



PATIENT

Lily Sylwester

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

9.48 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Christa Williams
DVM, DABVP

HOSPITAL NAME

Caravan Vet

REFERRING VET

Dr. Christa Williams
DVM, DABVP

INVOICE

12784

DATE

12/19/25

PRESENTING CLINICAL SIGNS

Lily has a longstanding history of GI symptoms (vomiting, decreased appetite) and was previously diagnosed via US with IBD. She has been on 1.25 mg of prednisolone q 24h for the last several years and has been doing well. She has been diagnosed with a missing/remnant L kidney on previous US and abdominal X-rays reviewed by a radiologist. Her renal disease is well controlled with diet and a phosphate binder. In addition to daily prednisolone, Catney One, Porus One and a Renal + Hydrolyzed diet, the client uses mirtazapine about twice a week and occasionally uses Cerenia if she thinks her appetite is decreasing. Cat had a severe uptick in vomiting and a decreased appetite last week. Labs showed mildly elevated fPLi. Recommended AUS and GI Panel. GI panel and Splenic/hepatic cytology are pending.

Abnormal PE/Chem/CBC/UA Results: Weight is stable, cat seems to be feeling better this week. Labs from 12.13.25 show Creat 1.5, SDMA 10, PO4 5.4, USG 1.038, T4 2.6, fPLI 5.1, CBC and liver values WNL.

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 change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 4.4 cm in length.

The left kidney was not definitively visualized consistent with patient's history.

Adrenal Glands

The left and right adrenal glands were indistinctly visualized likely owing to suppression secondary to steroid therapy with no evidence of pathology.

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 0.95 cm width level of the mid spleen.

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.



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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 evidence of retained ingesta, fluid or foreign material. No evidence of obstruction to pyloric outflow. Pylorus wall measured 0.30 cm wall width.

The small intestine presented borderline thickened with overall maintained normal wall layer ratio. Subjective propensity for borderline prominent segmental intestinal muscularis layer with borderline to mild thickened wall measured 0.26 cm wall width.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

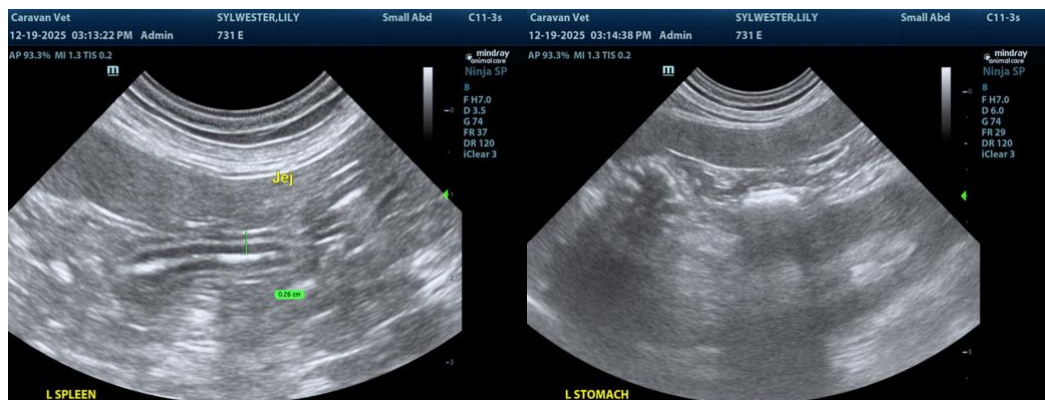
No visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal empty stomach.
- Intact borderline thickened small intestine.
- Sonographically normal liver/spleen.
- Mild age-related right kidney, nonvisualized left kidney.
- Sonographically normal area of pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant visceral pathology with previously noted absent left kidney. Potential suppression of intestinal mural changes owing to steroid therapy and chronic enteropathy is suspected. Correlation with pending diagnostics and cytology is recommended. Gastrointestinal support which may include gastroprotectants and dietary therapy if not currently instituted may prove beneficial. No current evidence of neoplastic criteria.





