



**PATIENT**

Rhiannon Cmor

**SPECIES**

Feline

**BREED**

DLH

**SEX**

FS

**AGE**

5yr

**WEIGHT**

10.4lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Brandi Kurzowski

**HOSPITAL NAME**

Corfu Veterinary Clinic

**REFERRING VET**

Dr. Mark Gardner

**INVOICE**

23303

**DATE**

12/22/2025

**PRESENTING CLINICAL SIGNS**

P presented 12/17 for intermittent vomiting over the past few weeks. PE- Variable intestinal thicknesses palpated in central area. Increased borborygmi noted. Mixed intestinal thicknesses suggesting inflammation. P was treated with cefovecin and came back for ab u/s today. P will be receiving Depomedrol injection after ultrasound today.

Abnormal PE/Chem/CBC/UA Results: 12/17/25 Chem 17- WNL Panc Lipase- WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor 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 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 3.8 cm in length. The right kidney measured 3.3 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

**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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**



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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 pylorus wall measured 0.28 cm in width.

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Feline

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 small intestinal wall measured 0.23 cm in width.

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

## BREED

### *Pancreas*

DLH

The area of the pancreas was sonographically normal.

## SEX

FS

### *Free Abdomen*

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

Generalized normal omental echogenicity was present.

## AGE

5yr

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Sonographically normal gastrointestinal tract/ area of pancreas
- Bilateral mild nonspecific renal medullary rim sign
- Minor urine sediment.

## WEIGHT

10.4lb

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral pathology, specifically gastrointestinal mural pathology, i.e. IBD criteria, neoplasia or sonographic evidence of active pancreatitis. Mild gastrointestinal disease or low-grade pancreatitis at times may present sonographically normal. Dietary intolerance, occult parasitism, low-grade pancreatitis, non-structural gastrointestinal disease are all potentials. A novel protein or hydrolyzed diet trial and as needed gastroprotectants with clinical monitoring may prove beneficial. Sonographic monitoring is indicated if continued or progressive gastrointestinal signs.

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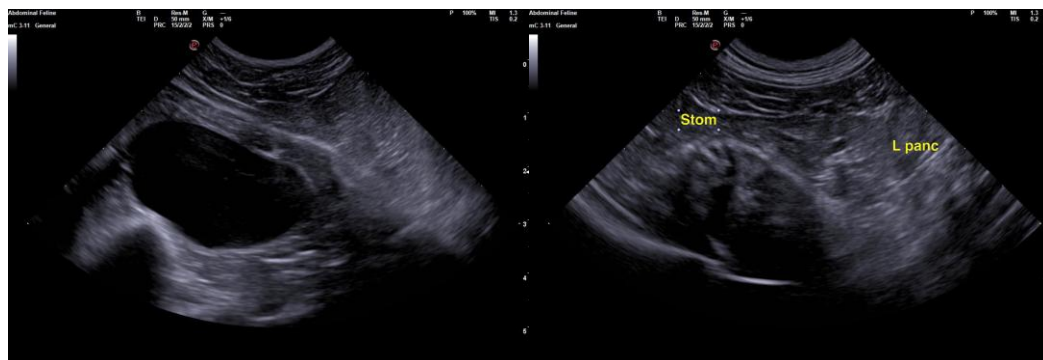
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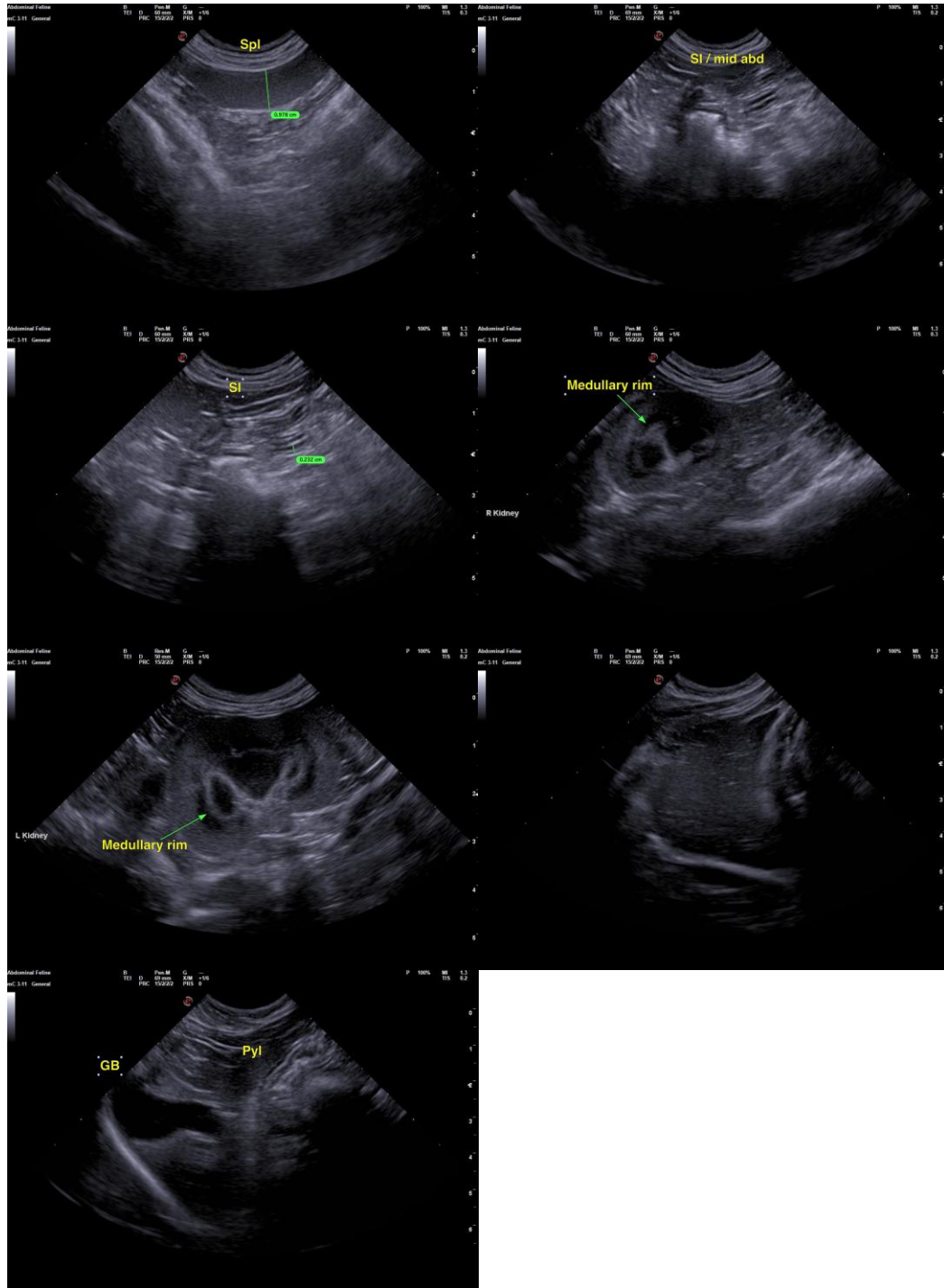
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)

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