

**PATIENT**

Grace Larson

**SPECIES**

Feline

**BREED**

Ragdoll

**SEX**

FS

**AGE**

6mo

**WEIGHT**

2.1kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Animal Emergency  
Clinic of the High Co

**REFERRING VET**

Dr Wolverton

**INVOICE**

23389

**DATE**

12/31/2025

**PRESENTING CLINICAL SIGNS**

P presented to the ER for being ADR since Spay about 10 days ago. Saw rdvm a few days ago and was treated with Convenia and DepoMedrol. Still not doing well. T o presentation 103.4, Now 101.9 Rad report: abdomen is unremarkable.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/Epoc Na 146,

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/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.

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 3.6 cm in length. The right kidney measured 3.2 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the uterine remnant appeared normal and free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.27 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.29 cm width.

**Spleen**

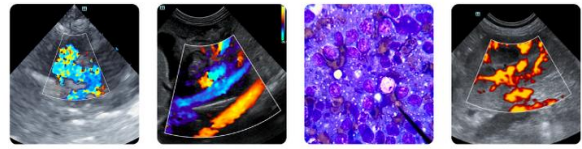
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 mild non-organized debris. Mild distal common bile duct dilation not consistent with obstructive criteria was present at the level of the duodenal papilla measuring 0.31 cm in diameter.

**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.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental non-shadowing ingesta with no signs of obstruction or foreign material. The jejunum wall measured 0.23 cm in width.

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

**Pancreas**

The pancreas was normal in size and contour with subtle hypoechoic parenchyma compared to adjacent non-reactive or inflamed omentum.

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**Free Abdomen**

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

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FS

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Normal area of uterine remnant.
- Sonographically unremarkable gastrointestinal tract with mild segmental non-shadowing intestinal ingesta
- Non-enlarged mildly hypoechoic left pancreas
- Mild gallbladder debris with mild non-obstructive distal common bile duct dilation

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of significant visceral pathology as the definitive cause of the patient's clinical signs. Assessment for evidence of cranial abdomen/ subxiphoid discomfort on palpation which may suggest emerging to low-grade left limb pancreatitis in correlation with a spec FPL is suggested. Concurrent monitoring of hepatic enzymes for evidence of cholangitis given mild gallbladder debris and mild non-obstructive distal common bile duct dilation is recommended. Continued supportive care is indicated.

