



## PATIENT

Gordie McPhedran

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

5 Years 11 Months

## WEIGHT

5.46 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Jill Rankin

## HOSPITAL NAME

Signal Hill Animal Clinic

## REFERRING VET

Dr. Devall

## INVOICE

12809

## DATE

12/22/25

## PRESENTING CLINICAL SIGNS

Gordy is a 5-year-old cat with a recent history of vomiting and suspected pancreatitis, who is now clinically well but has persistently elevated pancreatic lipase levels. In November, Gordy presented for vomiting a few times over a couple of weeks. An FPL test was performed and found to be elevated. He was treated with Cerenia and a diet change, which successfully resolved the vomiting. A follow-up fPL test conducted a couple of weeks later showed that the level remained elevated despite his clinical improvement. As of the current visit, he is reportedly doing well and is no longer on Cerenia.

## 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. Mild nondependent particulate to mobile urine sediment was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change 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 4.1 cm in length. The right kidney measured 4.4 cm in length.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 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

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 mild nonshadowing ingesta/chyme. Gastric body wall measured 0.22 cm wall width. No evidence of obstructive pyloric mural pathology.



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The small intestine presented intact wall layering with overall maintained wall layer ratio. Mildly thickened duodenojejunal wall. The duodenum wall measured 0.32 cm width. The jejunum wall measured 0.29 cm width.

**SPECIES**

Feline

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

**Pancreas**

**BREED**

DSH

The pancreas was normal in size with subtle asymmetrical capsule contour and isoechoic to mild regional hyperechoic parenchyma. Normal to mildly prominent pancreatic duct.

**Free Abdomen**

**SEX**

Neutered Male

Intermittent mildly prominent 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). No evidence of peritoneal effusion.

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**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

5.46 kg

- Normal stomach with mild nonshadowing gastric ingesta/chyme.
- Intact mildly thickened empty small intestine.
- Suspect mild chronic pancreatitis.
- Mild urine sediment.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

R. McKenzie Daniel, DVM, DABVP

The mildly thickened small intestine is nonspecific with potential patient variant yet underlying mild enteropathy is possible in conjunction with suspect mild chronic pancreatitis. Given the patient is currently nonclinical, continued gastrointestinal support including gastroprotectants and dietary trial with supportive care for chronic pancreatitis would be reasonable. Sonographic reassessment and consideration for a full GI panel to include PLI, TLI, cobalamin and folate is suggested if recurrent gastrointestinal signs. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

