



**PATIENT**

Binx Blackett

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

10yr

**WEIGHT**

6.9lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Cottage Grove VC

**REFERRING VET**

Dr Damewood

**INVOICE**  
23907

**DATE**

02/17/2026

**PRESENTING CLINICAL SIGNS**

- Clinical Exam Findings: normal exam, slightly dehydrated.
- p has been vomiting off and on. o didn't notice a difference when p was on Cerenia. p acts hungry but doesn't eat much. p is now vomiting large amounts of dark fluid, is not eating at all
- ABNORMAL Labwork Values t4- 10.9, alt-11
- Current Medications methimazole 10mg

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 3.6 cm in length. The right kidney measured 3.4 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.30 cm width. No obvious pathology in the area of the right adrenal gland.

**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 primarily anechoic luminal content. The proximal common bile duct was dilated and mild tortuous without overt post hepatic obstruction.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.24 cm in width.



<b>PATIENT</b>	
Binx Blackett	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 0.26 cm width. The jejunum wall measured 0.25 cm width. The ileocolic wall measured 0.37 cm width.
<b>SPECIES</b>	Normal visible colon wall layers were present. Subjective distention with formed feces in lumen.
Feline	<b>Pancreas</b>
	The area of the pancreas was sonographically normal.
<b>BREED</b>	<b>Free Abdomen</b>
DSH	No evidence of peritoneal effusion was present.
<b>SEX</b>	Intermittent enlarged mid abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 2.2 cm x 0.77 cm.
MN	
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
