



## PATIENT

Scar MacNair

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

9 Years

## WEIGHT

5.8 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Carver

## HOSPITAL NAME

Animal Emergency  
Hospital Volusia

## REFERRING VET

Dr. Alyssa Carver

## INVOICE

12834

## DATE

12/24/25

## PRESENTING CLINICAL SIGNS

P presented 12/23 for V+, lethargy, fever (105.4). BW & Radiographs, FPL performed. GI supportive care plan elected. P had no interest food overnight. No V+ or D+ noted. P is growling per o which is unlike him. P returned for hosp and further workup. p had fever of 104.3 on presentation today. No urination yesterday and overnight, but p is not straining. p has a hx of urethral obstruction & PU.

Abnormal PE/Chem/CBC/UA Results: FPL: normal

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder presented initially distended with urine with mild urine sediment. Later images of the urinary bladder exhibited normal structure and tone with continued normal wall without evidence of inflammatory mural criteria or tumors. Mild dependent urinary bladder lumen mineral was present

The bilateral kidneys presented normal in size with symmetrical contour and mildly thickened hyperechoic cortex with mildly enhanced corticomedullary border demarcation. Minor pyelectasia was noted. The left kidney measured 4.3 cm in length. The right kidney measured 4.5 cm in length.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized.

### Spleen

The spleen presented borderline to mildly enlarged in size measuring 1.1 cm width level of the mid 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 stomach was nondistended with mild lumen gas.

The small intestine presented with intact mildly thickened wall with maintained to segmental mild altered wall layer ratio owing to propensity for mildly thickened muscularis and mucosa layer. The small intestine exhibited an empty lumen without evidence of mechanical/metabolic ileus pattern. Ileocolic wall measured 0.38 cm wall width. Example of small intestinal wall measured 0.33 cm wall width.

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



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**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**

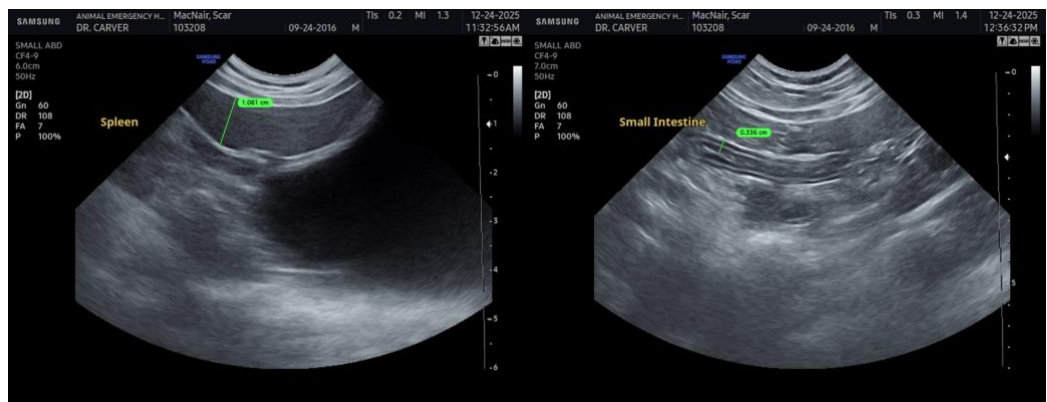
No visualized significant omental lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable empty stomach.
- Sonographically normal pancreas.
- Nonspecific enteropathy pattern exhibiting intact mildly thickened intestinal wall- nonspecific enteritis, IBD or other inflammatory enteropathy, infectious disease, occult to emerging intestinal neoplasia possible.
- Borderline/mild splenomegaly- sedation if clinically applicable, hyperplasia, hematopoiesis, splenitis, emerging to occult splenic neoplasia possible.
- Potential nonspecific nephritis i.e. interstitial nephritis or other.
- Initial yet alleviated distended urinary bladder with mild urine sediment and minor lumen mineral.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of mechanical gastrointestinal obstruction i.e. foreign material, mass or obstructive mural pathology. At times, mild pancreatitis may present sonographically normal yet thought less likely given normal fPL. If not done, full urinary work up including urinalysis, culture and sensitivity +/- UPC level if noninflammatory proteinuria is recommended. Assuming normal clotting status and using a 25-gauge needle and if patient is non-sedated, screening splenic FNA cytology is warranted to assess for occult disease versus as needed sonographic monitoring if persistent or progressive splenomegaly, gastrointestinal signs, fever or evidence of weight loss.





