



PATIENT

Willis Naugler

SPECIES

Feline

BREED

Ragdoll

SEX

MN

AGE

3

WEIGHT

6.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Belan

HOSPITAL NAME

Bridgeland Animal
Clinic

REFERRING VET

Dr Flath

INVOICE

23293

DATE

12/19/2025

PRESENTING CLINICAL SIGNS

Hyporexic intermittent vomiting, diarrhea and some defecating outside the litter box

Abnormal PE/Chem/CBC/UA Results: Non diagnostic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. 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 mildly thickened and hyperechoic while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A mild prominent 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 4.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 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.

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 and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

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. The gastric body wall measured 0.24 cm in width.



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The small intestine presented intact borderline thickened small intestine exhibiting mild altered wall layer ratio owing to borderline mild thickened muscularis layer. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The ileocolic wall measured 0.35 cm in width. The duodenum and jejunum wall measured 0.26 cm in width.

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

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

No omental masses or peritoneal effusion was present.

Intermittent mildly prominent to enlarged jejunocolic 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).

ULTRASONOGRAPHIC FINDINGS

Primary

- Empty stomach
- Probable mild IBD intestinal pattern
- Normal colon with semi formed fecal matter
- Intermittent mild jejunocolic lymphadenopathy
- Bilateral interstitial nephrosis renal pattern exhibiting mild nonspecific medullary rim
- Mild urine sediment
- Mild gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Minor potential for emergent to low-grade intestinal and lymphatic neoplasia cannot be excluded yet thought less likely. A definitive diagnosis would require intestinal biopsies for histopathology. Gastrointestinal support which may include dietary trial, high colony count probiotic, cobalamin supplementation pending assessment of cobalamin level and empirical deworming may prove beneficial. A recheck sonogram if persistent or progressive gastrointestinal signs or weight loss is recommended. Monitoring of renal parameters and a urinary workup is recommended.



