



PATIENT

Herby Cardona

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

5.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

VCA AVH Animal
 Hospital

REFERRING VET

Dr. Charlotte Case

INVOICE

12204

DATE

11/11/25

PRESENTING CLINICAL SIGNS

BCS 3/9. Concerns for abdominal effusion. 2.4 lbs weight loss since 2022. Vomiting blood, dehydrated. 3/6 heart murmur.

Current Medications: IVF; Cerenia inj.

Abnormal PE/Chem/CBC/UA Results: Pending

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.

Both kidneys exhibited adequate size and mild asymmetrical renal margination. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. Mild hyperechoic cortex with indistinct corticomedullary border demarcation with no evidence of pyelectasia. A minor to irregular hyperechoic possibly mineralized corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.5 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

No obvious visualized pathology in the areas of the left and right adrenal glands.

Spleen

The spleen presented subjective mild subnormal in size (which may suggest volume contraction), exhibiting 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 0.50 cm width level of the mid spleen.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The stomach presented with normal intact wall. The stomach exhibited mild to moderate distention with mildly echogenic fluid and mild lumen gas. No overt pyloric or upper intestinal obstructive criteria i.e. foreign body or mural pathology. Pylorus wall measured 0.21 cm wall width.

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The duodenum exhibited generalized thickened yet overall intact wall exhibiting subjective mild decreased duodenal mucosa echogenicity and generalized mild duodenal ileus, potentially extending into upper jejunum. Thickened duodenum wall measured 0.37 cm wall width. Overall jejunum extending into the ileocolic junction exhibited intact wall layer and maintained wall layer ratio with empty jejunoileal lumen to the level of the colon. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.31 cm width.

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

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Pancreas

The left pancreas exhibited normal size and symmetrical contour with mild nonhomogenous hypoechoic parenchyma. The right pancreatic limb was normal in size with symmetrical capsule contour and mild nonhomogenous hyperechoic parenchyma.

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Free Abdomen

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No evidence of significant swollen mesenteric lymphadenopathy was present. Scant pockets of peritoneal effusion were visualized with minor isoechoic to indistinct mesenteric lymphadenopathy probable.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hypomotile stomach with overtly patent pylorus.
- Thickened hypomotile duodenum potentially extending into upper jejunum. Overall, intact sonographically normal jejunoileum wall without evidence of jejunoileal ileus.
- Possible mild left limb pancreatitis with right limb remodeling.
- Mild peritoneal effusion and minor indistinct mesenteric lymphadenopathy.

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Secondary Findings

- Chronic renal changes exhibiting minor possibly mineralized nonspecific medullary rim.
- Volume contracted spleen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Duodenal inflammation, infectious or emerging neoplastic etiologies are possible with subjective associated metabolic upper intestinal ileus and potential for concurrent low-grade mixed pattern pancreatitis are all potentials. Associated upper gastrointestinal micro-ulceration may be suspected in conjunction with hematemesis. No obvious evidence of gastrointestinal mechanical obstruction or foreign material.

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Further assessment may include upper gastrointestinal endoscopy with potential for biopsies and correlation with a spec fPL or full GI panel to include PLI, TLI, cobalamin and folate given weight loss. Gastrointestinal support which may include canned diet trial with avoidance of dry food, gastroprotectants, consideration for empirical helicobacter coverage and supportive care for possible



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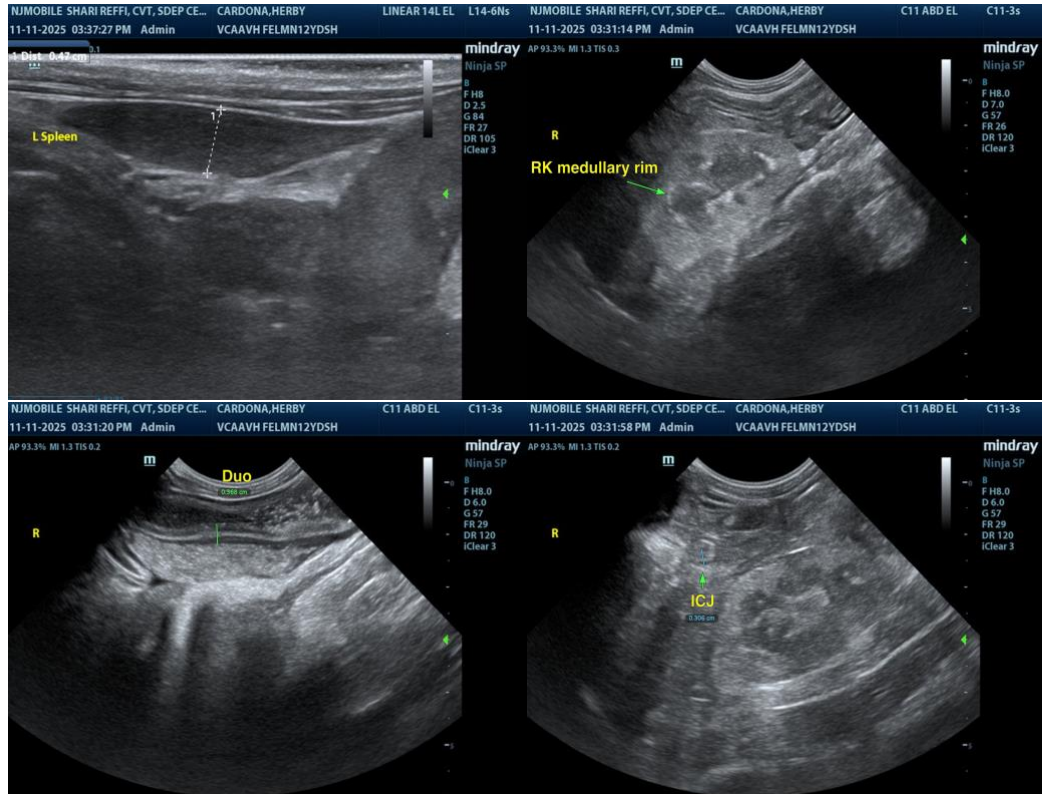
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low-grade pancreatitis with clinical and sonographic monitoring would be a more conservative approach. Correlation with pending lab work and urinalysis is recommended.





