



PATIENT

Keiro Glenn

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years 8 Months

WEIGHT

13 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Carter

HOSPITAL NAME

Willamette Veterinary
Hospital

REFERRING VET

Dr. Carter

INVOICE

12260

DATE

11/13/25

PRESENTING CLINICAL SIGNS

Chronic vomiting; since at least Dec 2019. Intermittent. Jan 2024 had been vomiting more frequently. Sometimes vomits bile, sometimes food. Intermittent hyporexia. Exam Sept 2025; owner reported vomiting 2-3 times a week for several months; hair, food. Weight stable.

Abnormal PE/Chem/CBC/UA Results: Jan 2024; eosinophils 1608 Sept 2025; creatinine 2.0.

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. Primarily anechoic urine was present in the lumen. Nondependent particulate mild 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 indistinct corticomedullary border demarcation were noted. 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. A mildly prominent to mildly hyperechoic 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 3.6 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized with no obvious 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 and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. A solitary nondisruptive intraparenchymal mildly complex cyst or cystic nodule was visualized measuring 1.3 cm in diameter.

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

Gastrointestinal



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The stomach presented with intact mildly prominent hyperechoic wall exhibiting subjective mild prominent gastric rugal fold. Gastric body wall measured 0.29 cm wall width. The stomach contained a mild amount of anechoic fluid without obstruction to pyloric outflow.

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The small intestine presented with intact wall layering with overall maintained wall layer ratio. Mildly thickened intestine wall with jejunum wall measured 0.29 cm wall width. Ileocolic wall measured 0.41 cm wall width.

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

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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.

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Free Abdomen

No visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

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- Mild urine sediment.
- Mild chronic renal changes with nonspecific medullary rim sign.
- Suspect mild chronic gastritis with nonobstructive mild hypomotility.
- Intact mildly thickened small intestine wall.
- Small hepatic cyst or cystic nodule- benign, consistent with mildly complex hepatic cyst or biliary cystadenoma.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific with possible patient variant, the intact mildly thickened small intestine wall may indicate chronic enteropathy criteria i.e. mild to chronic IBD. No overt evidence of gastrointestinal neoplastic criteria which is thought less likely. No evidence of current gastrointestinal hairball. Dietary trial, as needed gastroprotectants and hairball therapy with clinical monitoring may prove beneficial. A spec fPL could be considered to assess for mild/chronic pancreatitis which may present sonographically normal. Sonographic monitoring for evidence of progressive gastrointestinal changes if continued gastrointestinal signs or weight loss is indicated. Urinalysis is recommended if not done given renal presentation and possible emerging to mild azotemia.

