



## PATIENT

Sweetie Rich

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

12yr

## WEIGHT

4.9kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Melissa Randolph

## HOSPITAL NAME

Shores Veterinary  
Emergency Center

## REFERRING VET

Kahty Zippay

## INVOICE

22894

## DATE

11/09/2025

## PRESENTING CLINICAL SIGNS

\*Started about two days ago and has gradually gotten worse with more rapid breathing, only eating small amounts, lethargy. Haven't seen her drink water today and possibly yesterday (unsure). weight loss; not eating well for weeks. Owners had wood floors put in Monday/Tuesday - cats were not on the same floor or allowed in until after the clean up. There are no plants in the house and not known to get into anything. Prior times of gastroenteritis since 2023. \*concern for weight loss; inappetence; possible infiltrative disease vs other(FB?)

Abnormal PE/Chem/CBC/UA Results: \*PE: subtle pain, BCS 4/9; Soft on abdominal palpation, gassy, thickened bowel loops; Lymphadenopathy appreciated \*CBC- NR \*Chem- BUN 33.1 \*EPOC-NR \*rads: material/ mass in stomach; stool in colon; decreased detail and c lumping with small bowel; thickened small bowel; chest- mild pulmonary changes(age) no masses/ effusions/etc; no cardiomegaly

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

### 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. The spleen measured 0.76 cm in width at the level of the mid spleen.

### 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. Normal vascular volume. 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.



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## 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.

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 mechanical/metabolic ileus, obstruction or foreign material. The jejunum wall measured 0.24 cm width. The ileocolic wall measured 0.44 cm width.

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

## Pancreas

The pancreas was normal in size with indistinct capsule contour and isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

## Free Abdomen

No evidence of peritoneal effusion was present.

Intermittent irregular prominent mesenteric lymph nodes were present. These lymph nodes were non-homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 1.7 cm in diameter.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Sonographically normal overall empty gastrointestinal tract
- Mild heterogenous left pancreas
- Mild mesenteric lymphadenopathy
- Mild chronic renal changes
- Urine sediment

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No signs of gastrointestinal mural pathology i.e. IBD criteria, masses, obstructive pattern / plication, or foreign material. Mild to chronic pancreatitis may be suspected if cranial abdomen discomfort on palpation. The lymphadenopathy may suggest mild lymphadenitis owing to structurally normal inflammatory bowel episode, less likely emerging lymphatic neoplasia. Correlation with a GI panel and UA if not done is suggested. Gastrointestinal support is indicated. Recheck sonogram if persistent clinical signs.



