



PATIENT

Sox Tou

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

17 yrs

WEIGHT

6 lbs.

PRESENTING CLINICAL SIGNS

Vomiting multiple times daily. Fasted. Currently on methimazole.
Abnormal PE/Chem/CBC/UA Results: SDMA: 16, Creat: 2.9, T4: 0.8

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 evidence of urine or 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.

No evidence of pathology in the area of the aortic trifurcation.

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 to 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 3.1 cm in length. The right kidney measured 3.2 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. No overt pathology was noted in the area of the right adrenal gland.

IMAGING PERFORMED BY

Rodriguez

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.

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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. A small, thinly walled, nondisruptive, ventrocaudal, intraparenchymal cyst was present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

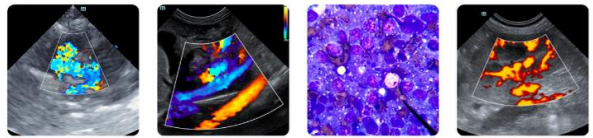
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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas without evidence of retained ingesta, fluid, or foreign material. The pylorus width measured 0.23 cm in width.

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The intestinal walls demonstrated intact, variably thickened wall layers exhibiting altered wall layer ratio with propensity for thickened muscularis layer. The small Intestinal wall width measured 0.30 cm. The ileocolic wall measured 0.40 cm width.

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

SEX

Pancreas

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The pancreas was indistinctly visualized exhibiting overtly normal size and symmetrical capsule contour with isoechoic to mildly heterogeneous remodeled parenchyma compared to adjacent omentum. Mildly prominent left limb pancreatic duct was noted.

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Free Abdomen

WEIGHT

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Intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 1.0 cm x 0.48 cm. Mild associated peri ileocolic and peri lymphatic hyperechoic omentum was noted. Intermittent pockets of minor volume peritoneal effusion were present.

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(Canine and Feline)

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Normal empty stomach
- Enteropathy
- Possible concurrent mild chronic pancreatitis
- Bilateral chronic renal changes
- Intermittent, generally mild mesenteric lymphadenopathy

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Secondary Findings

- Chronic renal changes
- Small benign hepatic cyst

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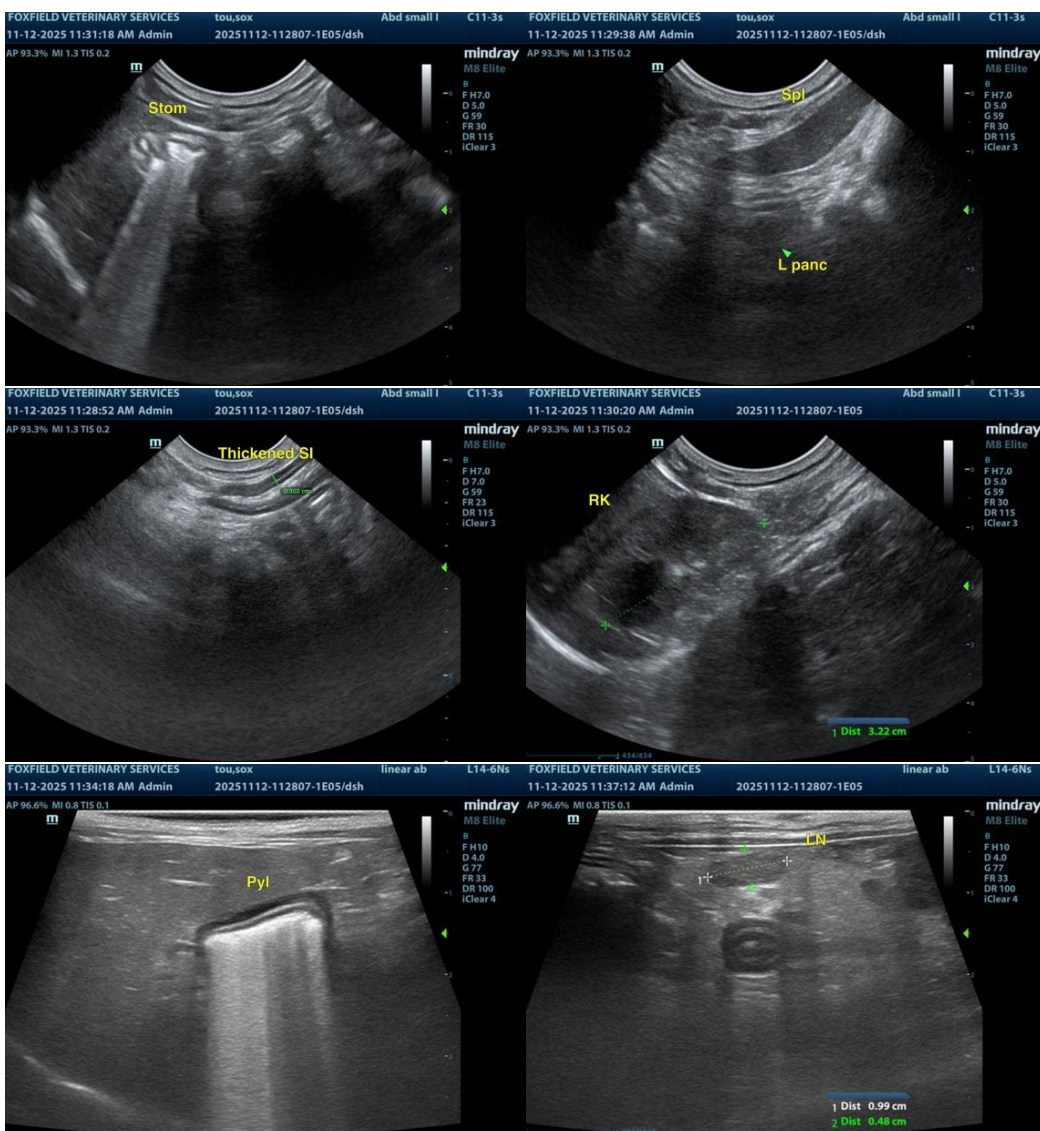
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of a gastrointestinal obstructive pattern or foreign material. IBD or other inflammatory enteropathy or emerging to occult intestinal round cell neoplasia which may present in a similar sonographic manner, is possible.

