



## PATIENT

Chance Schieb

## SPECIES

Feline

## BREED

DSH

## SEX

Male Neutered

## AGE

3.75 yrs

## WEIGHT

11.7 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Emily Kirk

## HOSPITAL NAME

Shiloh AH

## REFERRING VET

Audra Alley

## INVOICE

12924

## DATE

12/12/25

## PRESENTING CLINICAL SIGNS

History: Chronic vomiting and recent episode of feline urologic syndrome. Patient was vomiting almost daily until switching to Royal Canin HP diet and has significantly reduced since then. Wanting to look for evidence of IBD and possible cystitis.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem from April 2025 was unremarkable

## 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 changes were noted.

Normal size and margination was 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. The left kidney measured 3.8 cm in length. The right kidney measured 4.0 cm in length.

### Adrenal Glands

No evidence of pathology in the area of the left and right 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.

### 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 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 contained minor retained anechoic pyloric fluid without obstruction to pyloric outflow. Pylorus wall measured 0.27 cm.

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. Duodenum wall measured 0.25 cm, jejunum wall measured 0.24 cm, and ileocolic wall measured 0.26 cm.

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



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**Pancreas**

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 was evident.

**Free Abdomen**

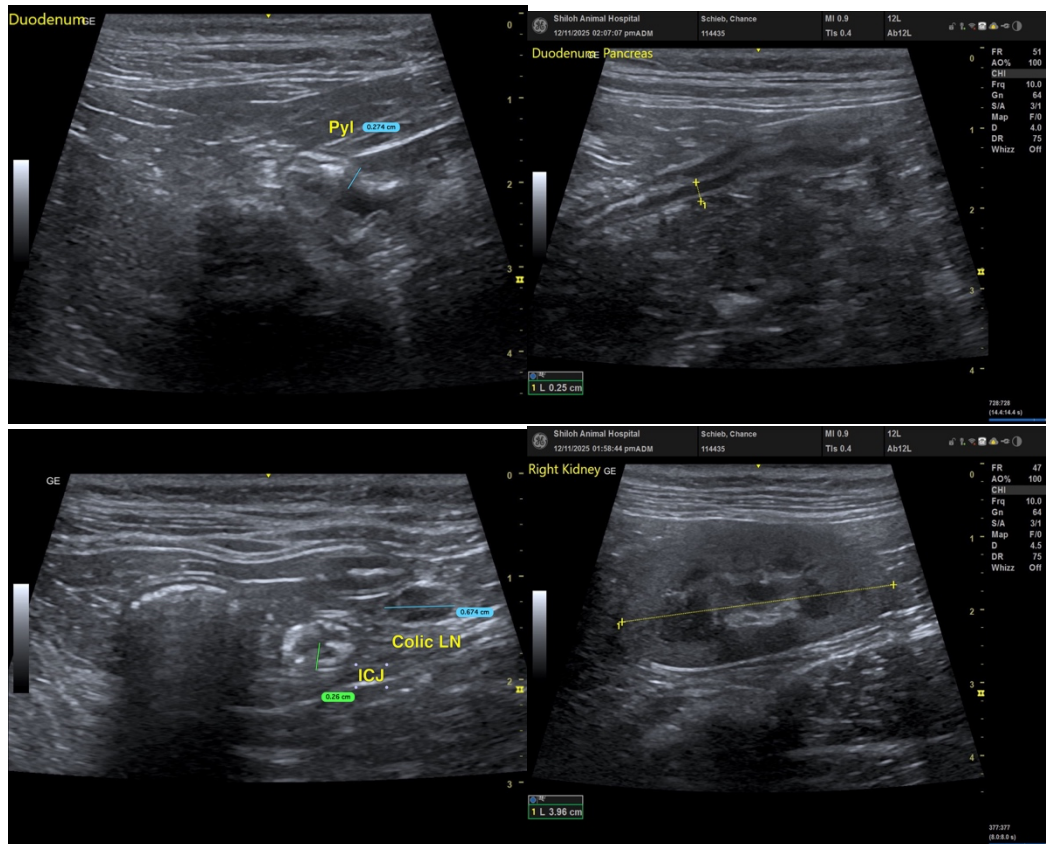
Mild colic lymphadenopathy present measuring 0.67 cm in diameter.