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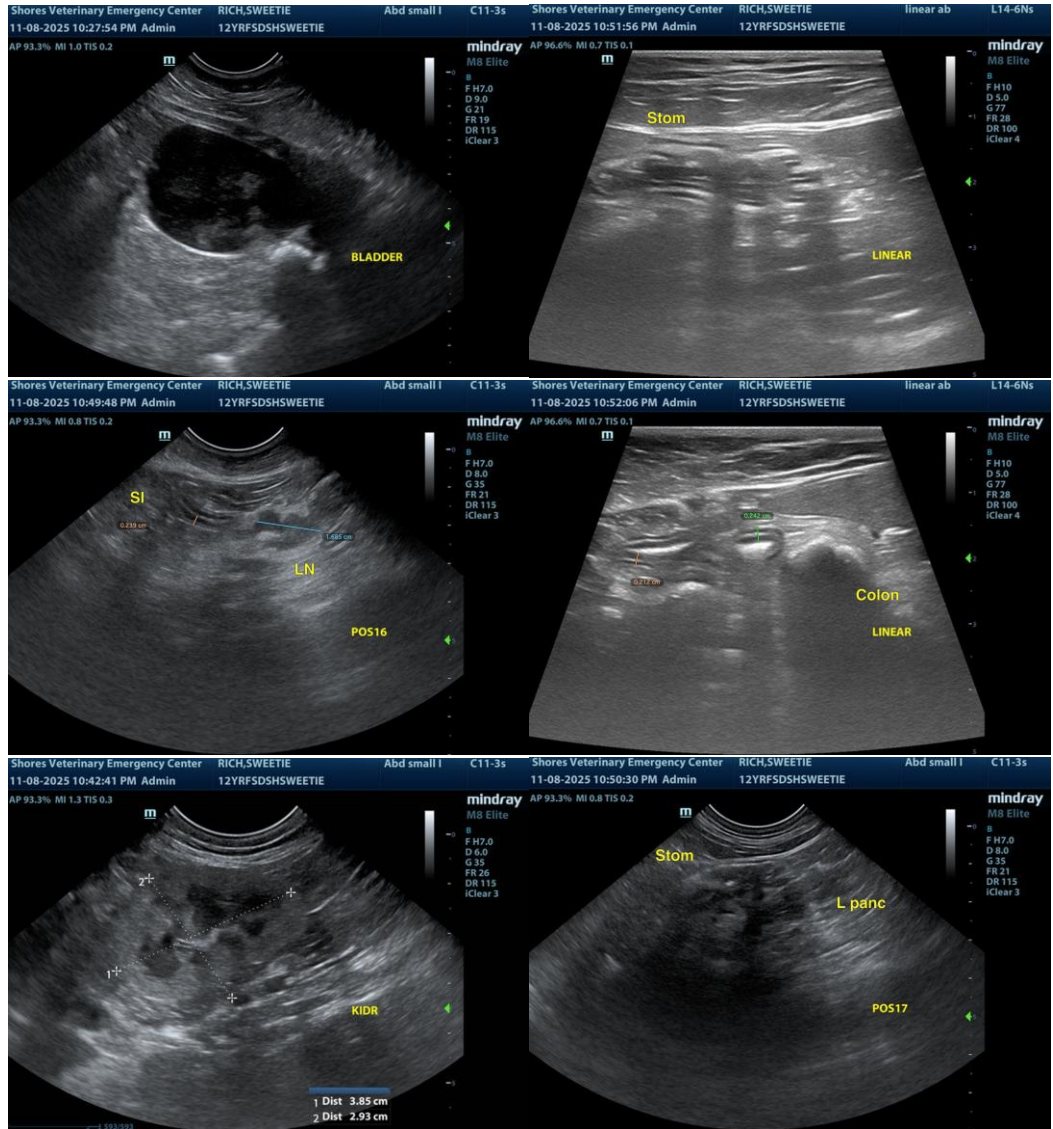
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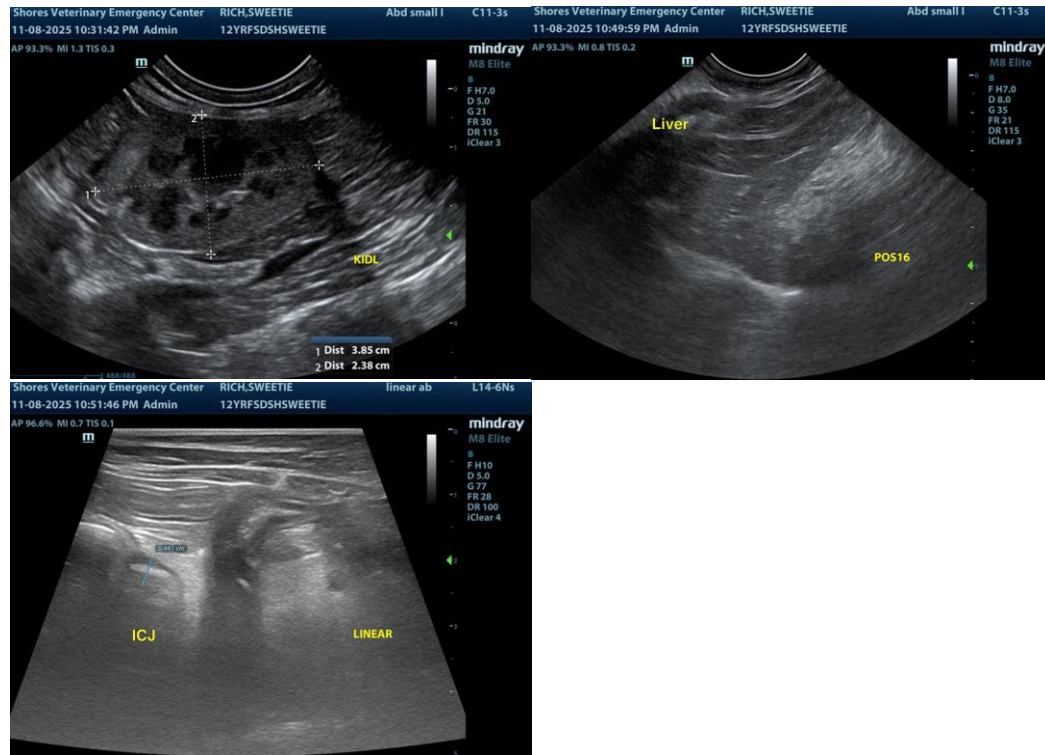
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)