



PATIENT	PRESENTING CLINICAL SIGNS
Indie Farmer	has not been eating for 3 days; no C/S, small piles of yellow vomiting, Current Medications None
SPECIES	Abnormal PE/Chem/CBC/UA Results: Lab work not done yet Primary Question to Be Answered in This Exam rule out foreign body
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
DSH	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 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.
SEX	No evidence of pathology in the area of the aortic trifurcation.
FS	No evidence of pathology in the area of the aortic trifurcation.
AGE	No evidence of pathology in the area of the aortic trifurcation.
11 yr	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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient.
WEIGHT	No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.4 cm in length.
6.1 kg	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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 0.40 cm width and the right adrenal gland subjectively measured 0.40 cm width.
IMAGING PERFORMED BY	Spleen
Amanda Stewart	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 0.92 cm width at the level of the mid spleen.
HOSPITAL NAME	Liver/ Gallbladder
Hamilton Emergency	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 proximal common bile duct was dilated and mildly tortuous without overt post hepatic obstruction.
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PATIENT	<i>Gastrointestinal</i>
Indie Farmer	The stomach presented intact wall layering. The stomach was nondistended containing a mild amount of retained anechoic fluid. There was no obvious obstruction to pyloric outflow. The pylorus wall width measured 0.34 cm in width.
SPECIES	
Feline	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Generalized empty lumen with no evidence of mechanical / metabolic ileus and segmental mild gas was noted. The small Intestinal wall width measured 0.20 cm.
BREED	
DSH	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	<i>Pancreas</i>
FS	The pancreas was non-enlarged with subjective mild asymmetrical capsule contour and isoechoic, mildly heterogeneous remodeled parenchyma.
AGE	<i>Free Abdomen</i>
11 yr	No overt lymphadenopathy or peritoneal effusion was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
6.1 kg	<ul style="list-style-type: none"> • Mild hypomotile gastritis • Empty sonographically normal visualized small intestine • Mild heterogeneous remodeled pancreas - age-related variant vs. chronic pancreatitis • Nonobstructive proximal common bile duct dilation - age-related variant, possible low-grade cholangitis • Age-related renal changes
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	There is no visualized evidence of a gastrointestinal obstructive pattern or foreign body. Assessment for evidence of cranial abdomen / subxiphoid discomfort on palpation, which may allude to chronic pancreatitis, and correlation with a spec fPL is suggested. Gastrointestinal support is indicated. Correlation with full lab work, primarily to assess for underlying metabolic disease or potential hepatopathy or cholangitis as a contributing factor, is recommended. Sonographic monitoring is indicated pending gastrointestinal response to supportive care or if persistent/progressive GI signs pending lab work.
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PATIENT