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically normal gastrointestinal tract, minor retained pyloric fluid
- Normal area of pancreas
- Sonographically normal urinary bladder

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of visceral, specifically gastrointestinal or urinary bladder pathology. Continued hydrolyzed diet and as needed gastro protectants with clinical monitoring is recommended.





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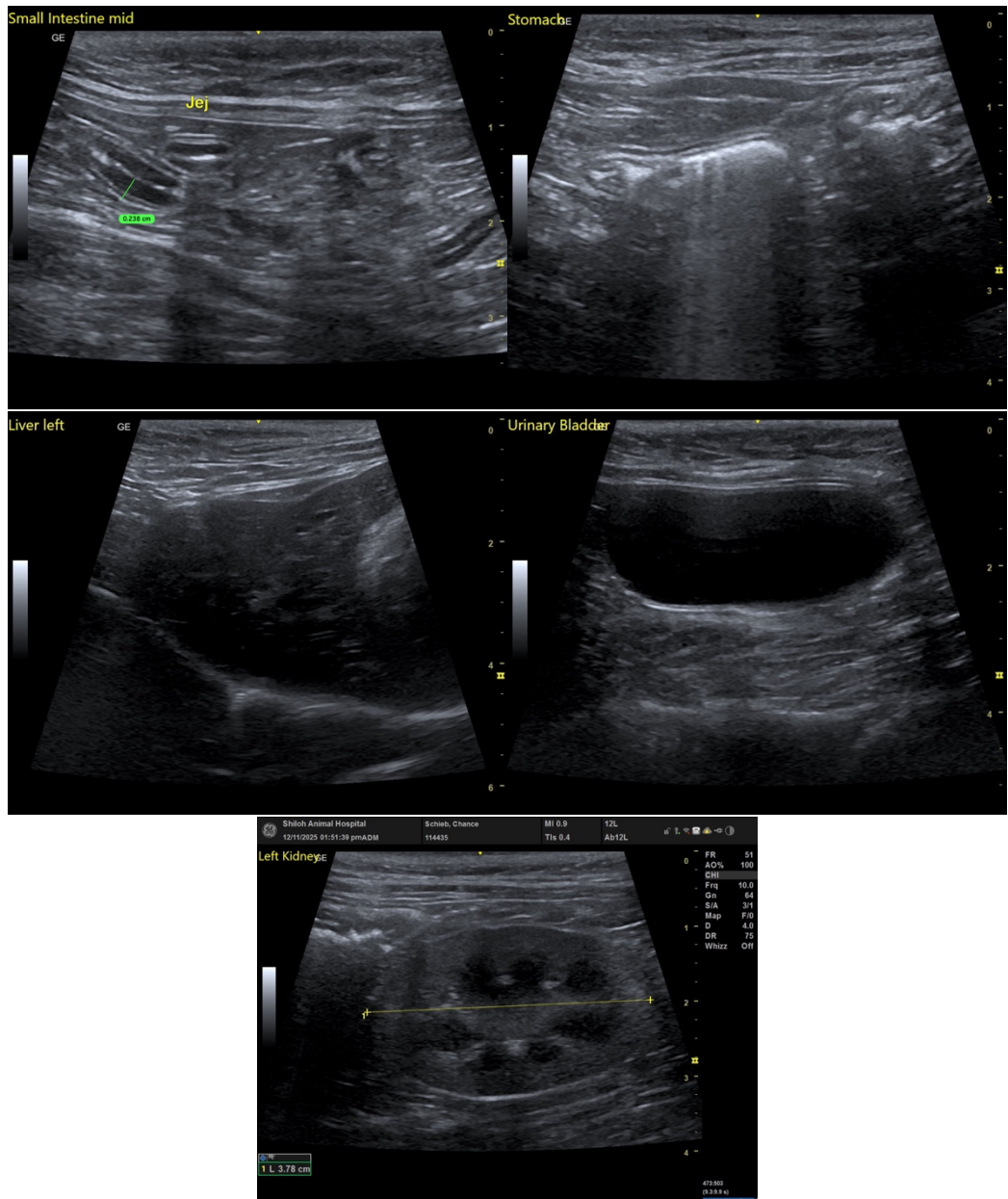
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)