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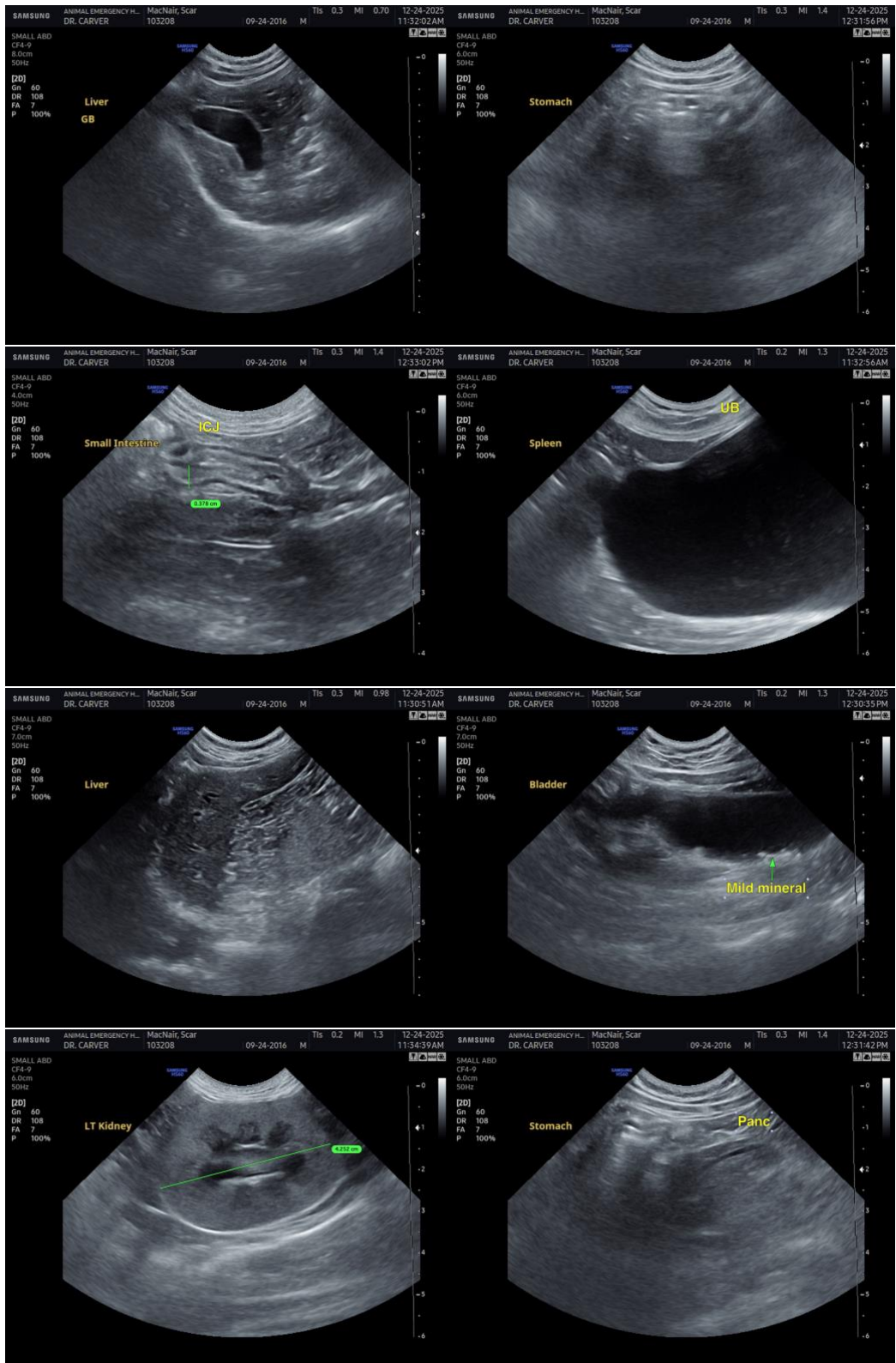
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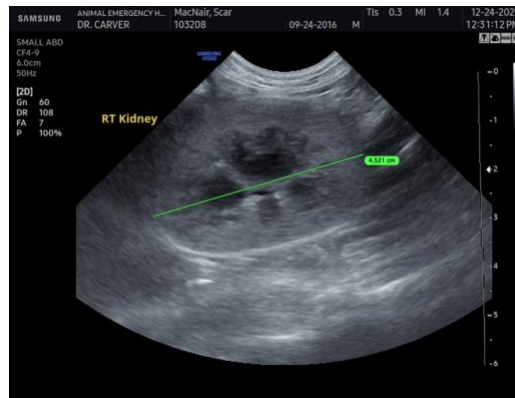
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)