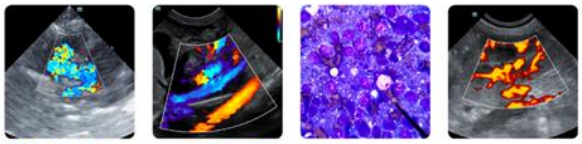


PATIENT

London Meyers

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10

WEIGHT

13.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Cutrone

HOSPITAL NAME

Greater Staten Island Veterinary Srerrvice

REFERRING VET

Cutrone

INVOICE
23151

DATE
12/08/2025

PRESENTING CLINICAL SIGNS

Vomiting, for 5 days Normal appetite Normal energy Sedated with Dexmed/Butorphanol/Ketamine for scan.

Abnormal PE/Chem/CBC/UA Results: CBC: Lym 0.61 (L), otherwise WNL Chemlytes: WNL TT4: 1.9 (WNL) Fecal: Pending UA; Pending

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.44 width, and the right adrenal gland measured 0.42 width.

Spleen

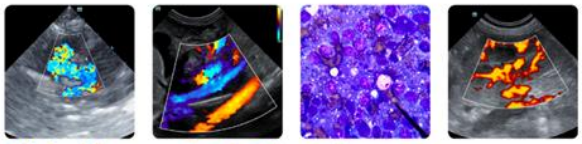
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.9 cm in width at the level of the mid spleen.

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 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 contained mild retained anechoic fluid without shadowing content or obstruction.



PATIENT

London Meyers

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10

WEIGHT

13.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Cutrone

HOSPITAL NAME

Greater Staten Island Veterinary Srerrvice

REFERRING VET

Cutrone

INVOICE
23151

DATE
12/08/2025

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 mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.24 cm width. The ileocolic wall measured 0.35 cm width.

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

Pancreas

The left pancreas was normal in size with mild capsule asymmetry and isoechoic subjective mild remodeled parenchyma with mildly prominent left limb pancreatic duct.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

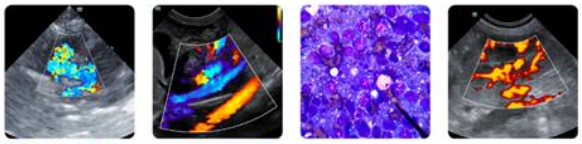
Primary

- Normal gastrointestinal tract with mild hypomotile stomach
- Possible mild left limb chronic pancreatitis
- Age-related renal/adrenal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral pathology. Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may correlate with chronic pancreatitis in correlation with a spec fPL or a full GI panel to include PLI/TLI/Cobalamin/Folate is recommended. No evidence of gastrointestinal obstructive pattern or foreign material. Gastrointestinal support which may include dietary trial, as needed gastroprotectants and empirical deworming despite pending fecal testing with clinical monitoring may prove beneficial. Sonographic reassessment indicated if progressive or non-responsive gastrointestinal signs.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

London Meyers

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10

WEIGHT

13.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Cutrone

HOSPITAL NAME

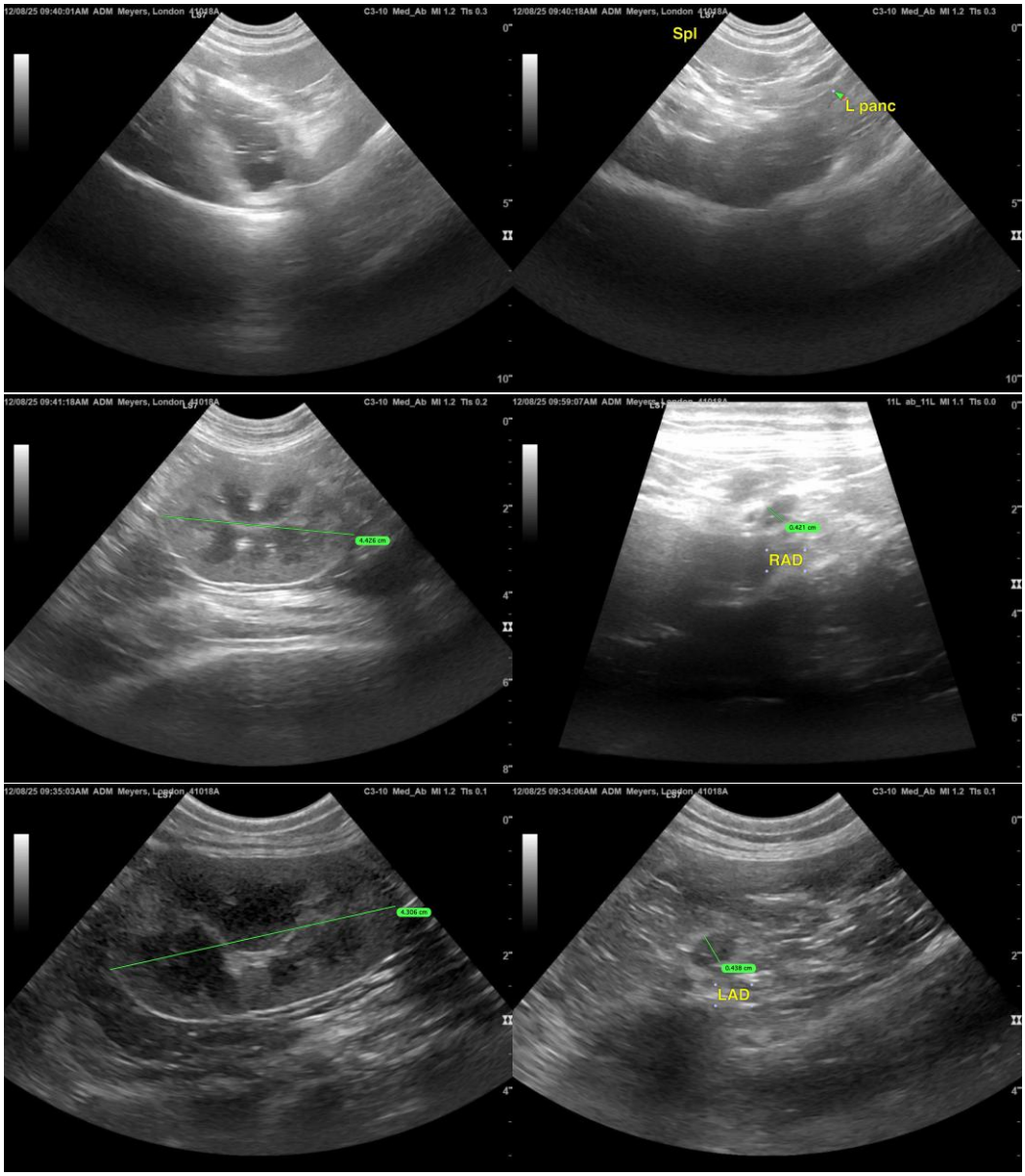
Greater Staten Island Veterinary Srerrvice