**IMAGING PERFORMED BY**

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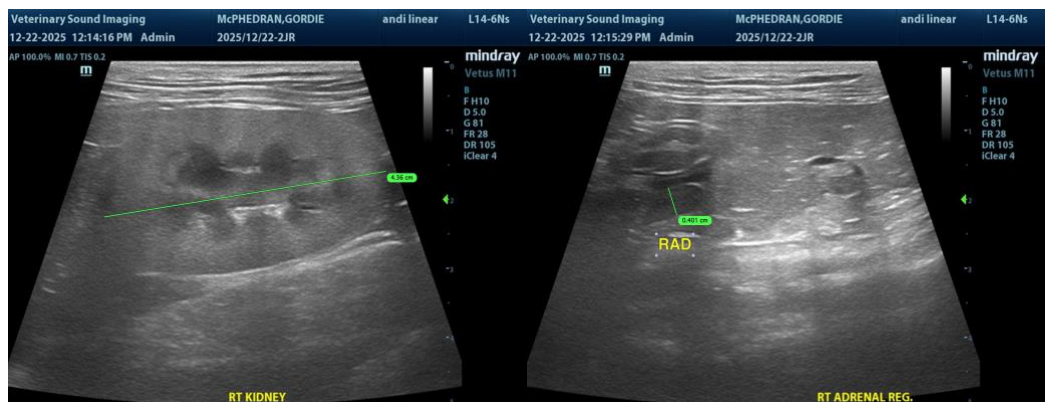
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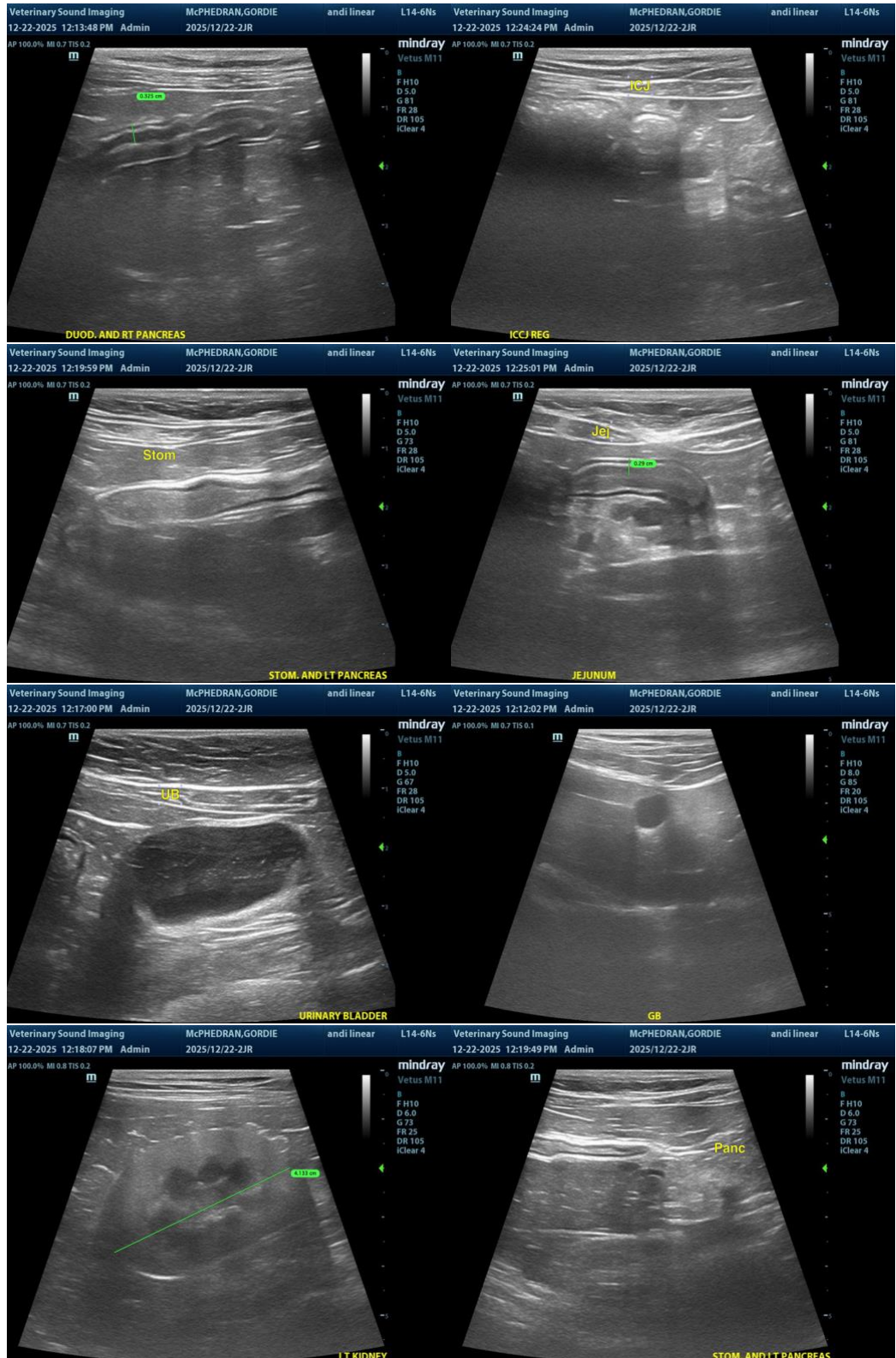
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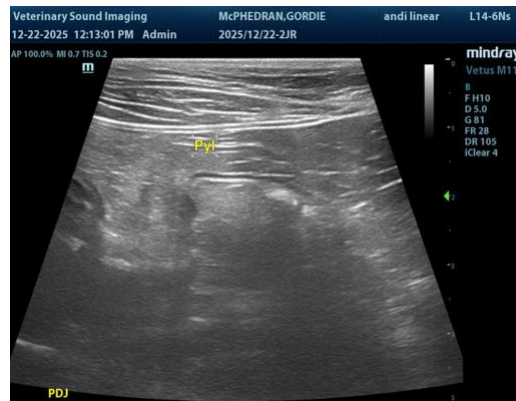
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

[info@SonoPath.com](mailto:info@SonoPath.com)