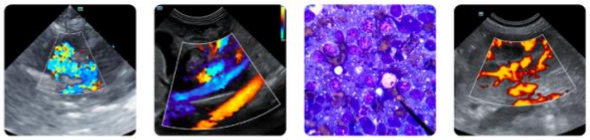


PATIENT

Jasper Robinson

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

14 Years

WEIGHT

7.28 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Quinn Robinson RVT

HOSPITAL NAME

Hess Ridge Animal Hospital

REFERRING VET

Dr. Michael Skarie DVM

INVOICE

12371

DATE

11/21/25

PRESENTING CLINICAL SIGNS

hx of vomiting -no hx of ingesting foreign material -Acute vomiting this AM (4times- mix of food/water/bile) -PT on Purina Pro EN diet

Abnormal PE/Chem/CBC/UA Results: Pending CBC/Chem27/TT4/UA with Reflex UPC

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width.

The right adrenal gland was enlarged with symmetrical contour and homogenous nonmineralized parenchyma. The right adrenal gland measured 0.82 cm width.

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. Mild congested hepatic vasculature most notable at the level of the hepatic vein/caudal vena cava junction.

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 was empty with no signs of ileus, obstruction or foreign material.

PATIENT

Jasper Robinson

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

14 Years

WEIGHT

7.28 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Quinn Robinson RVT

HOSPITAL NAME

Hess Ridge Animal Hospital

REFERRING VET

Dr. Michael Skarie DVM

INVOICE

12371

DATE

11/21/25

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.22 cm width. The jejunum wall measured 0.24 cm width.

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

Pancreas

The left pancreas presented normal in size with capsule asymmetry and heterogeneous remodeled parenchyma. Mildly prominent pancreatic duct.

Free Abdomen

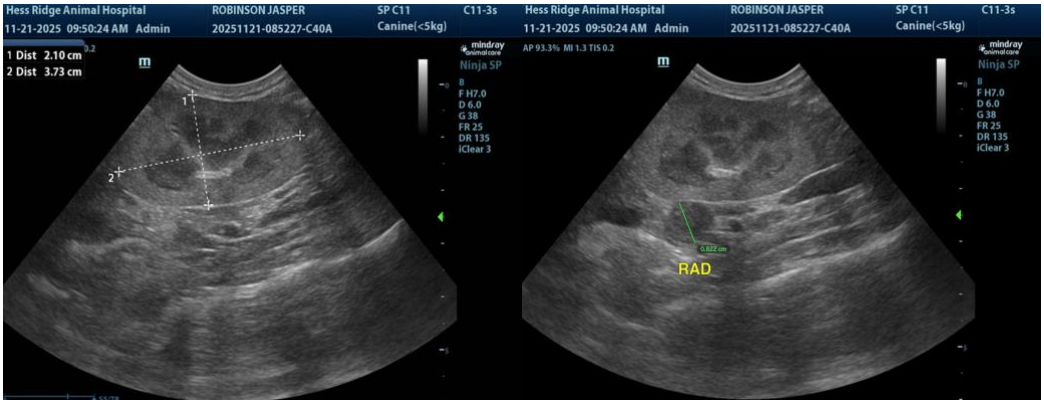
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Enlarged right adrenal gland.
- Sonographically normal empty gastrointestinal tract.
- Suspect mild chronic left limb pancreatitis.
- Subjective mild congested liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal mural pathology. Assessment for evidence of cranial abdomen/subxiphoid discomfort on palpation and spec fPL or a GI panel to include PLI, TLI, cobalamin and folate to correlate with the pancreas or assess for nonstructural intestinal disease is recommended. The enlarged right adrenal gland may indicate incidental hyperplasia or an adrenal tumor. Correlation with lab work to assess for evidence of hypokalemia as well as monitoring of systemic BP for evidence of hypertension which may indicate Conns syndrome is recommended. The mild congested liver is of unclear clinical significance and may be due to nonreported sedation i.e. Dexdomitor. If patient is nonsedated, three view chest radiographs to assess for cardiac or thoracic pathology is indicated. Gastrointestinal support and empirical therapy for suspect chronic pancreatitis would be appropriate.



