



PATIENT

Harry Shaffer

SPECIES

Feline

BREED

Siamese Mix

SEX

M

AGE

7 months

WEIGHT

9.62

INTERPRETED BY

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

IMAGING PERFORMED BY

Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

Brita Kiffney

INVOICE

10444

DATE

12/11/25

PRESENTING CLINICAL SIGNS

Chronic hemtachezia and loose stool , referred from a different clinic for an abdominal ultrasound . first diagnosed with Coccidia when adopted- started Albon, but didn't tolerate, so treated with compounded Ponazuril. FIV and FeLV NEG. Treated with Metronidazole (didn't seem to help). Had a negative Fecal (O&P) on 10/1, had diarrhea PCR on 10/24/25 - positive for Corona and C. Perf (low number) and the rest of the PCR panel negative. (negative for tritrichomonis). Now eating I/D and Royal Canin high fiber and stool currently is semi formed

Abnormal PE/Chem/CBC/UA Results: Bar, grumpy,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No evidence of pathology in the area of the aortic trifurcation.

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. An indistinct, thin 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 4.3 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland was overtly normal in size, position, and shape. The left adrenal gland measured 0.27 cm width and the right adrenal gland subjectively measured 0.35 cm width.

Spleen

The spleen was mildly enlarged with symmetrical contour and maintained homogeneous parenchyma. The spleen measured 1.2 cm 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. The hepatic and portal vasculature were



PATIENT	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.
Harry Shaffer	
SPECIES	<i>Gastrointestinal</i>
Feline	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.
BREED	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 small Intestinal wall width measured 0.23 cm. Mildly prominent cecal wall was noted, measuring 0.29 cm width.
Siamese Mix	
SEX	Normal visible colon wall layers were present with semi-formed to soft fecal matter.
M	<i>Pancreas</i>
AGE	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 were evident.
7 months	
WEIGHT	<i>Free Abdomen</i>
9.62	Intermittent, minor prominent colic 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). Mild volume peritoneal effusion was noted. Generalized normal omental echogenicity was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Overall sonographically normal gastrointestinal tract with semi-formed to soft fecal matter in colon • Possible typhlitis • Minor benign colic lymphadenopathy • Nonspecific splenomegaly - sedation if clinically applicable, hyperplasia, hematopoiesis, inflammation, occult neoplasia possible • Nonspecific indistinct renal medullary rim sign • Minor peritoneal effusion
IMAGING PERFORMED BY	
Brita Kiffney	
HOSPITAL NAME	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Northshore VH	If the patient is non-sedated with normal clotting status and using a 25-gauge needle, screening splenic FNA cytology is warranted for further clarification in conjunction with, if possible, effusion analysis +/- cytology. A GI panel to include PLI/TLI/Cobalamin/Folate may be considered. In addition to current dietary therapy, high colony count probiotics such as Provable, empirical deworming despite fecal testing (Panacur SID x 7-10 days), cobalamin supplementation pending assessment of cobalamin level, and empirical therapy for possible typhlitis are recommended.
REFERRING VET	
Brita Kiffney	
INVOICE	
10444	
DATE	
12/11/25	



