



PATIENT

Tigger Schaub

SPECIES

Feline

BREED

Bengal

SEX

Neutered Male

AGE

6

WEIGHT

10

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

12642

DATE

12/09/25

PRESENTING CLINICAL SIGNS

Returned to hospital anorexia vomiting green bile O cannot get meds in Had an echo on 12/2 Current meds Vetmedin 2.5mg 1/2 ml BID Lasix 10mg/ml 1/2ml BID Clopidogrel apply to ear

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 change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and 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 mild indistinct corticomedullary border demarcation. Intermittent small cysts were visualized in the left kidney with an example measuring 0.80 cm in diameter. Intermittent variably sized cysts were visualized in the right kidney. The left kidney measured 3.7 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

No obvious pathology in the areas 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 segmental to generalized borderline thickened intestinal wall exhibiting segmental altered wall layer ratio owing to propensity for segmental borderline thickened muscularis layer. Small intestine wall measured 0.23 cm to 0.27 cm wall width.

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

Pancreas



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The left pancreas was mildly prominent in size with symmetrical contour and mild nonhomogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

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No visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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Bengal

- Normal empty stomach.
- Intact segmental borderline thickened empty small intestine.
- Possible mild left limb pancreatitis.
- Chronic renal changes exhibiting renal cysts.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Assessment for evidence of cranial abdomen/subxiphoid discomfort on palpation which may correlate with mild left limb pancreatitis is recommended. The intestine may indicate patient variant, nonspecific enteritis, emerging IBD, less likely occult intestinal round cell neoplasia. Gastrointestinal support, empirical therapy for possible mild pancreatitis is recommended. Sonographic reassessment or monitoring is indicated if continued or progressive gastrointestinal signs.

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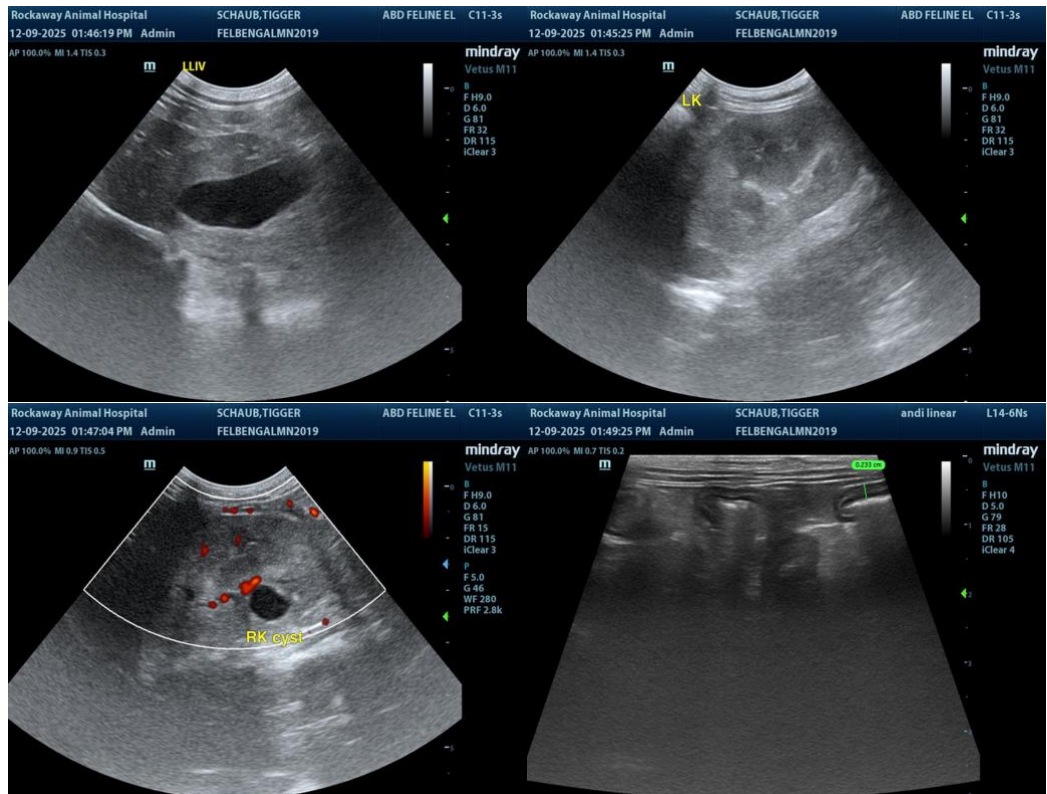
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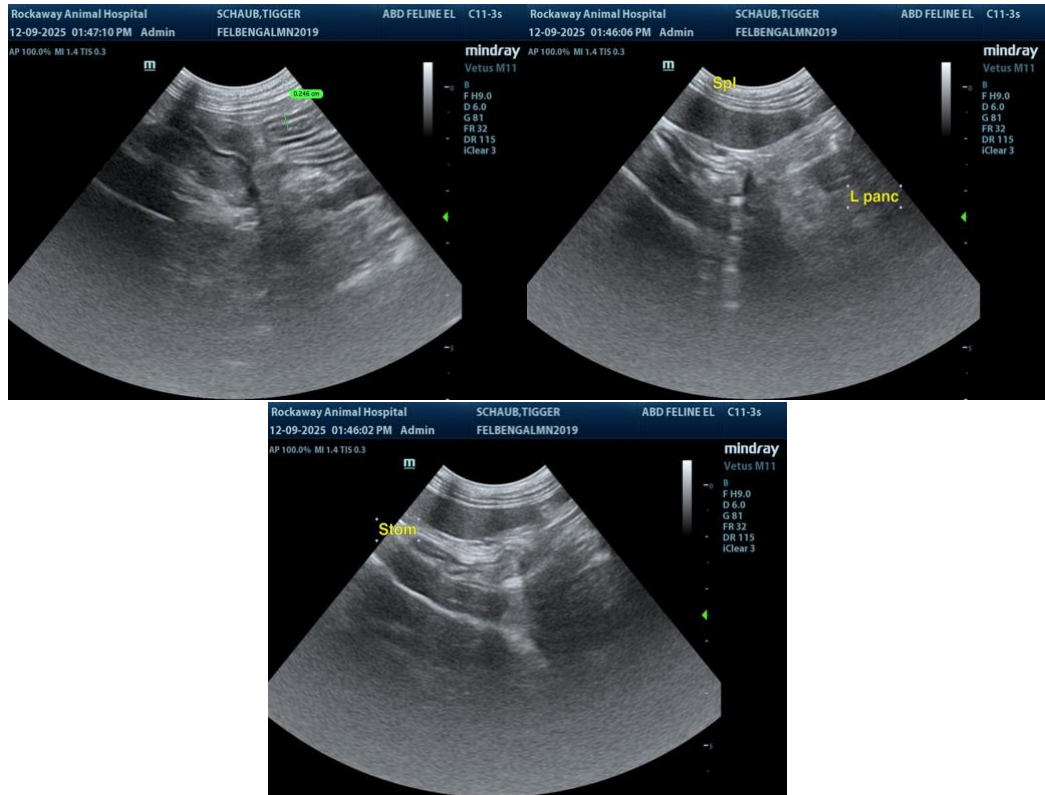
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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