PATIENT

Jasper Robinson

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

14 Years

WEIGHT

7.28 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Quinn Robinson RVT

HOSPITAL NAME

Hess Ridge Animal Hospital

REFERRING VET

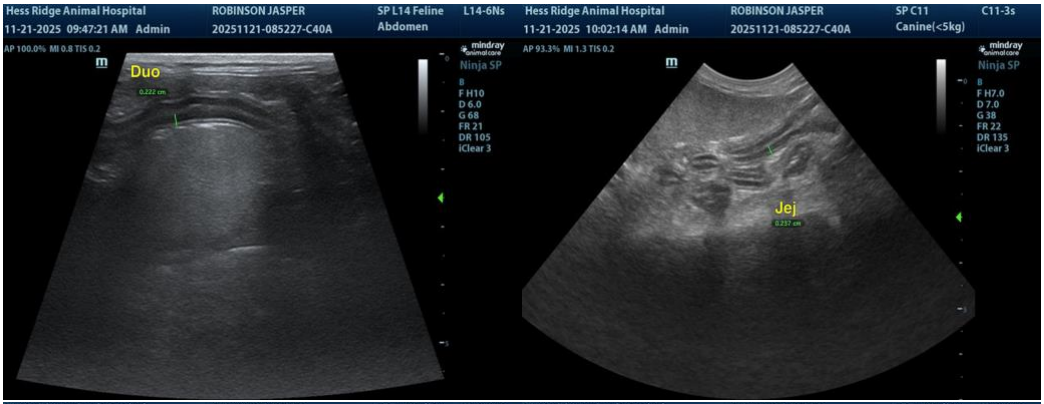
Dr. Michael Skarie DVM

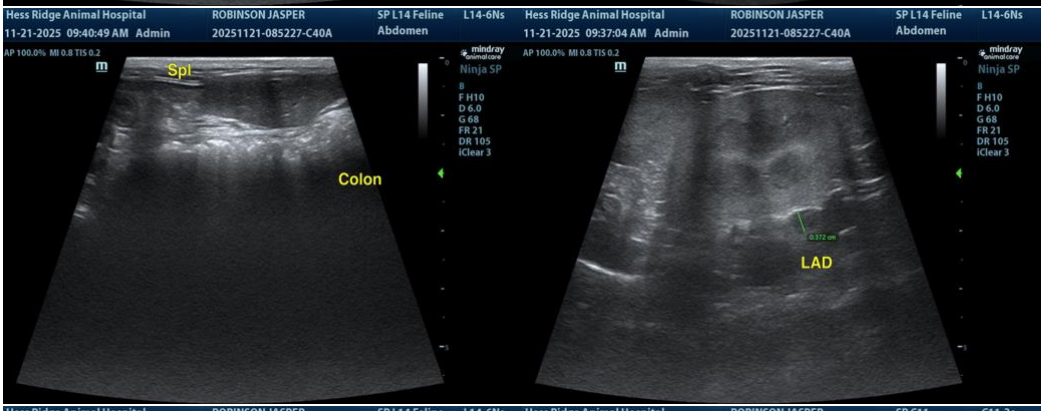
INVOICE

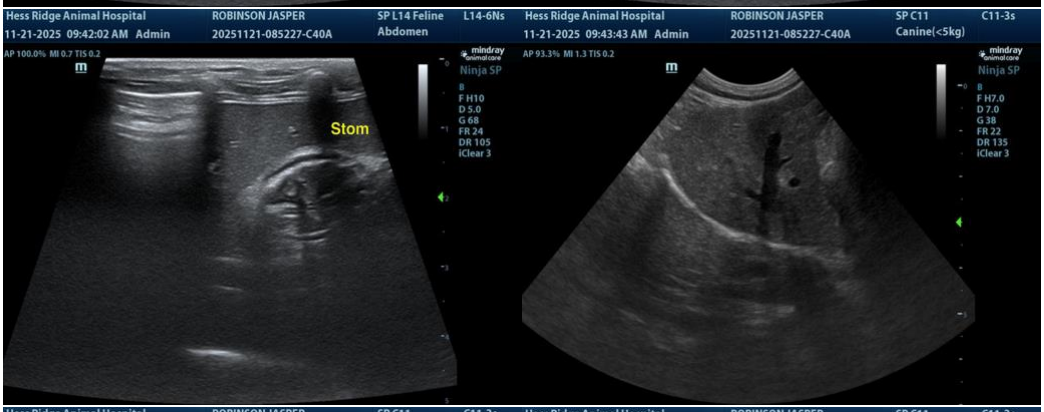
12371

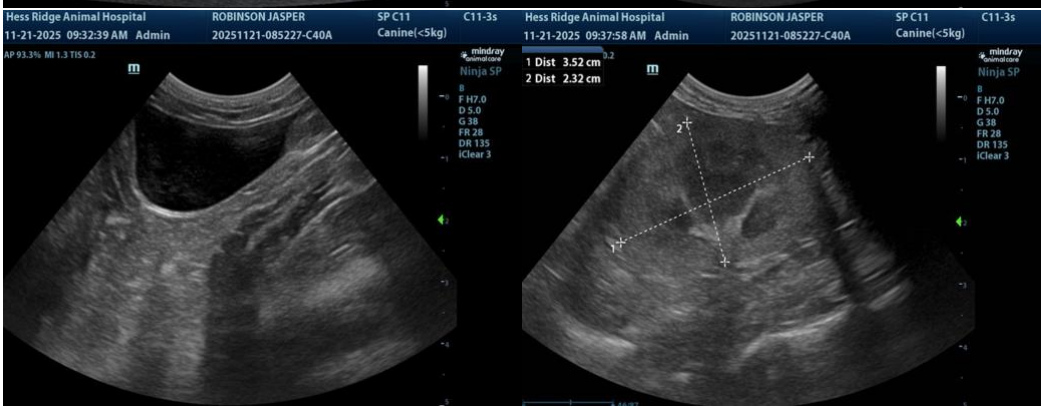