Correlation with a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Gastrointestinal support and empirical therapy for IBD and chronic pancreatitis, with clinical and as-needed sonographic monitoring, if persistent/progressive gastrointestinal signs or weight loss, would be reasonable. Intestinal biopsies are required for a definitive diagnosis. Urinary workup is recommended if not done.





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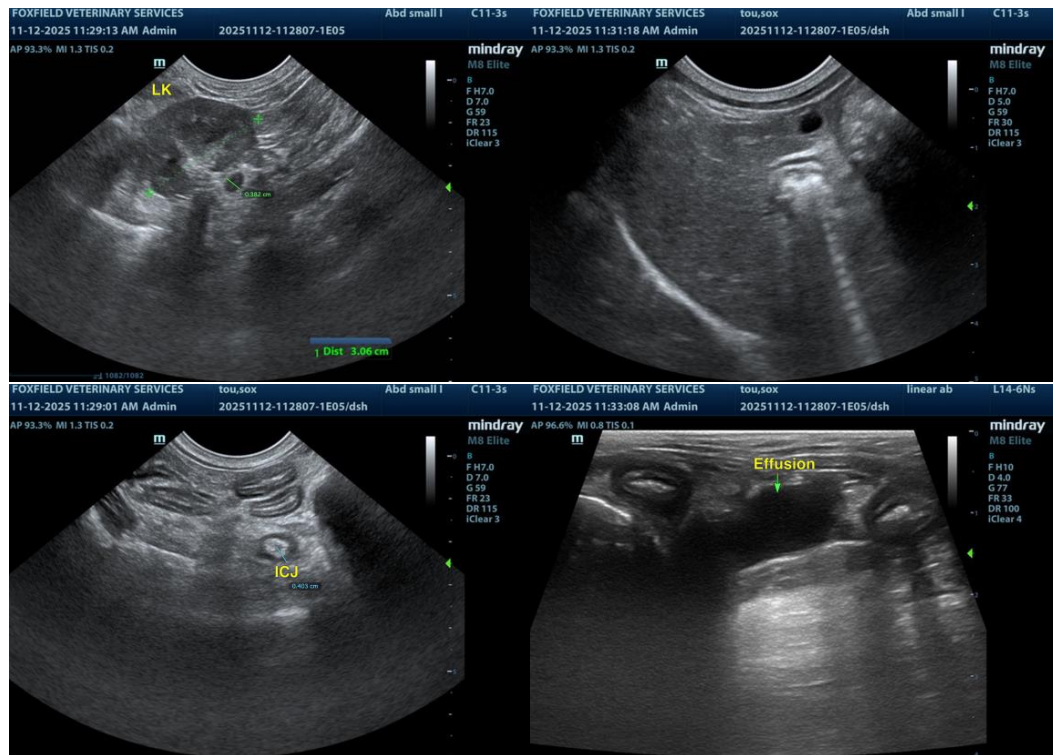
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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