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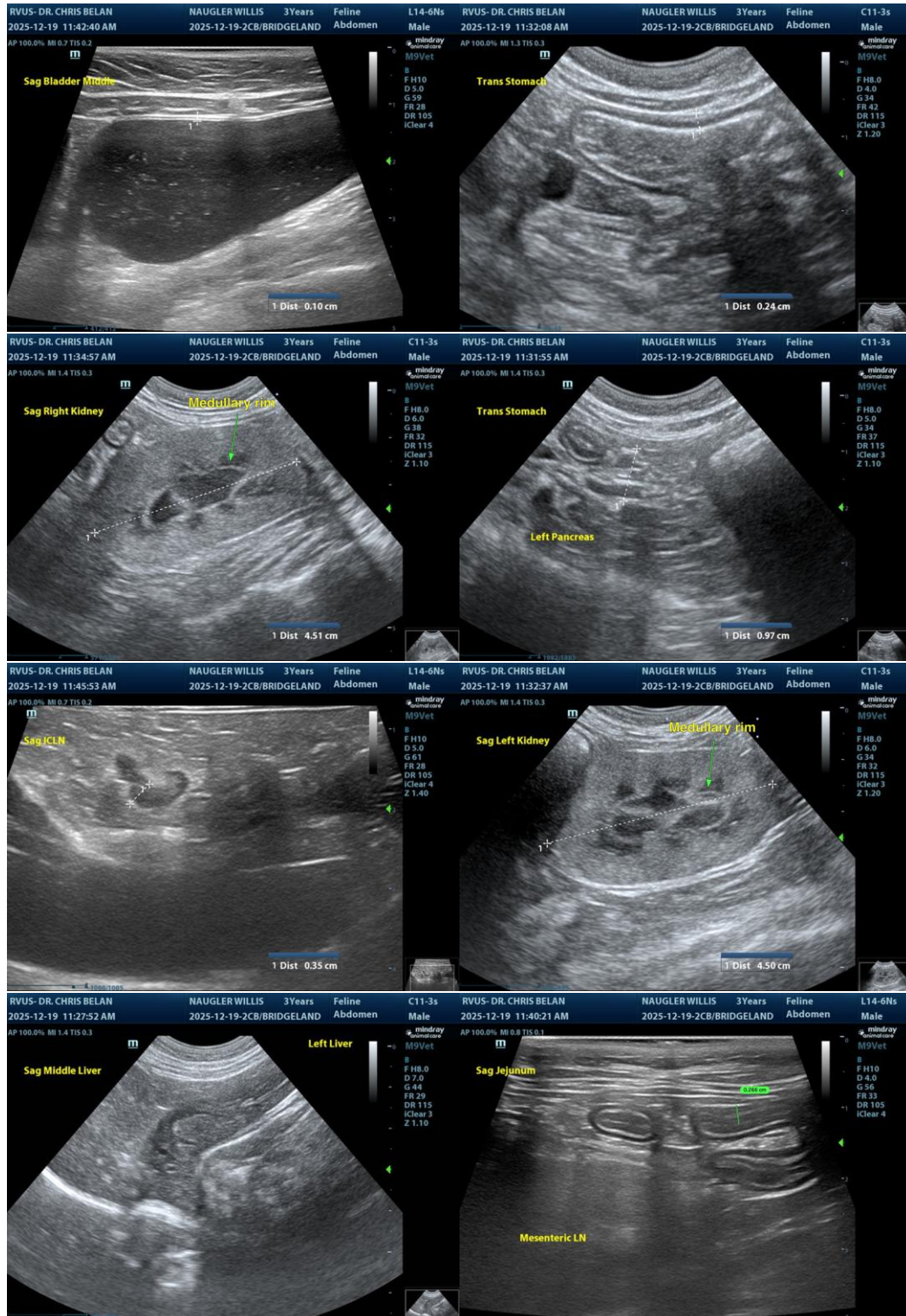
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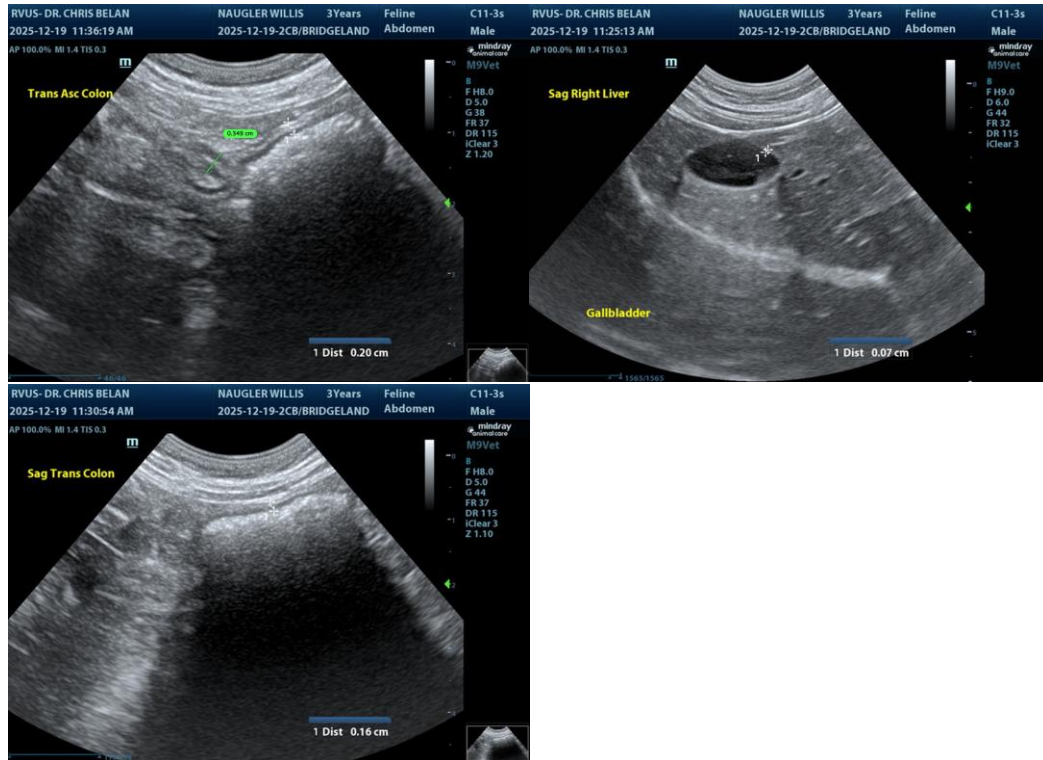
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com

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