



## PATIENT

Peanut Foy

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

11 Years 6 Months

## WEIGHT

4.6 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Patti Mayfield DVM

## HOSPITAL NAME

Ark Animal Clinic

## REFERRING VET

Dr. Tucker Barton  
DVM

## INVOICE

12455

## DATE

11/24/25

## PRESENTING CLINICAL SIGNS

11/18/2025 - presented for lethargy, hyporexia, vomiting - Duration of 3 days per O AUS for liver/biliary tree/gall bladder/renal Patient was reportedly fasted overnight, however had access to food prior to midnight. Last reported episode of vomiting; Sat, 11/22/25

Abnormal PE/Chem/CBC/UA Results: Blood work: 11/18/25 Normal SDMA/Creatinine, BUN 15 (16-37) Cystatin B (urine) - 1218 (0-99) Normal liver enzymes and GGT Bilirubin - Total: 6.9 (0-0.3) Unconjugated: 1.9 (0-0.02) Conjugated: 5 (0-0.2) Spec fPL: WNL UA: USG: 1.042 +3 bilirubin +2 bilirubin crystals, +1 ammonium biurate crystals

## 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.

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 4.0 cm in length. The right kidney measured 4.5 cm in length.

### Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.34 cm width. The right adrenal gland measured 0.37 cm width.

### Spleen

The spleen was mildly folded upon itself which is not indicative of underlying splenic pathology and potential patient variant. Normal splenic size measuring 0.91 cm width level of the mid spleen. Maintained homogenous parenchyma.

### 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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was subnormal to contracted in appearance likely secondary to the presence of gastric ingesta. The common bile duct was not visualized.

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, moderate ingesta exhibiting minor distal progressive acoustic shadowing without evidence of obstruction to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental to generalized mild nonshadowing intestinal ingesta with no obstructive pattern to the level of the colon.



**PATIENT**

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

Peanut Foy

**Pancreas**

**SPECIES**

The pancreas presented with irregular to swollen appearance with nonhomogenous hypoechoic parenchyma. Surrounding peripancreatic to cranial abdomen mild hyperechoic omentum.

Feline

**Free Abdomen**

**BREED**

Intermittent mildly prominent 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). No evidence of peritoneal effusion.

DSH

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Neutered Male

**Primary Findings**

**AGE**

- Pancreatitis with peripancreatic to cranial abdomen reactive omentum, possible emerging steatitis.
- Structurally normal gastrointestinal tract with gastrointestinal ingesta- ingesta consistent with food echogenicity.
- Sonographically normal liver with contracted gallbladder.

11 Years 6 Months

**WEIGHT**

**Secondary Findings**

4.6 kg

- Age-related renal changes.

**INTERPRETED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

R. McKenzie Daniel,  
DVM, DABVP

Despite normal recent fPL, pancreas is consistent with inflammatory criteria without overt evidence of additional gastrointestinal or hepatobiliary pathology as a contributing factor. Correlation with most recent meal ingestion is recommended. Some degree of associated metabolic gastrointestinal ileus owing to pancreatitis may be suspected if documented NPO and given reported hyporexia. Empirical therapy for pancreatitis with clinical monitoring is recommended. Sonographic reassessment is indicated if progressive clinical signs. Monitoring of body temperature and serum calcium level in conjunction with pancreatitis is recommended.