DATE

11/21/25









PATIENT

Jasper Robinson

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

14 Years

WEIGHT

7.28 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Quinn Robinson RVT

HOSPITAL NAME

Hess Ridge Animal Hospital

REFERRING VET

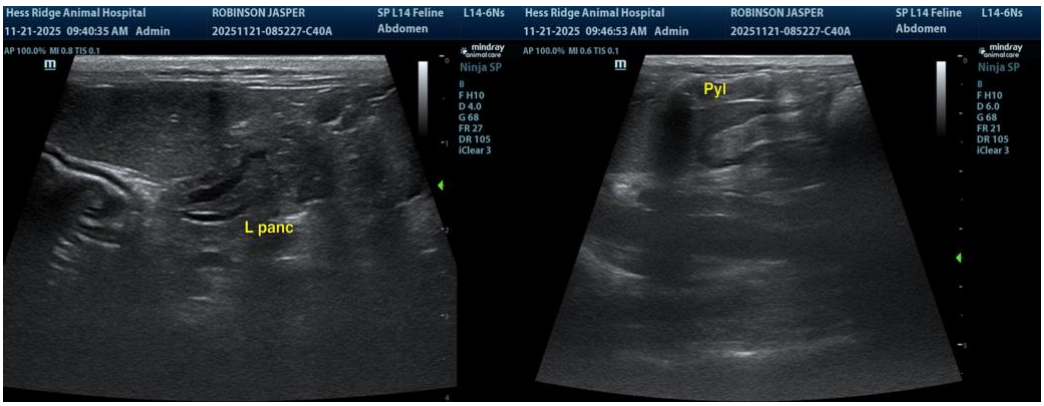
Dr. Michael Skarie DVM

INVOICE

12371

DATE

11/21/25



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