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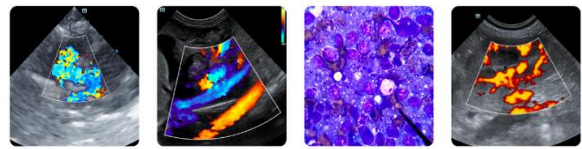
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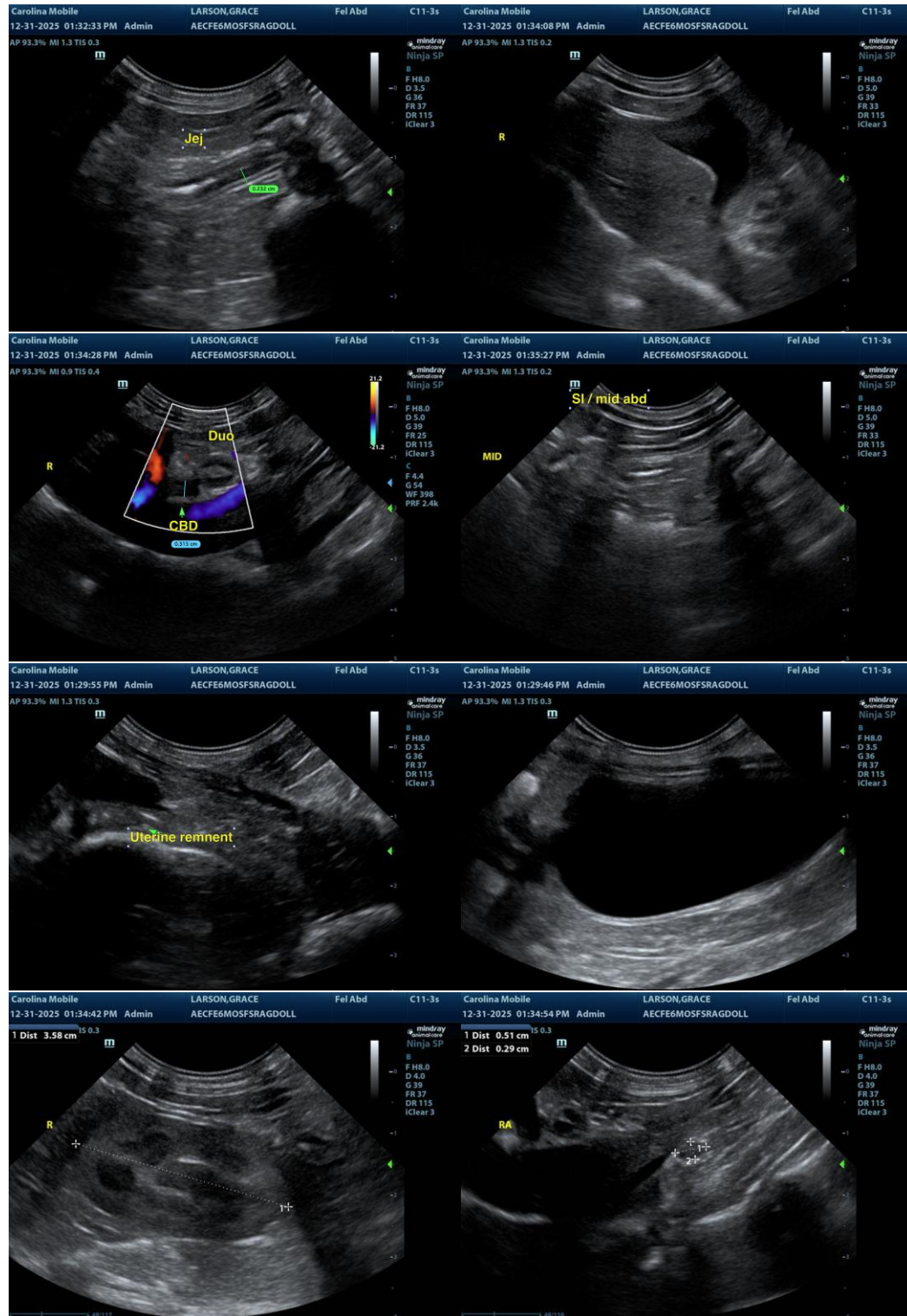
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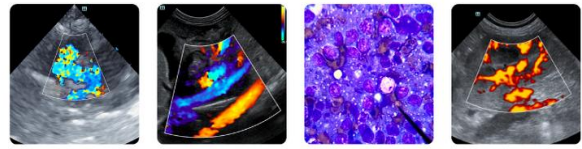
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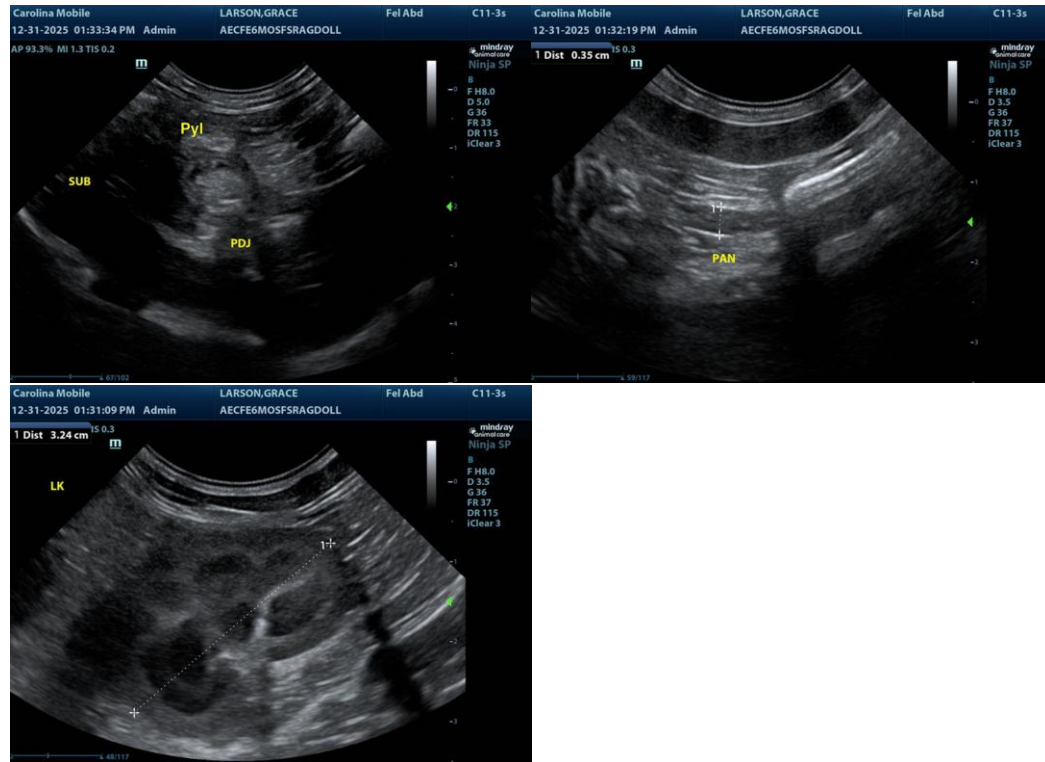
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**IMAGING PERFORMED BY**

Kathleen Byrnes

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)

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