**IMAGING PERFORMED BY**

Patti Mayfield DVM

**HOSPITAL NAME**

Ark Animal Clinic

**REFERRING VET**

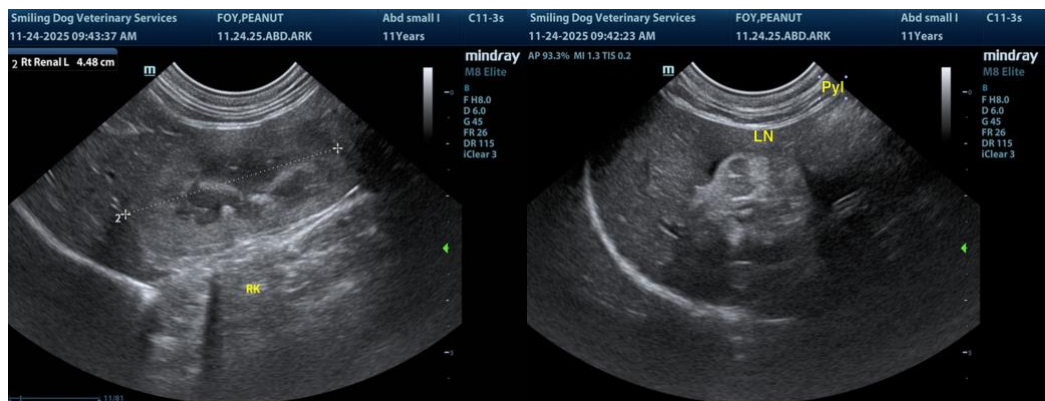
Dr. Tucker Barton  
DVM

**INVOICE**

12455

**DATE**

11/24/25





**PATIENT**

Peanut Foy

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

11 Years 6 Months

**WEIGHT**

4.6 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Patti Mayfield DVM

**HOSPITAL NAME**

Ark Animal Clinic

**REFERRING VET**

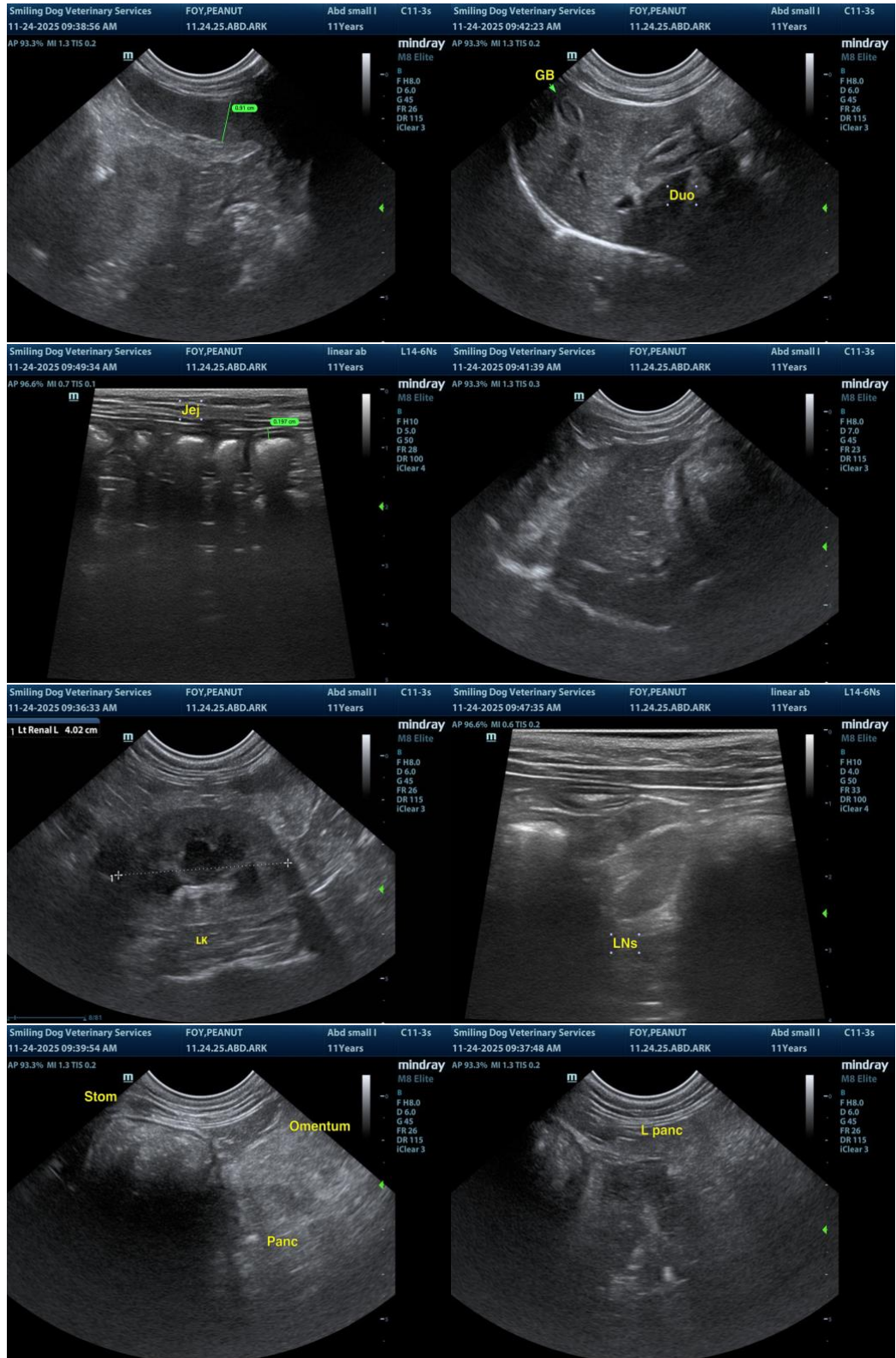
Dr. Tucker Barton  
DVM

**INVOICE**

12455

**DATE**

11/24/25





## PATIENT

Peanut Foy

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

11 Years 6 Months

## WEIGHT

4.6 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Patti Mayfield DVM

## HOSPITAL NAME

Ark Animal Clinic

## REFERRING VET

Dr. Tucker Barton  
DVM

## INVOICE

12455

## DATE

11/24/25

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](mailto:info@SonoPath.com)