Indie Farmer

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11 yr

WEIGHT

6.1 kg

INTERPRETED BY

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

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HOSPITAL NAME

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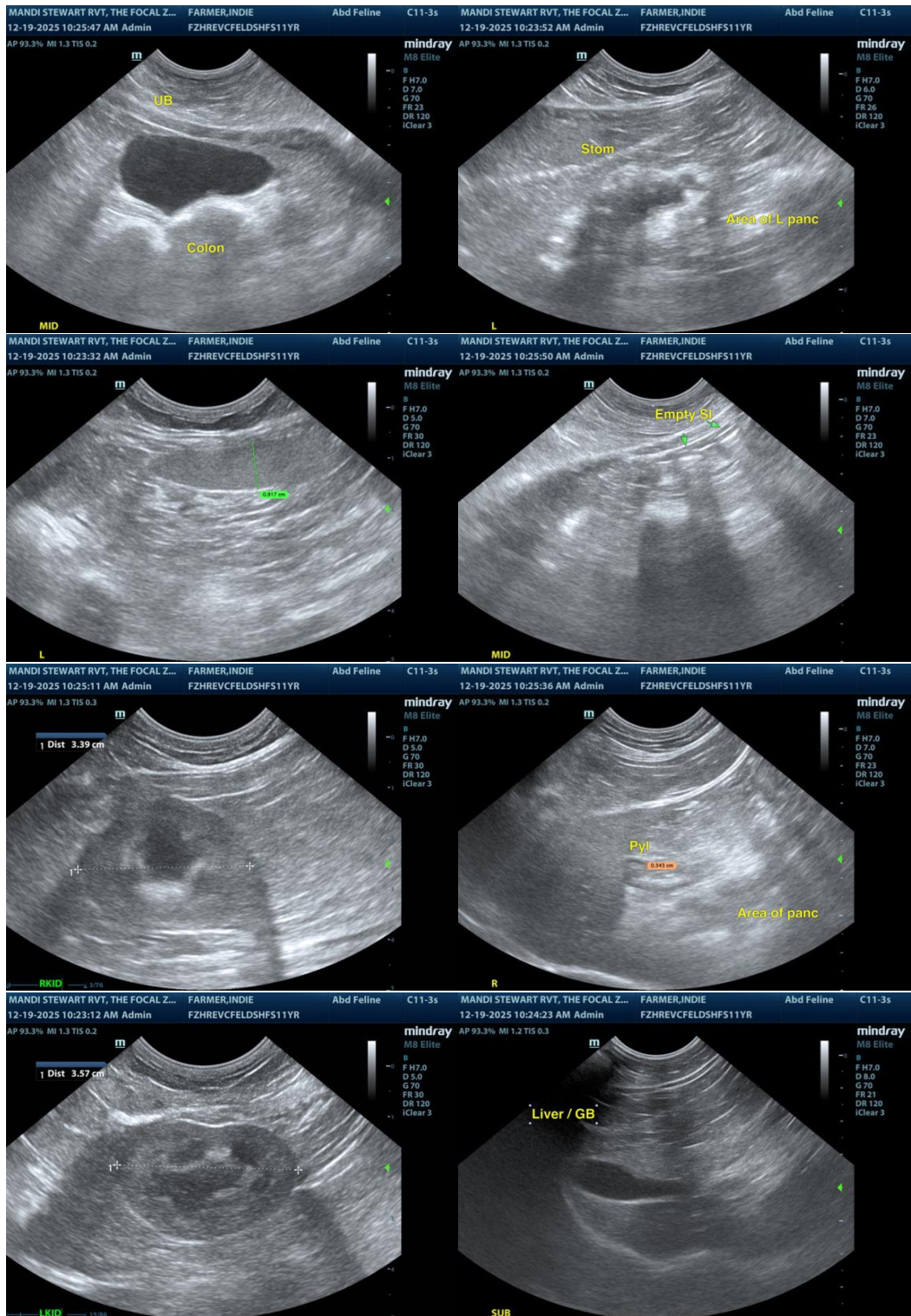
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PATIENT

Indie Farmer

SPECIES

Feline

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AGE

11 yr

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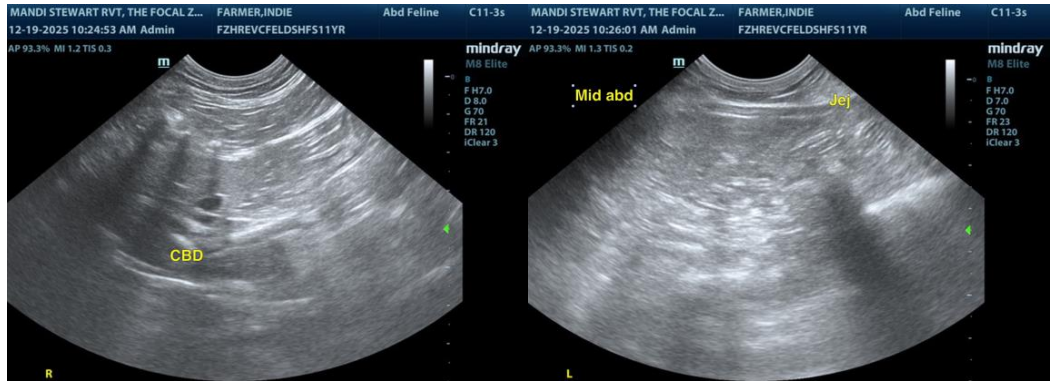
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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