



## PATIENT

Riot Henry

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

10yr

## WEIGHT

13.5

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Brita Kiffney

## HOSPITAL NAME

Northshore Veterinary  
Hospital

## REFERRING VET

Brita Kiffney

## INVOICE

24004

## DATE

02/26/2026

## PRESENTING CLINICAL SIGNS

- Chronic weekly vomiting, which has increased in frequency over the past couple of months.
- NO weight loss, no diarrhea. Body condition/coat not concerning.
- On Urinary c/d, a OTC wet food (suspect fancy feast)
- Abnormal PE/Chem/CBC/UA Results: CBC/Chem, very mild hepatopathy on day of bloodwork- had had an acute vomiting exacerbation with more than normal emesis that day. Radiographs- unremarkable

## 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 mild lumen mineral. 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 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. A mild to intermittent hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. Focal associated medullary mineral was present. No pyelectasia. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated with interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 4.2 cm in length. The right kidney measured 5.3 cm in length.

The area of the aortic trifurcation was 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 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.



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## 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 pylorus wall measured 0.23 cm in width.

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 0.24 cm width. The jejunum wall measured 0.20 cm width.

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

## Pancreas

The pancreas was normal in size and contour with mild isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

## Free Abdomen

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

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Sonographically normal empty gastrointestinal tract
- Mild heterogeneous pancreas
- Bilateral mild nonspecific renal medullary rim sign
- Mild urinary bladder lumen mineral
- Sonographically normal liver / gallbladder

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A spec FPL to assess for evidence of low grade or chronic pancreatitis may be considered. Given current dietary therapy, as needed gastroprotectant omeprazole 1 mg/kg SID may prove beneficial. Correlation with UA +/- C/S or UPC level if inflammatory vs non-inflammatory proteinuria is recommended. Overall, no evidence of significant visceral, specifically gastrointestinal pathology.



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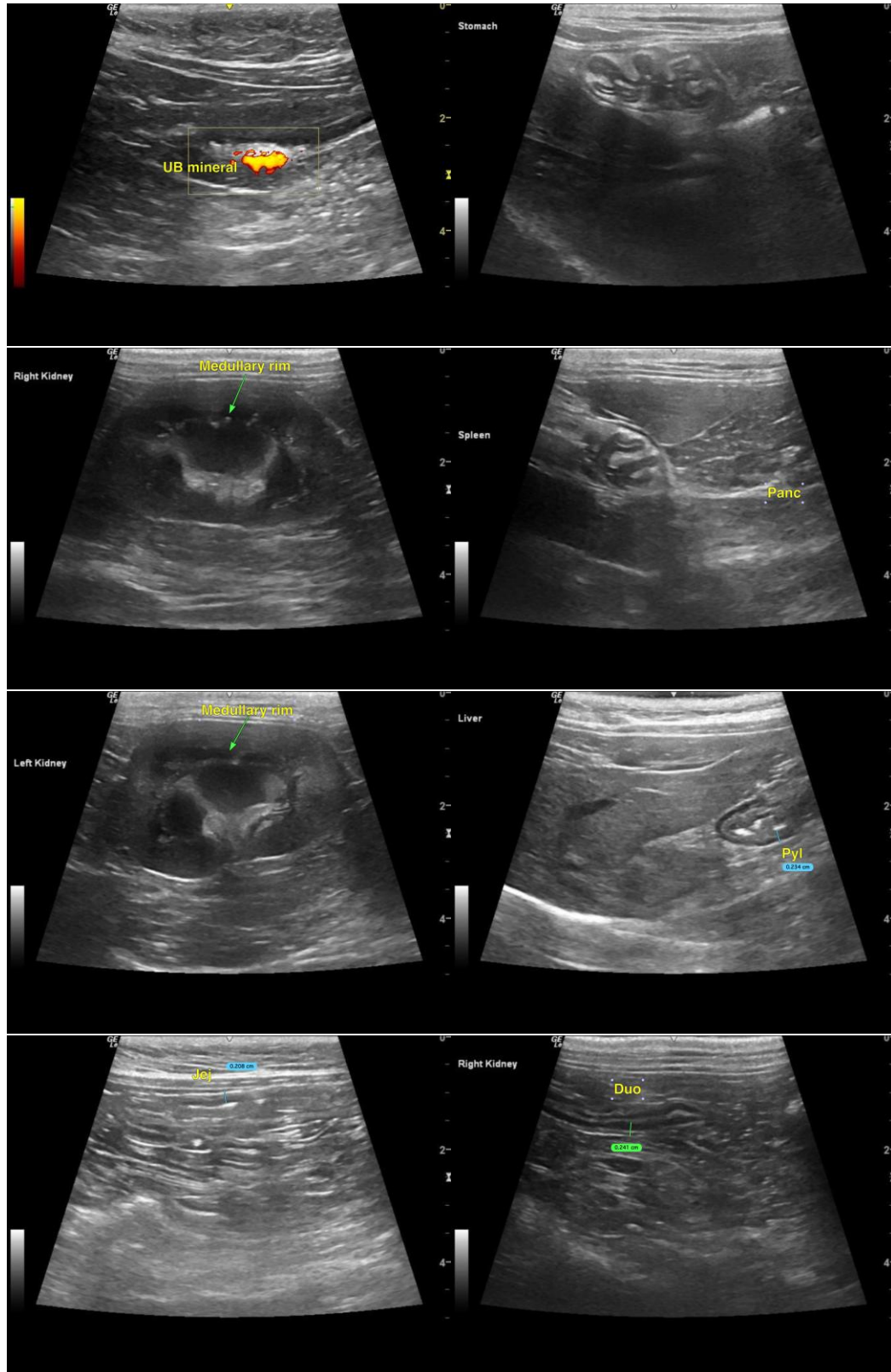
Brita Kiffney

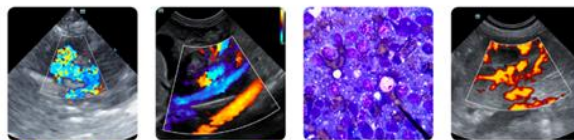
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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DSH

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)

[info@sonopath.com](mailto:info@sonopath.com)

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