



PATIENT

Tang Haney

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

13 Years

WEIGHT

15.75 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Janel Schietzelt
DVM

HOSPITAL NAME

Dreaming Summit
Animal Hospital

REFERRING VET

Dr. Janel Schietzelt
DVM

INVOICE

12871

DATE

12/30/25

PRESENTING CLINICAL SIGNS

Chronic intermittent vomiting last few months. Worsening to daily last week with blood in vomit - Indoor/outdoor cat -On hill's science diet biome -No known dietary indiscretions

Abnormal PE/Chem/CBC/UA Results: CBC normal -NSF to chem/lytes -Urinalysis pending -TT4 WNL -fPL WNL -FeLV/FIV/HWT SNAP all negative -Obese on exam (BCS 8/9), vitals WNL, hydrated

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. Primarily anechoic urine was present in the lumen. Nondependent particulate mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and asymmetrical margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate to marked loss of corticomedullary border demarcation expected for the age of the patient. Cortical infarcts were visualized bilaterally. The left kidney measured 4.4 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized with no obvious pathology.

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 with mildly thickened hyperechoic wall. The stomach contained a mild amount of retained anechoic fluid. Stomach wall measured 0.66 cm wall width. No obvious visualized obstruction to pyloric outflow.



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The intestinal walls demonstrated intact wall layers with mildly thickened walls and mild altered 1:3 muscularis / mucosa ratio owing to propensity for mildly thickened muscularis layer. Small intestine wall measured 0.32 cm wall width. No evidence of mechanical/metabolic intestinal ileus.

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

Pancreas

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mildly prominent pancreatic duct.

Free Abdomen

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Intermittent mildly prominent 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 of the lymph nodes measured 0.88 cm in diameter. No evidence of peritoneal effusion.

AGE

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

15.75 pounds

- Mild urinary bladder sediment.
- Chronic renal changes with cortical infarcts.
- Mildly thickened hypomotile stomach.
- Intact mildly thickened small intestine wall.
- Probable chronic pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the gastrointestinal tract may include inflammatory disease i.e. IBR or other inflammatory gastroenteropathy, infectious disease or emerging to occult intestinal neoplasia, all of which may present in a similar sonographic manner. Canned hydrolyzed diet trial with potential long term dietary therapy, gastroprotectants and consideration for empirical IBD protocol may prove beneficial. A definitive diagnosis would require endoscopic or surgical gastrointestinal biopsies for histopathology and correlation with pending urinalysis +/- culture and sensitivity if inflammatory sediment is recommended.

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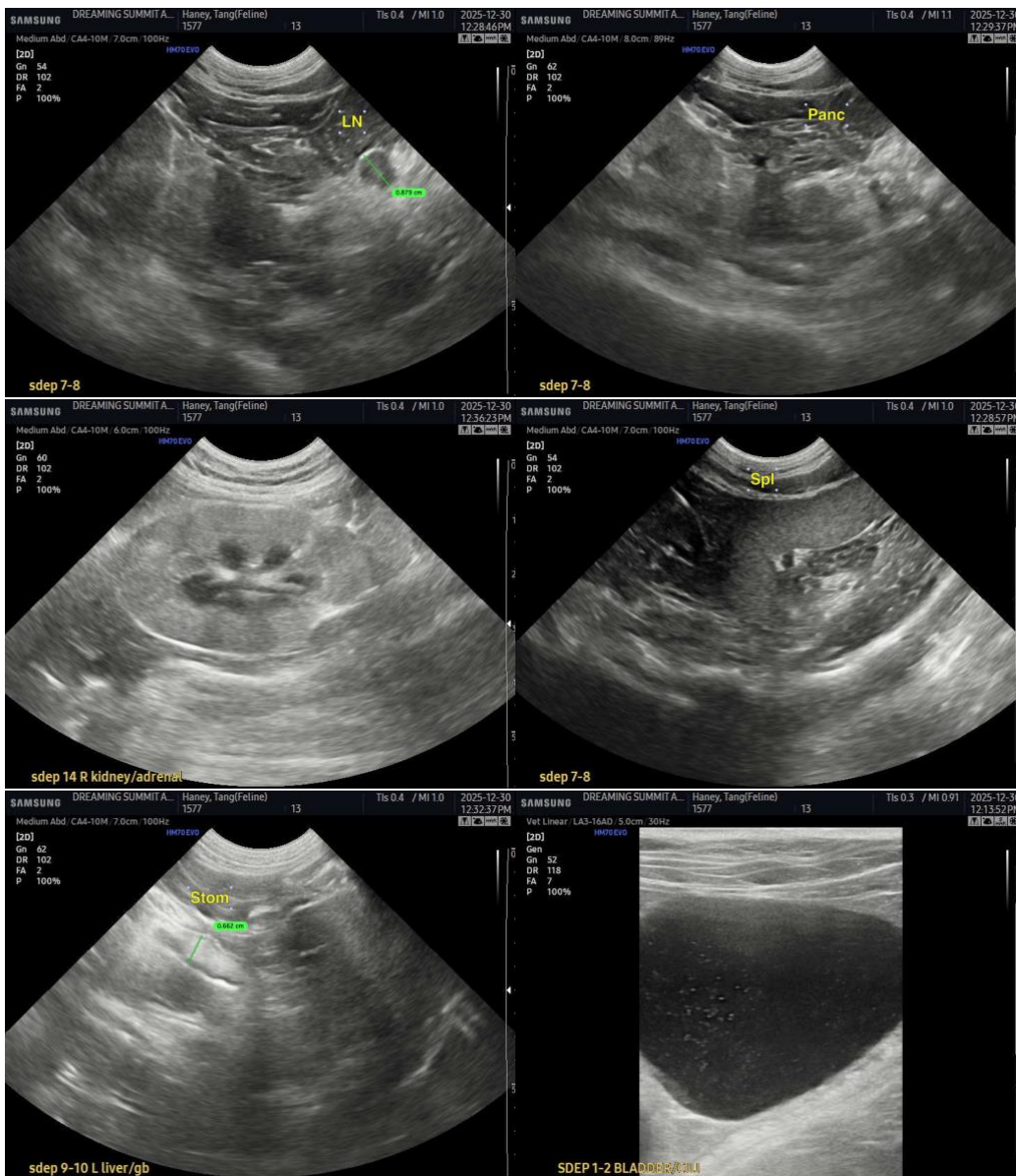
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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