



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Oreo Wright	Patient presents for vomiting and mucoid diarrhea. The diarrhea began yesterday, and the vomiting began today. The owner reports the patient has been on a portion-controlled diet for the past 6 months for weight management. Symptoms: Vomiting, mucoid diarrhea, lethargy, hiding. Additional Input: The patient was transitioned from free-feeding dry food to a portion-controlled diet including wet food approximately 6 months ago.
<b>SPECIES</b>	
Feline	
<b>BREED</b>	Abnormal PE/Chem/CBC/UA Results: PE: Hydration: Moderate dehydration Oral Cavity: Tartar severe, gingivitis. Dry MM with CRT 3s Abdomen: Painful upon palpation of abdomen
Domestic Shorthair	
<b>SEX</b>	
FS	
<b>AGE</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
8 years	<b>Urinary System</b>
<b>WEIGHT</b>	The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild to moderate, nondependent, 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.
6.32	No evidence of pathology in the area of the aortic trifurcation.
<b>INTERPRETED BY</b>	Normal size and margination were 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. No evidence of pyelectasia was noted in either kidney. Mild medullary and pelvic mineral were noted. The left kidney measured 3.9 cm in length. The right kidney measured 4.3 cm in length.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Adrenal Glands</b>
<b>IMAGING PERFORMED BY</b>	No overt pathology was noted in the area of the left or right adrenal glands.
Masha Axenoff	<b>Spleen</b>
<b>HOSPITAL NAME</b>	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.
Wilvet South	<b>Liver/ Gallbladder</b>
<b>REFERRING VET</b>	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.
Masha Axenoff	
<b>INVOICE</b>	
10359	
<b>DATE</b>	
11/19/25	



<b>PATIENT</b>	<b><i>Gastrointestinal</i></b>
Oreo Wright	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material.
<b>SPECIES</b>	
Feline	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental, similar appearing, mild nonshadowing ingesta / chyme without signs of ileus, obstruction or foreign material. The duodenum wall measured 0.26 cm width. The jejunum wall measured 0.25 cm width.
<b>BREED</b>	
Domestic Shorthair	
<b>SEX</b>	The visualized colon exhibited intact mildly thickened irregular wall. The descending colon wall measured 0.36 cm. The colon was nondistended containing soft fecal matter, consistent with patient history.
FS	
<b>AGE</b>	<b><i>Pancreas</i></b>
8 years	The pancreas exhibited normal size with mild capsule asymmetry and mild nonhomogeneous hypoechoic parenchyma compared to adjacent omentum.
<b>WEIGHT</b>	<b><i>Free Abdomen</i></b>
6.32	No overt lymphadenopathy or peritoneal effusion was present.
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> <li>• Sonographically normal gastrointestinal tract with gastrointestinal ingesta - ingesta consistent with food / chyme</li> <li>• Colitis</li> <li>• Suspect mild pancreatitis</li> <li>• Urine sediment</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Masha Axenoff	Correlation with most recent meal ingestion is recommended, given vomiting, as nonobstructive gastrointestinal metabolic ileus or inefficient peristalsis is possible. Correlation with a GI panel to include PLI/TLI/Cobalamin/Folate and consideration for diarrhea PCR panel is recommended.
<b>HOSPITAL NAME</b>	
Wilvet South	
<b>REFERRING VET</b>	
Masha Axenoff	
<b>INVOICE</b>	A dietary trial which may include a higher fiber diet or a hydrolyzed diet trial with fiber supplementation, cobalamin supplementation pending assessment of cobalamin level, high colony count probiotic (Proviale), and empirical deworming if the patient is "outdoor", with clinical monitoring may prove beneficial. Sonographic monitoring is indicated if nonresponsive or progressive GI signs are noted.
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**PATIENT**