REFERRING VET

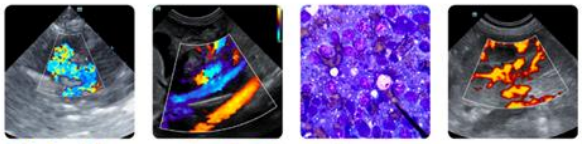
Cutrone

INVOICE
23151

DATE
12/08/2025



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

London Meyers

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10

WEIGHT

13.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Cutrone

HOSPITAL NAME

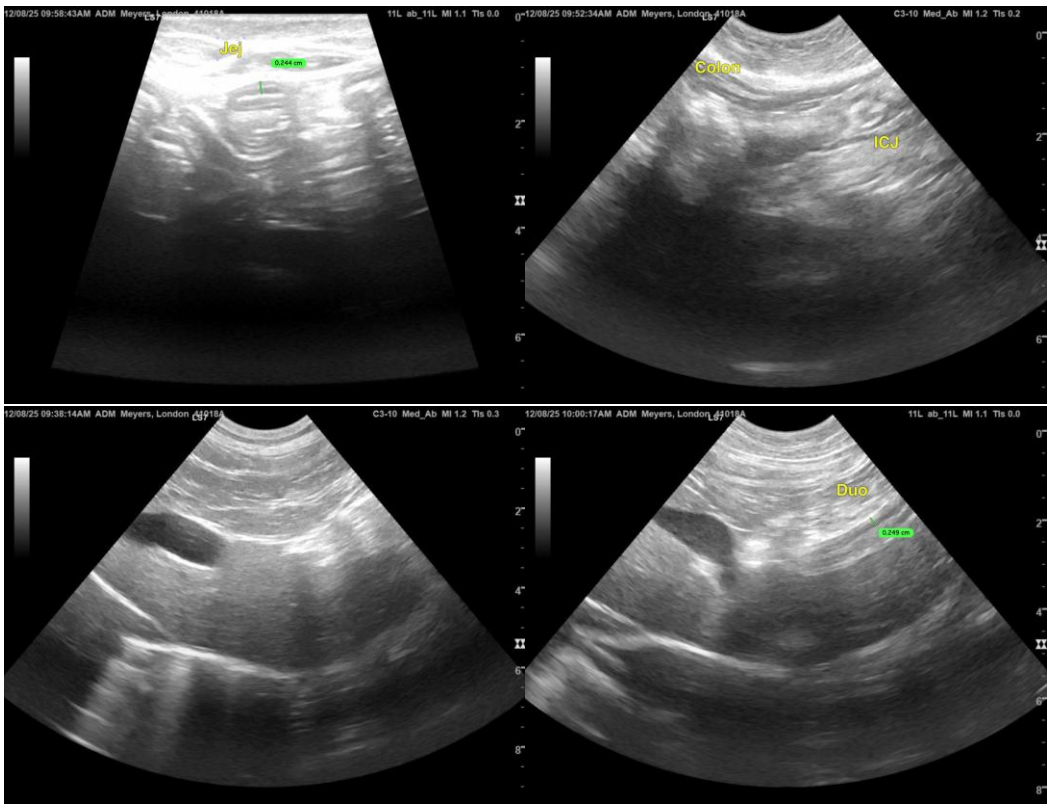
Greater Staten Island Veterinary Srerrvice

REFERRING VET

Cutrone

INVOICE
23151

DATE
12/08/2025



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