



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Jiji Stevenson	Vomited several times over the past few days since putting up Christmas tree. Hx of eating "things". Eating and drinking WNL according to O
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: WNL
Feline	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
DSH	<b>Urinary System</b>
<b>SEX</b>	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 evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
FS	
<b>AGE</b>	No evidence of pathology in the area of the aortic trifurcation.
11 mths	
<b>WEIGHT</b>	Normal size and margination were 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 3.8 cm in length. The right kidney measured 3.6 cm in length.
9 lbs.	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width and the right adrenal gland measured 0.43 cm width.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Rodriguez	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.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Foxfield VS	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.
<b>REFERRING VET</b>	
Rodriguez	
<b>INVOICE</b>	
10397	
<b>DATE</b>	
12/3/25	



<b>PATIENT</b>	<b><i>Gastrointestinal</i></b>
Jiji Stevenson	The stomach presented normal intact wall layering. The gastric fundus and body exhibited an empty lumen with mild nonshadowing pyloric ingesta / chyme. There was no evidence of obstruction to pyloric outflow or obstructive pyloric mural pathology. The pylorus wall width measured 0.28 cm in width.
<b>SPECIES</b>	
Feline	The small intestine presented intact wall layering with a normal 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with segmental mild nonshadowing jejunal ingesta / chyme. The jejunum wall measured 0.24 cm width. Minor duodenal corrugation was noted. The duodenum wall width measured 0.26 cm.
<b>BREED</b>	
DSH	
<b>SEX</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
FS	<b><i>Pancreas</i></b>
<b>AGE</b>	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 were evident.
11 mths	
<b>WEIGHT</b>	<b><i>Free Abdomen</i></b>
9 lbs.	Intermittent mesenteric 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). An example lymph node measured 1.4 cm x 0.6 cm. No evidence of peritoneal effusion was noted.
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> <li>• Primarily empty sonographically unremarkable gastrointestinal tract with mild nonshadowing pyloric and segmental intestinal ingesta</li> <li>• Probable mild duodenitis</li> <li>• Sonographically normal pancreas</li> <li>• Intermittent mild mesenteric lymphadenopathy - subjective benign, mild hyperplasia or lymphadenitis owing to inflammatory bowel probable</li> </ul>
<b>IMAGING PERFORMED BY</b>	
Rodriguez	
<b>HOSPITAL NAME</b>	
Foxfield VS	
<b>REFERRING VET</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Rodriguez	There is no evidence of gastrointestinal mural pathology, i.e., IBD or masses, gastrointestinal obstructive pattern, or definitive foreign material. Nonspecific mild gastrointestinal inflammation and benign mesenteric lymphadenopathy are probable. Gastrointestinal support is indicated with clinical monitoring. Recheck sonogram is recommended if continued or progressive gastrointestinal signs are present.
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**PATIENT**

