



## PATIENT

Dobby Ferrer

## SPECIES

Feline

## BREED

DSH

## SEX

Female Spayed

## AGE

7m

## WEIGHT

9

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway AH

## REFERRING VET

Dr. Maniar

## INVOICE

13004

## DATE

12/31/25

## PRESENTING CLINICAL SIGNS

History: lethargy constipated

## 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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes 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 3.9 cm in length. The right kidney measured 3.7 cm in length.

### Adrenal Glands

No obvious pathology in the area of the left and right 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

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 was empty with no signs of ileus, obstruction or foreign material.

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 ileus, obstruction or foreign material.

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

### Pancreas

The left pancreas exhibited borderline prominent size with mild capsule asymmetry and mild non-homogeneous hypoechoic parenchyma compared to adjacent omentum.



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**Free Abdomen**

Intermittent, mildly prominent, asymmetrical, non-homogeneous to hypoechoic mesenteric lymph nodes were present with an example measuring 1.2 cm x 0.52 cm. No evidence of peritoneal effusion present.

**ULTRASONOGRAPHIC FINDINGS**

- Normal empty gastrointestinal tract
- Formed fecal matter in colon
- Possible mild left limb pancreatitis
- Intermittent, mild mesenteric lymphadenopathy, mild hyperplasia, immunologic immaturity or potential mild emerging lymphadenitis possible

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The definitive cause of the patient's clinical signs was not obvious. Sonographic evidence of significant constipation was not evident, although assessment of degree of constipation may not be accurate with ultrasound. A spec fPL or GI panel to include PLI/TLI/Cobalamin/Folate to correlate with pancreas and assess for non-structural intestinal disease may be considered. No evidence of neoplastic or FIP criteria. Supportive care and empirical therapy for constipation with clinical and sonographic reassessment if progressive clinical signs or suspicion of progressive lymphadenopathy is recommended.

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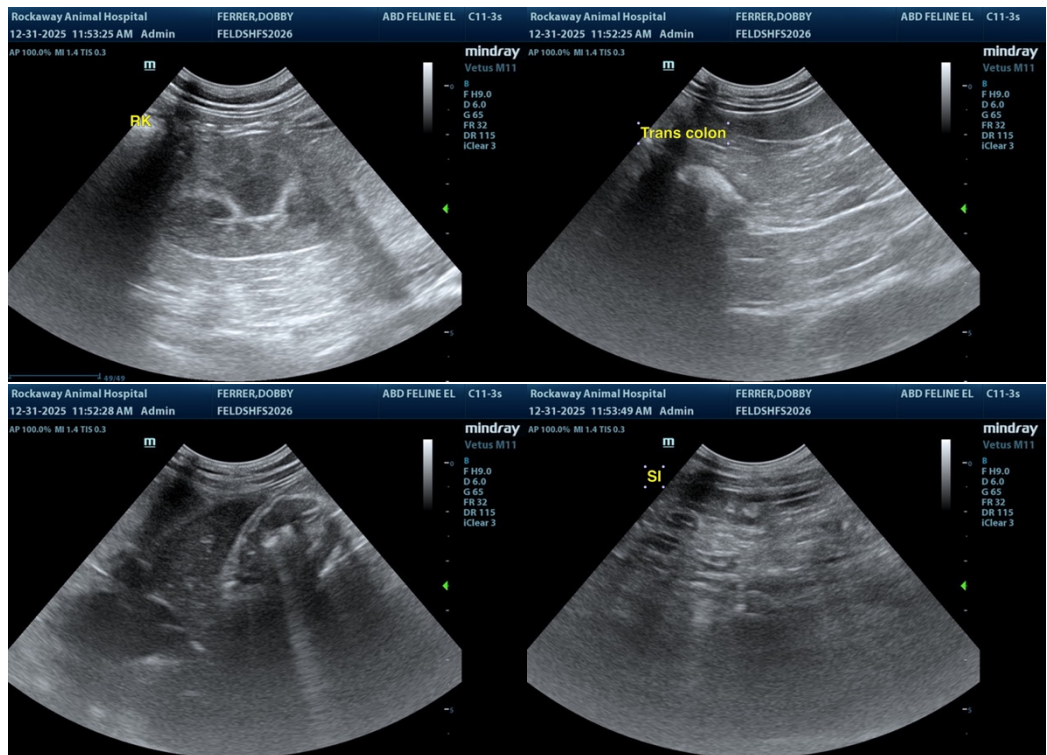
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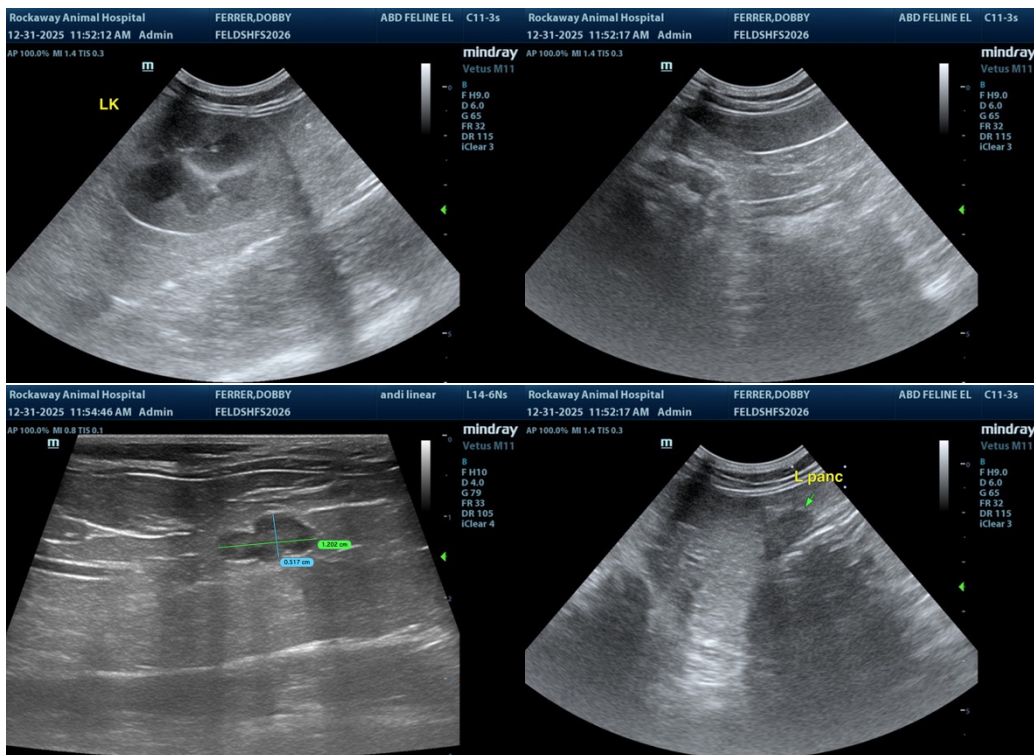
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)