Oreo Wright

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

FS

**AGE**

8 years

**WEIGHT**

6.32

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Masha Axenoff

**HOSPITAL NAME**

Wilvet South

**REFERRING VET**

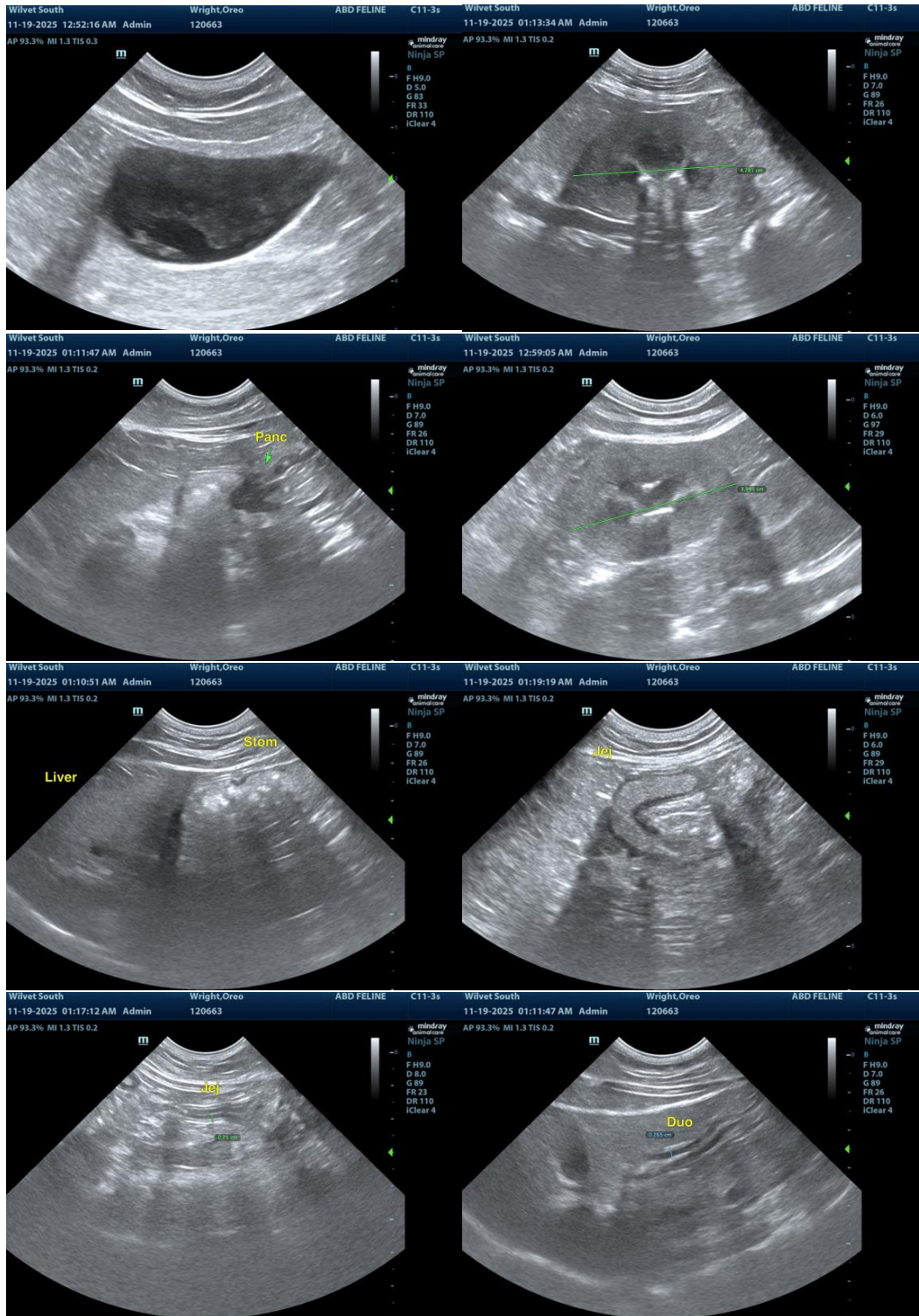
Masha Axenoff

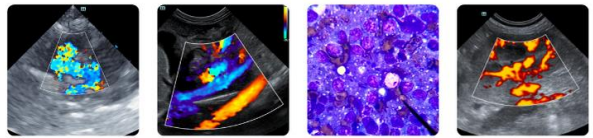
**INVOICE**

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Oreo Wright

## SPECIES

Feline

## BREED

Domestic Shorthair

## SEX

FS

## AGE

8 years

## WEIGHT

6.32

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R. McKenzie Daniel,  
DVM, DABVP  
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## IMAGING PERFORMED BY

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## HOSPITAL NAME

Wilvet South

## REFERRING VET

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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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