Jiji Stevenson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

11 mths

**WEIGHT**

9 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rodriguez

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET**

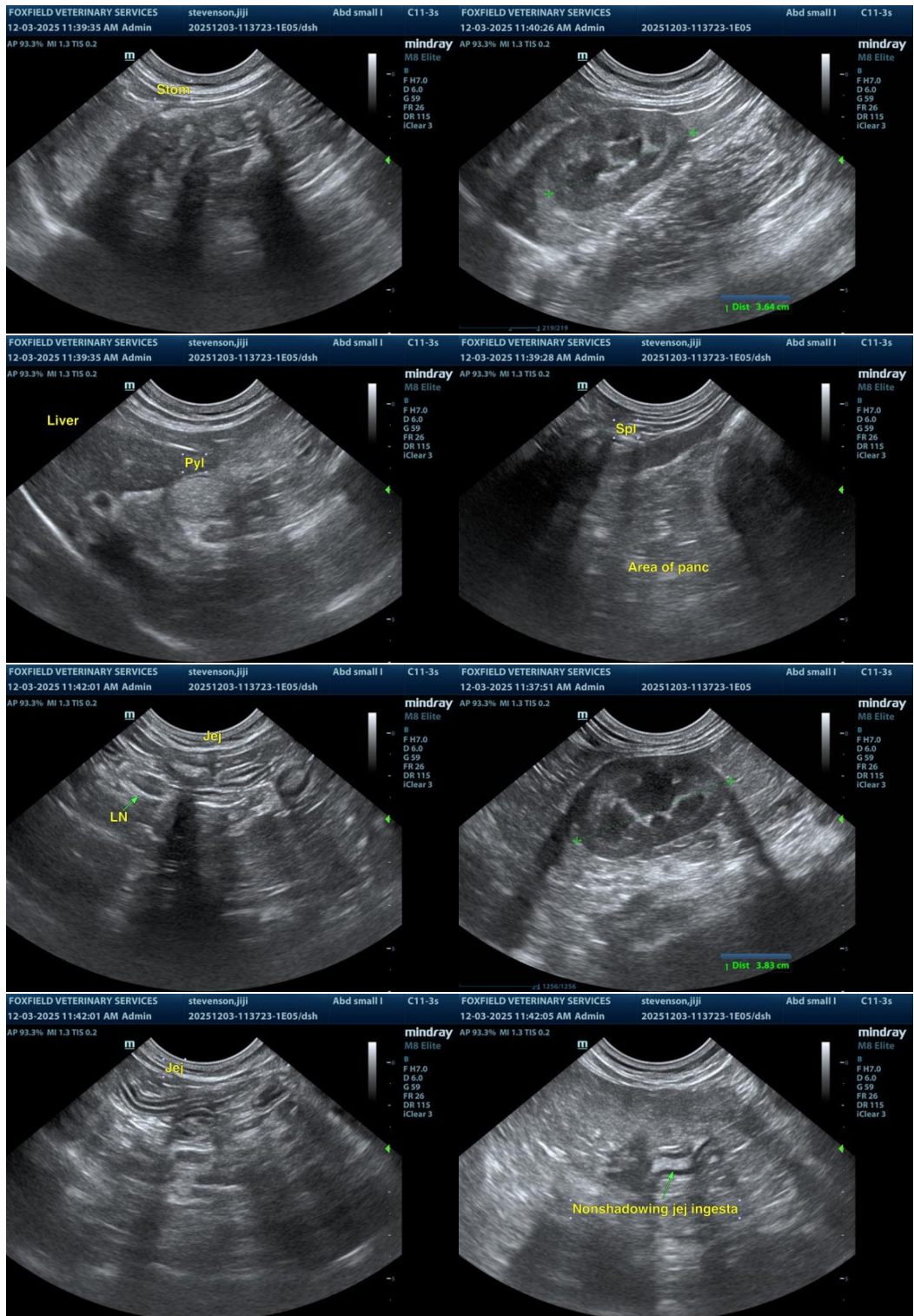
Rodriguez

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## PATIENT

Jiji Stevenson

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

11 mths

## WEIGHT

9 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Rodriguez

## HOSPITAL NAME

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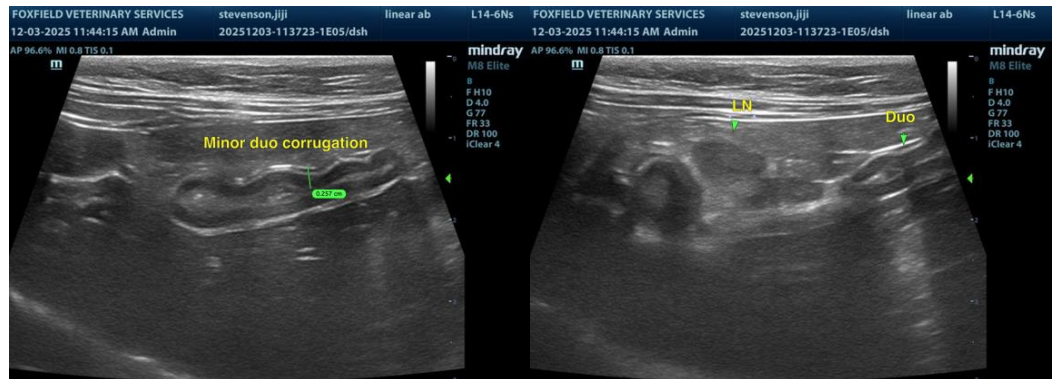
Rodriguez

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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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