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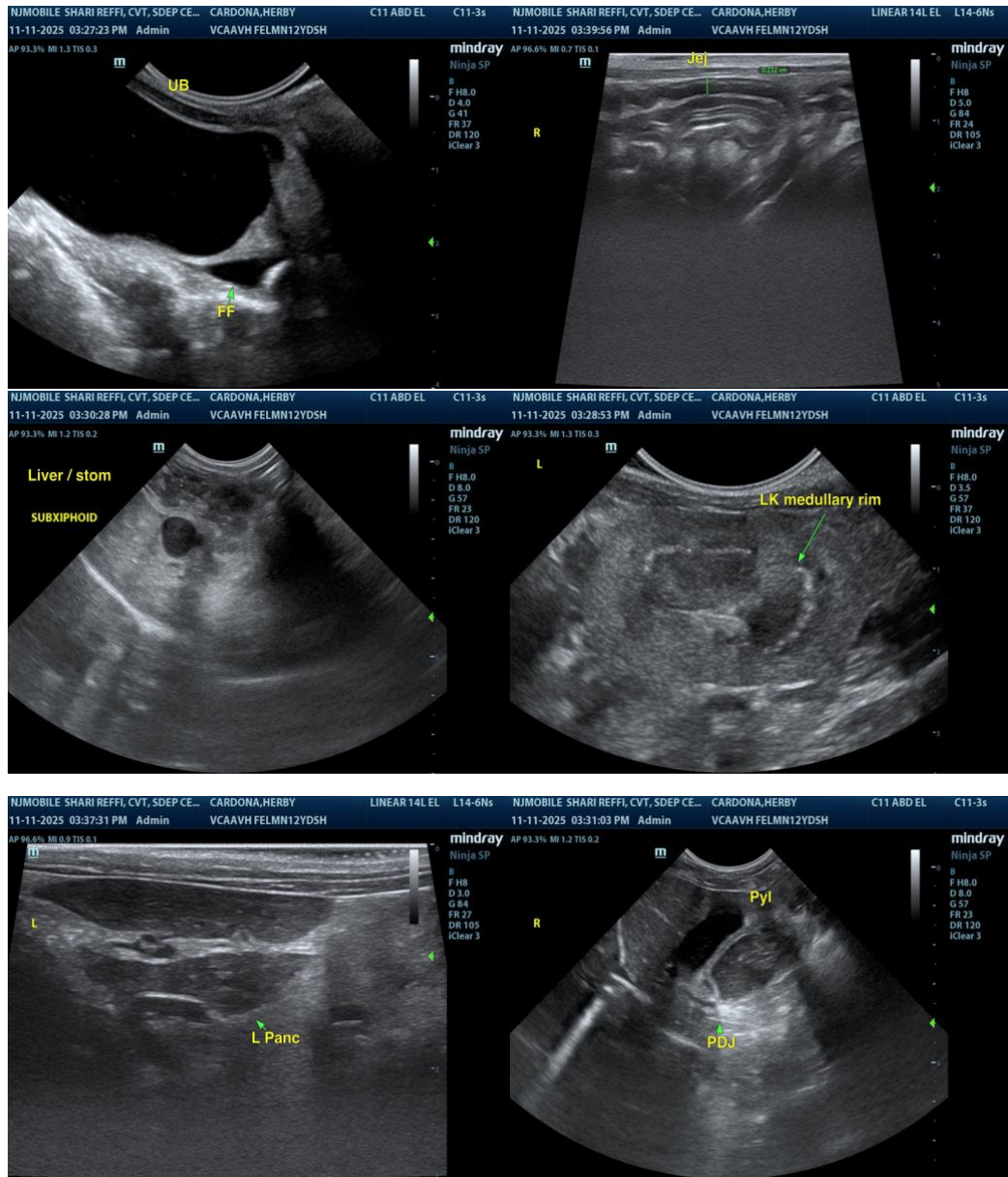
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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