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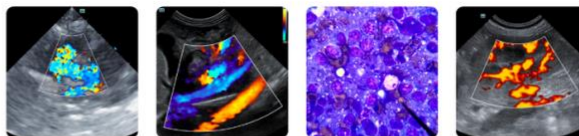
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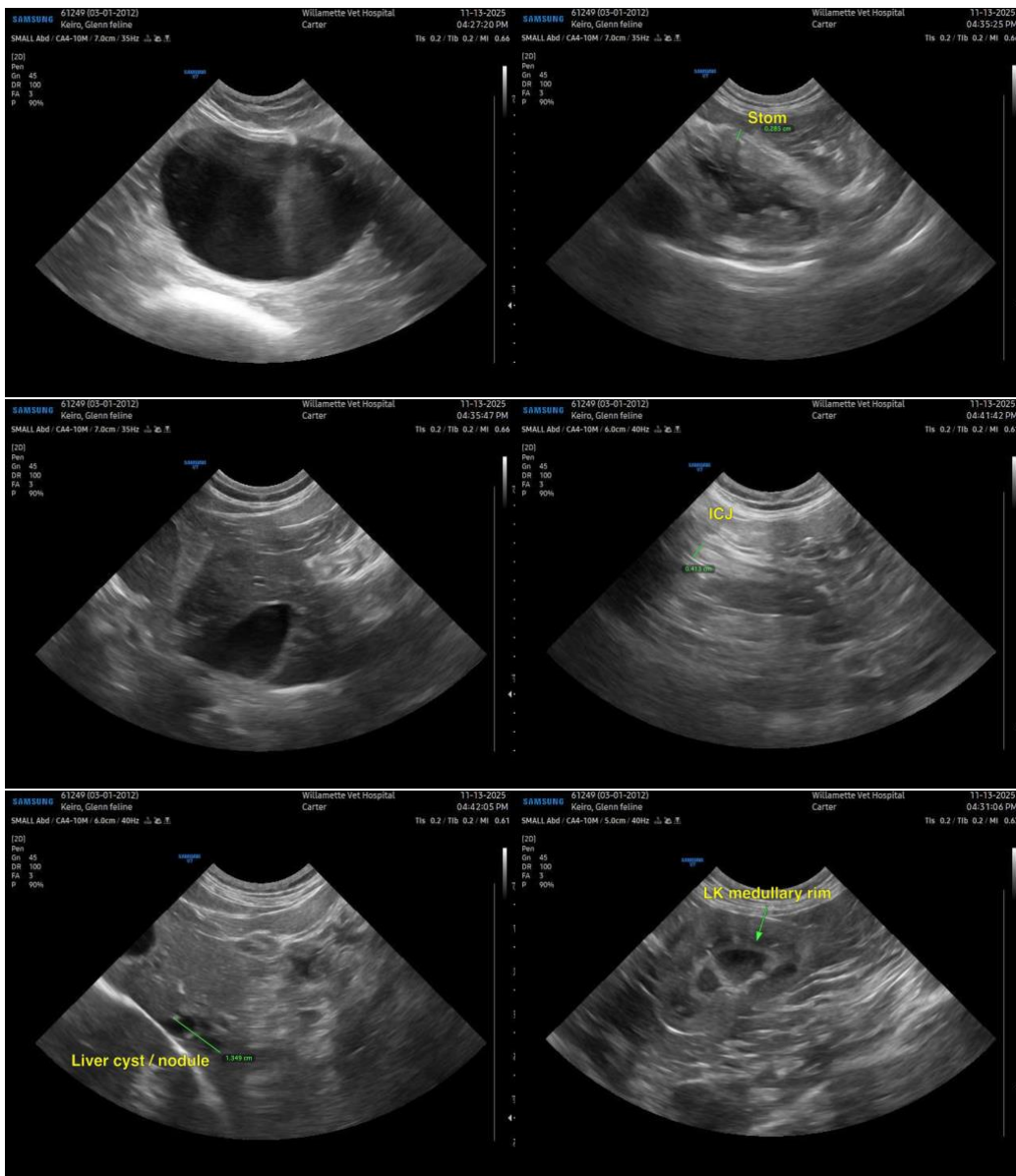
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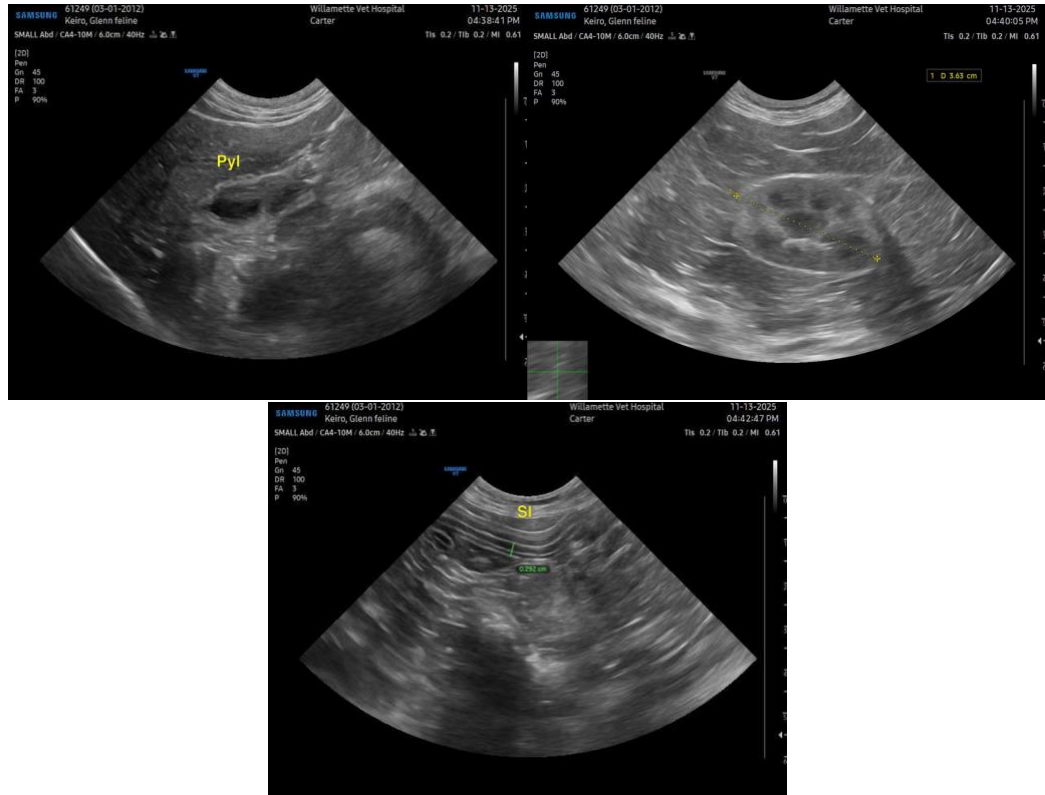
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com