10yr	<b>Primary</b>
	<ul style="list-style-type: none"> <li>• Structurally unremarkable empty gastrointestinal tract</li> <li>• Subjective feces distended colon</li> <li>• Normal area of pancreas</li> <li>• Mild mid abdomen mesenteric lymphadenopathy</li> </ul>
<b>WEIGHT</b>	<b>Secondary</b>
6.9lb	<ul style="list-style-type: none"> <li>• Mild non-obstructive proximal common bile duct dilation- age variant, possible low grade cholangitis</li> <li>• Bilateral chronic renal changes</li> </ul>
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No evidence of mechanical gastrointestinal obstruction, foreign material or sonographically evident gastroenterocolic mural pathology. Non-structural gastrointestinal disease or mild pancreatitis in conjunction with mild mid abdomen mesenteric lymphadenopathy may present sonographically normal.
<b>IMAGING PERFORMED BY</b>	A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Dietary trial i.e. canned novel protein or hydrolyzed diet, as needed omeprazole 1 mg/kg PO SID, and gastrointestinal support with clinical monitoring may prove beneficial. Correlation with thoracic and abdominal radiographs to assess for or rule out thoracic pathology or constipation as a contributing factor is recommended.
Sara Hansen	
<b>HOSPITAL NAME</b>	
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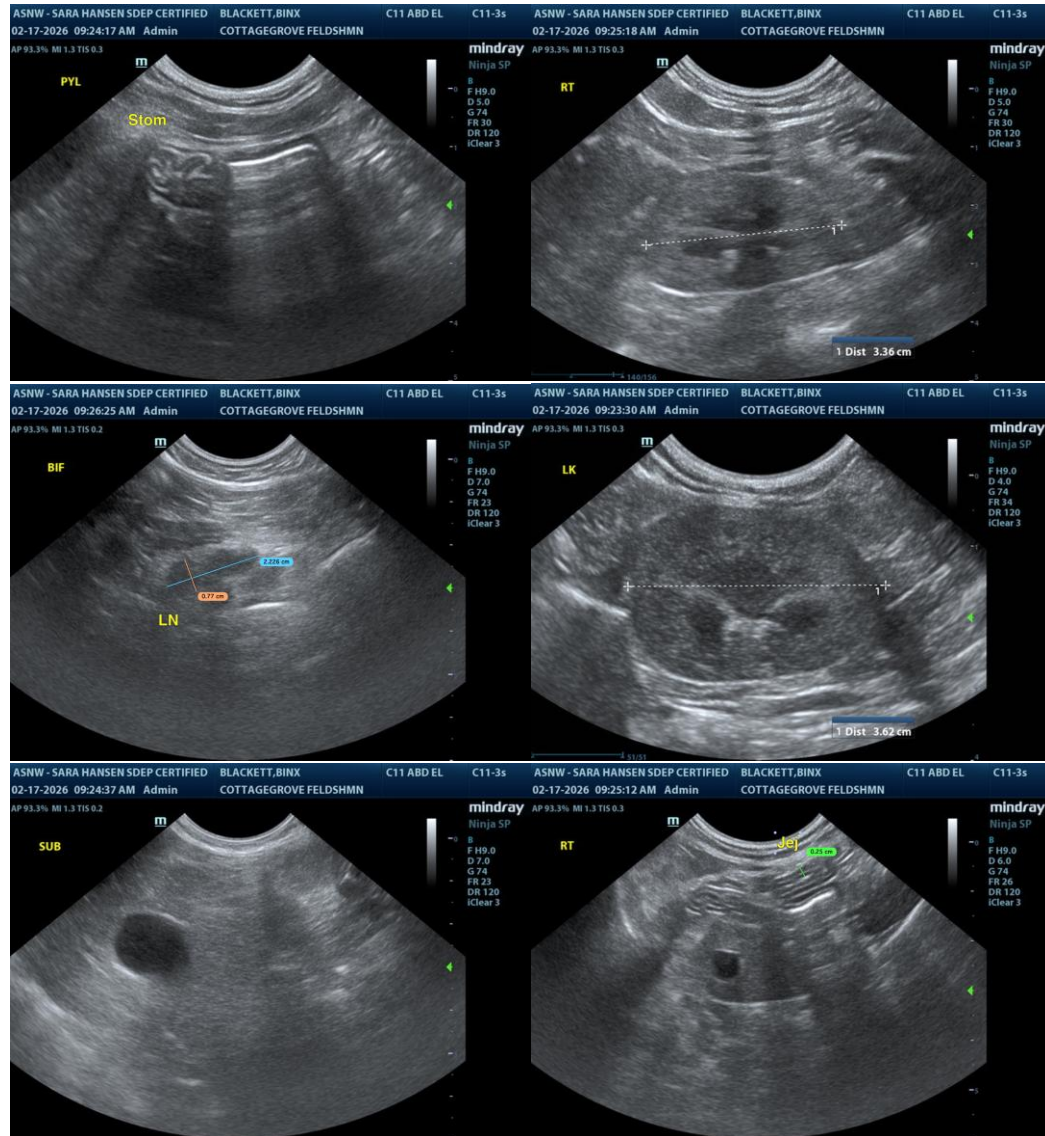
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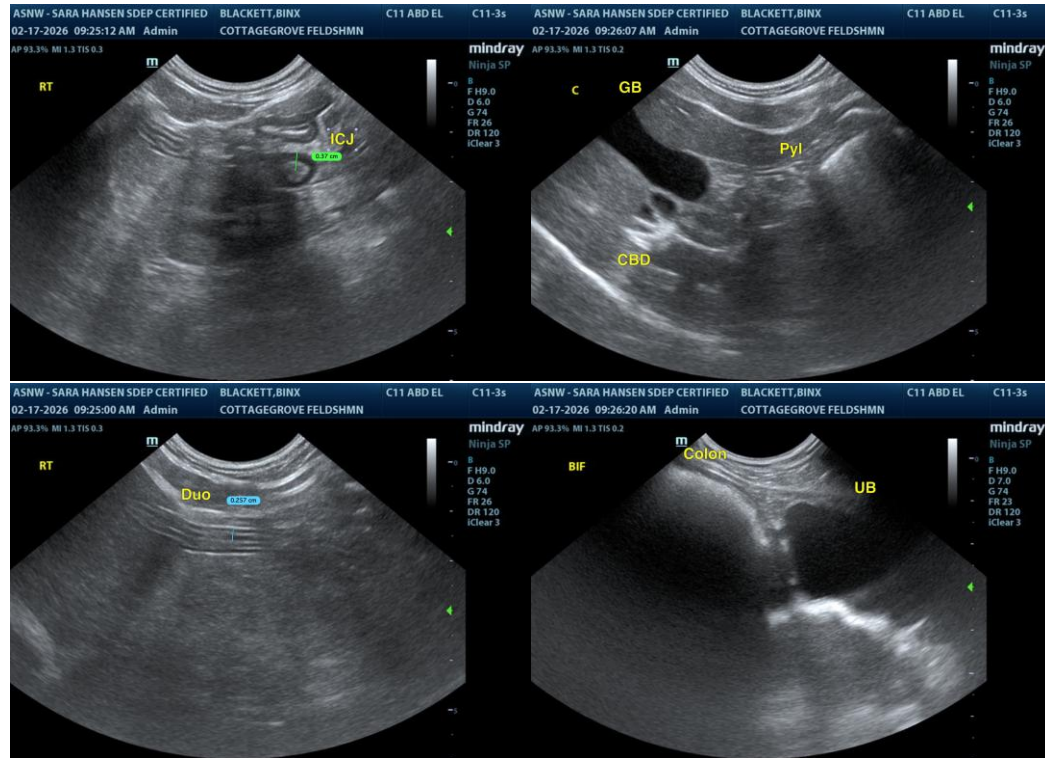
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 DVM, DABVP  
 (Canine and Feline)

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**

Sara Hansen

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