



PATIENT

Topaz Prieb

SPECIES

Topaz Prieb

BREED

DLH

SEX

MN

AGE

5yr

WEIGHT

13.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Veterinary
 Hospital

REFERRING VET

Dr Yamada

INVOICE
 23236

DATE
 12/15/2025

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Vomiting, lethargy and inappetence since 12/9/25. P has a history of intermittent vomiting, especially after stressful events like cat kennel (P was recently at a cat kennel again earlier this month). From past events, P's diet has been changed to Royal Canin Hydrolyzed Protein for suspected IBD. O says diet improved chronic vomiting at first.

Abnormal PE/Chem/CBC/UA Results: **ABNORMAL** Labwork Values CBC: Stress leukogram - WBC 20.23k (H), NO 19.0 (H), LO 0.21(L), EO 0.02 (L), otherwise WNLs (Hct 42.0%, Plts 217k) Comp plus: GLUC 207 (H, likely stress), Tbili 1.4 (H, cholangitis), TCHOL 207 (H), Ca2+ 8.3 (L, possibly due to poor intestinal absorption), BUN 12.4 (L), Creat 1.0 (N), Ma2+ 1.5 (L) T4: WNLs at 1.1 SDMA: WNLs at 8.0 UA: USG 1.012, pH 5.0, PRO trace, Glu -. UBG Normal, BIL neg, BLD 4+. We did have bacteria in the urine 5+ cocci, 2+ rods. P had convenia injection on 12/10/25. Current Medications Convenia 0.7ml SQ 12/10/25, Cerenia 16mg PO SID PRN Radiographic Findings None taken

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 no evidence of urine/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.

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. A 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 with interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 4.5 cm in length. The right kidney measured 4.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was indistinctly visualized with no overt pathology, subjectively measuring 0.40 cm in width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 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. The spleen measured 0.70 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



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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.

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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 duodenum wall measured 0.23 cm in width. The ileocolic wall measured 0.38 cm in width. The jejunum wall measured 0.21 cm in width.

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

Pancreas

The area of the pancreas was sonographically normal.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically normal empty gastrointestinal tract
- Normal area of pancreas
- Normal liver/ gallbladder
- Non-specific bilateral renal medullary rim sign

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal mural pathology or sonographically active pancreatitis. A GI panel to assess for non-structural occult intestinal or pancreatic disease is recommended. Gastrointestinal support is indicated. No evidence of hepatobiliary disease, although monitoring of liver parameters is suggested given short half-life of hepatic enzymes in cats. Renal staging to include urine C/S or UPC level if clinically indicated may be considered post-current antibiotic therapy.

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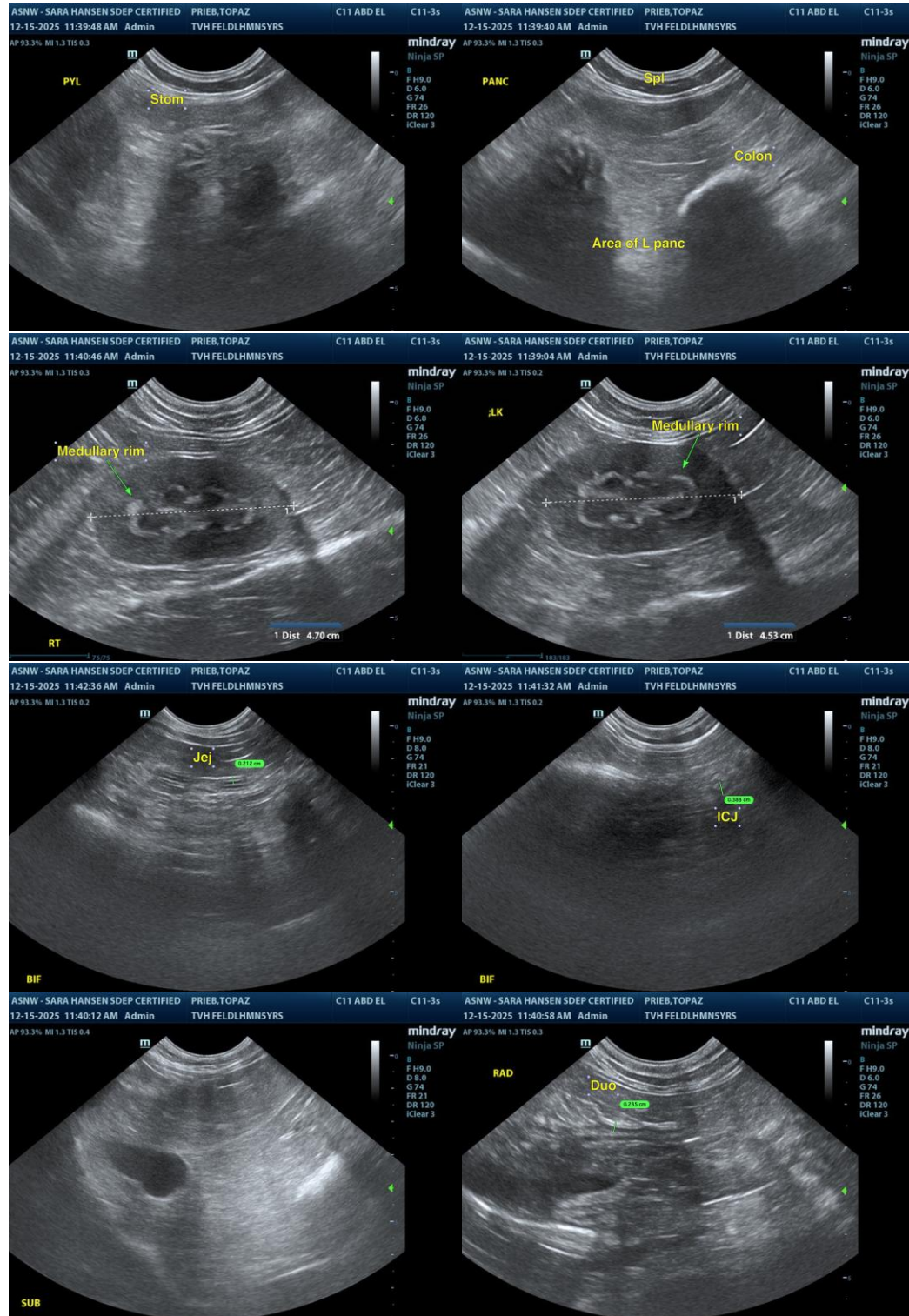
Dr Yamada

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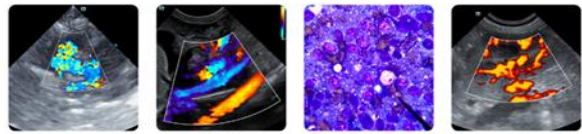
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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.

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info@sonopath.com

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