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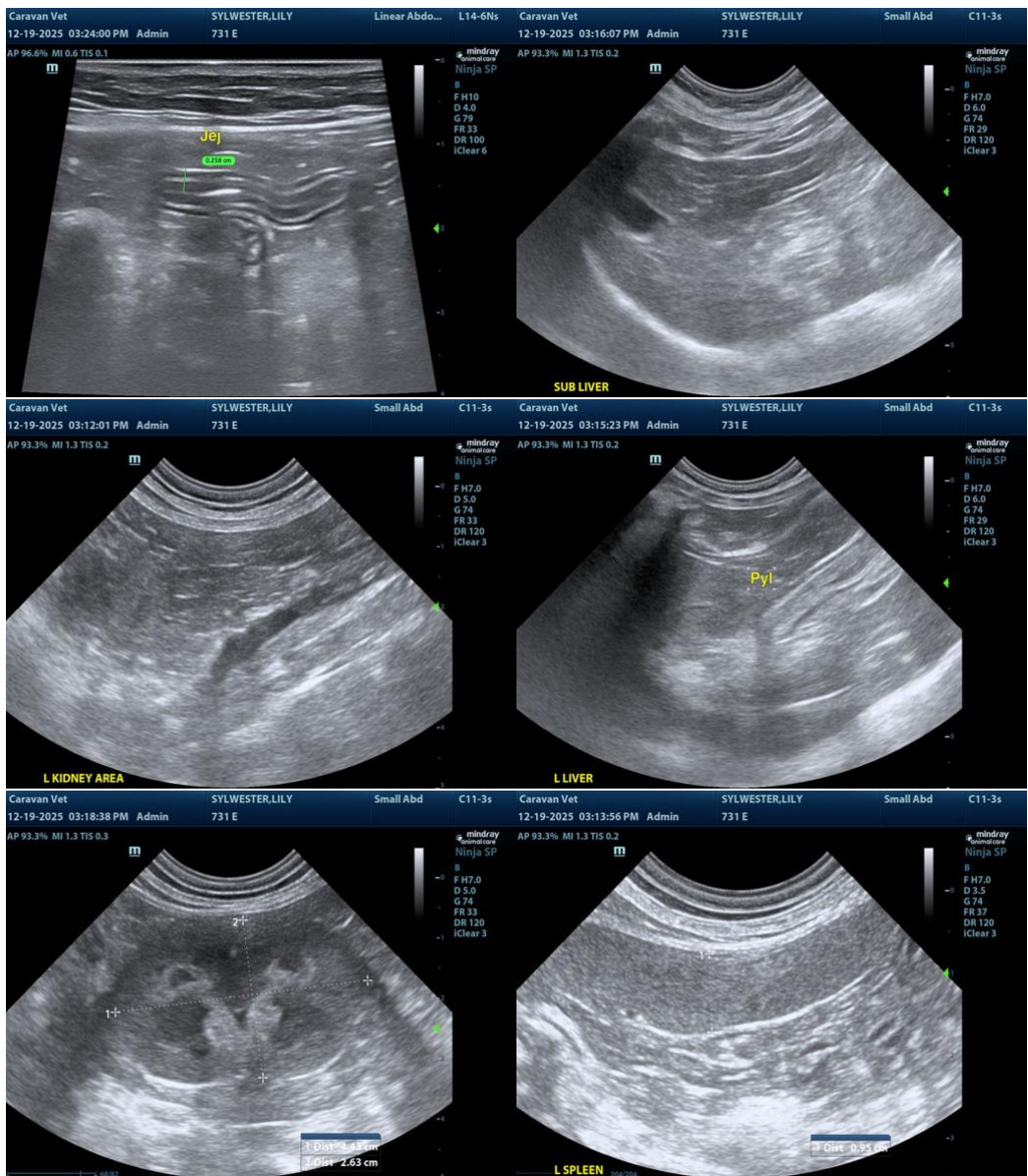
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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