PATIENT

Harry Shaffer

SPECIES

Feline

BREED

Siamese Mix

SEX

M

AGE

7 months

WEIGHT

9.62

INTERPRETED BY

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

IMAGING PERFORMED BY

Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

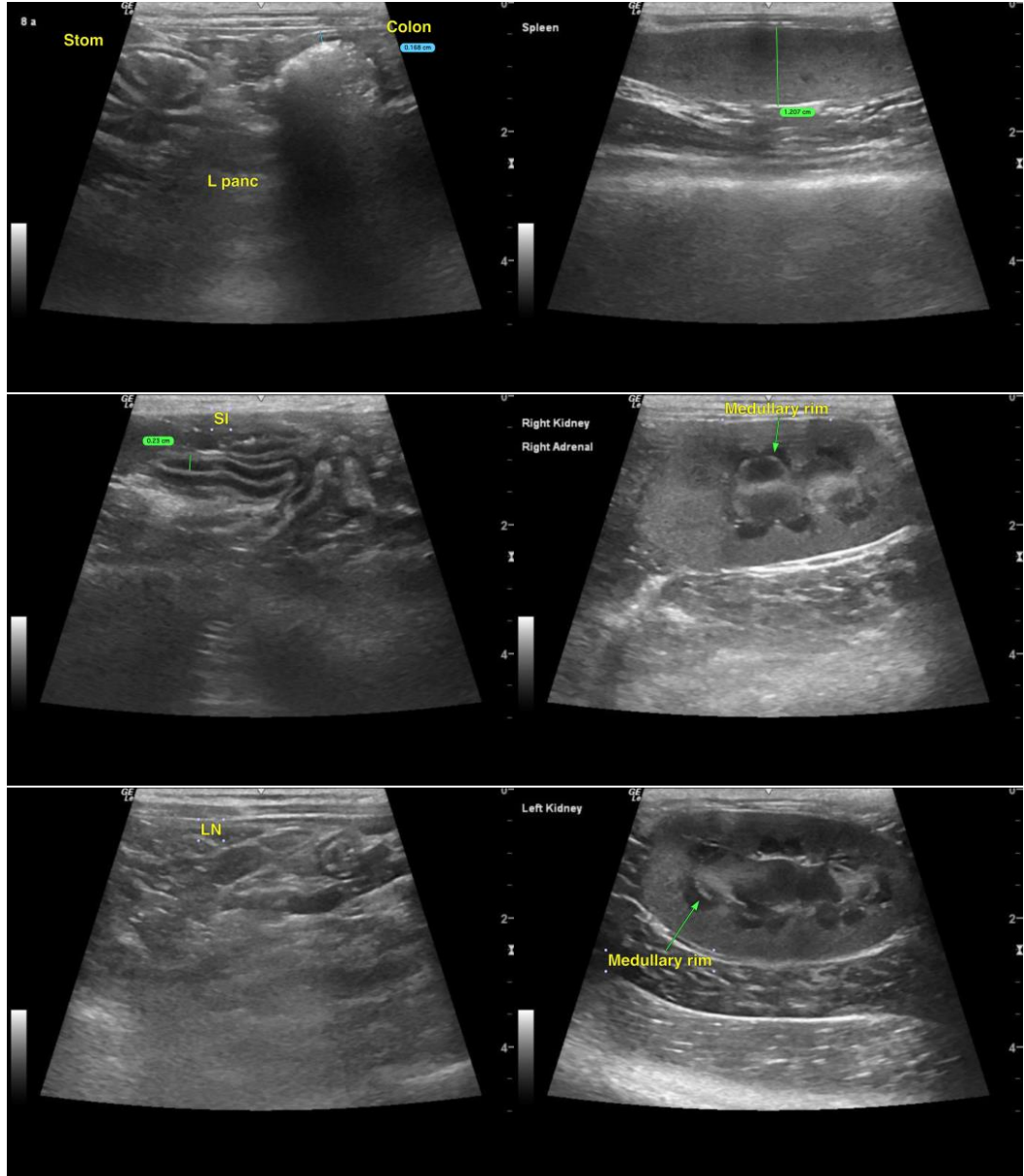
Brita Kiffney

INVOICE

10444

DATE

12/11/25





PATIENT

Harry Shaffer

SPECIES

Feline

BREED

Siamese Mix

SEX

M

AGE

7 months

WEIGHT

9.62

INTERPRETED BY

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

IMAGING PERFORMED BY

Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

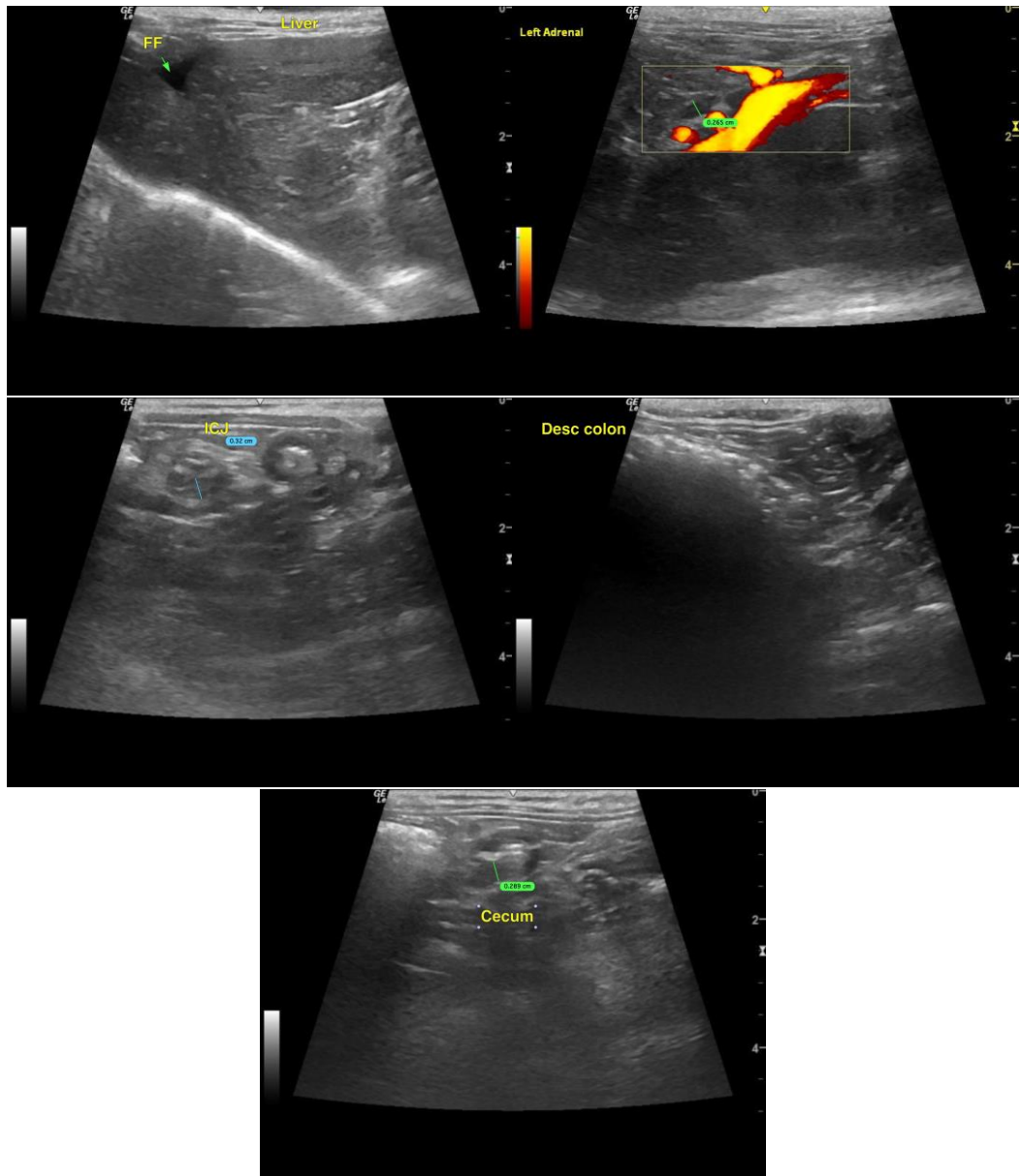
Brita Kiffney

INVOICE

10444

DATE

12/11/25



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