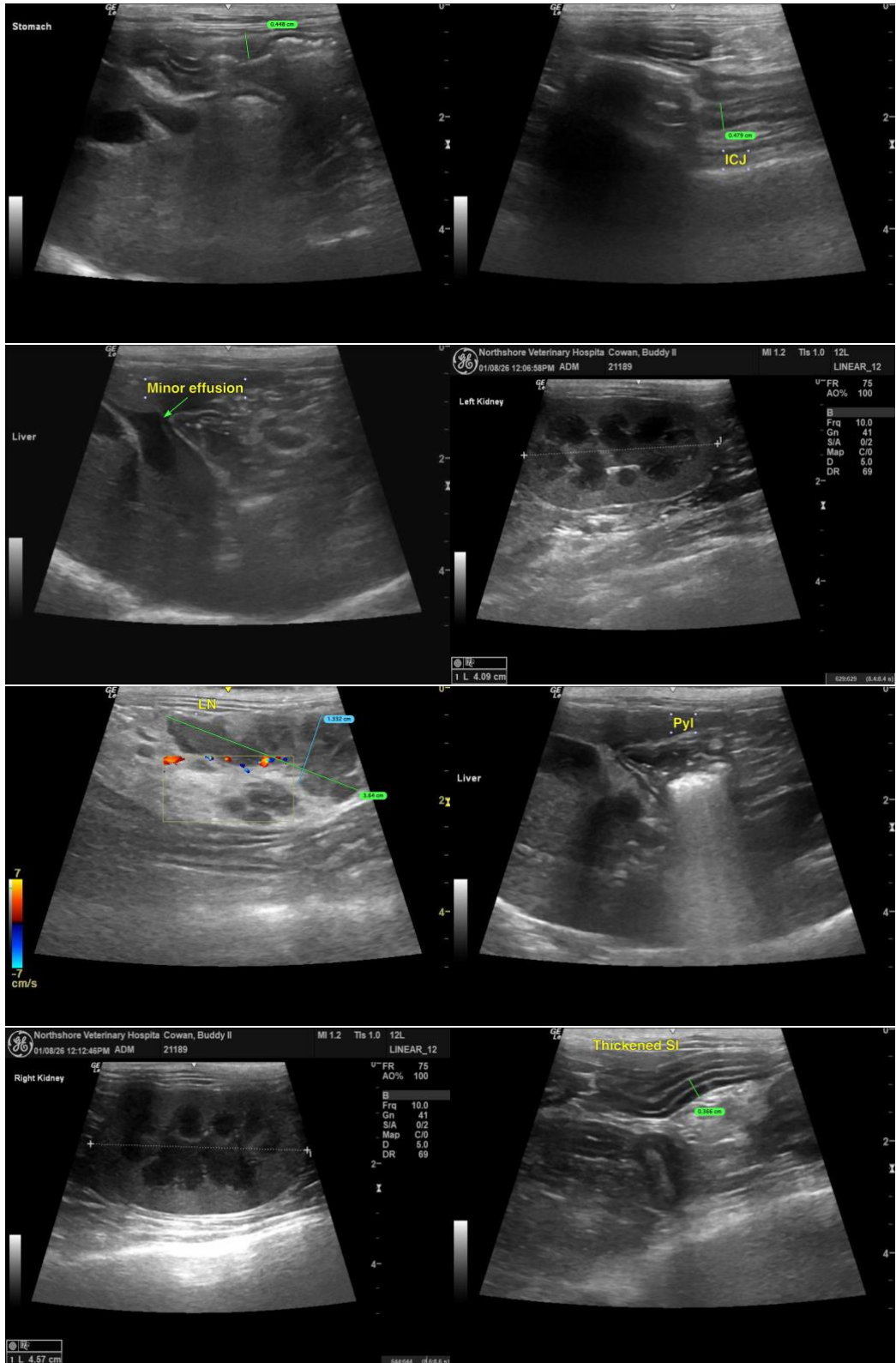
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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