



## PATIENT

Honey McCarthy

## SPECIES

Feline

## BREED

DSH

## SEX

Female Spayed

## AGE

3y 2m

## WEIGHT

12.09 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

A Murphy, CVT

## HOSPITAL NAME

Wauwatosa VC

## REFERRING VET

Dr. Kevin Kicker

## INVOICE

13048

## DATE

1/9/26

## PRESENTING CLINICAL SIGNS

History: Several month history of vomiting 1-2x/week. Maintained excessive body condition despite vomiting. Blood work is unremarkable

Abnormal PE/Chem/CBC/UA Results: Abdominal palpation: soft non painful, no palpable masses or distention. Body condition score: 8/9 Blood work (CBC/CHEM WNL

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, non-dependent, echogenic to particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 cm in length.

### Adrenal Glands

The area of the left and right adrenal glands were free of pathology.

### 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

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 intact wall layering with a normal wall layer ratio. The lumen of the stomach mild retained pyloric fluid with no evidence of obstruction to pyloric outflow or foreign material.

The small intestine presented generalized intact wall layering exhibiting segmental mild thickened jejunum muscularis layer. Segmentally thickened jejunum measured 0.30 cm. Normal appearing jejunum measured 0.24 cm and duodenum wall measured 0.25 cm. No evidence of intestinal mechanical/metabolic ileus to the level of the colon.



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

## Pancreas

The area of the pancreas was sonographically normal.

## Free Abdomen

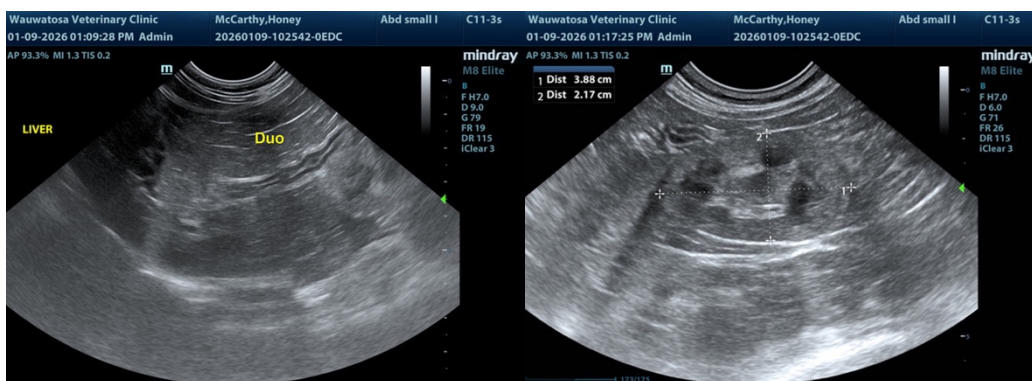
No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Normal stomach with mild retained pyloric fluid
- Intact segmental mildly thickened jejunum wall and generalized empty intestinal lumen
- Normal area of pancreas
- Mild urine sediment

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The segmental mildly thickened small intestine is nonspecific with possible patient variant yet given mild altered wall layer ratio suggests mild inflammatory criteria. Potential for emerging to occult neoplasia thought less likely. No evidence of gastrointestinal mechanical obstruction, i.e. foreign material or evidence of active pancreatitis. Low-grade pancreatitis may present sonographically normal. A Gi panel to include PLI/TLI/Cobalamin/Folate is suggested. Gastrointestinal support which may include dietary trial and as needed gastro protectants with clinical and as needed sonographic monitoring if evidence of persistent gastrointestinal signs or weight loss would be reasonable. Gastrointestinal biopsies may be required for definitive diagnosis.





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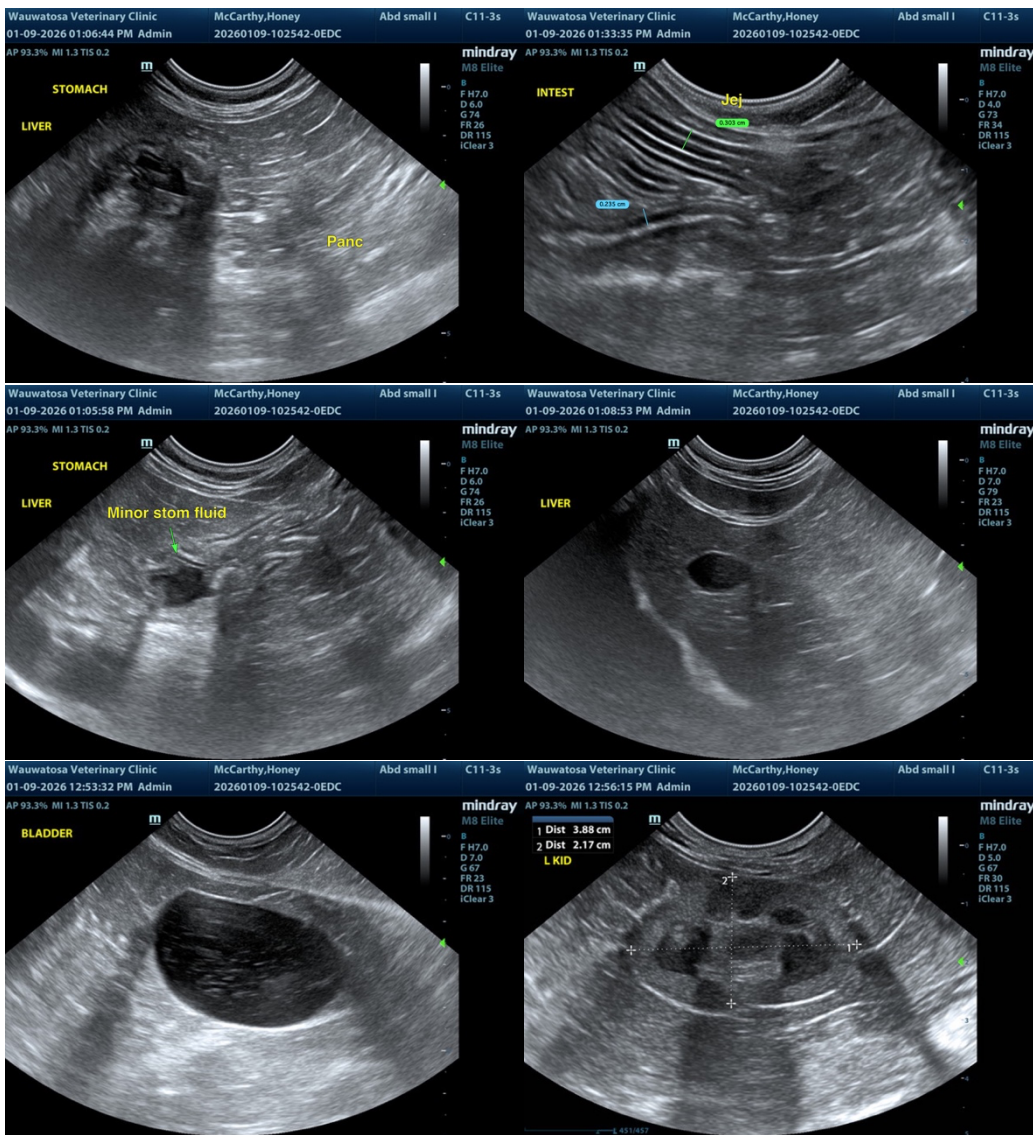
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

[info@sonopath.com](mailto:info@sonopath.com)