



PATIENT

Odie Martin

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

6yr

WEIGHT

5.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Heather Platzer

HOSPITAL NAME

Hershire Animal
Hospital

REFERRING VET

Erika Gallisdorfer DVM

INVOICE

24025

DATE

02/27/2026

PRESENTING CLINICAL SIGNS

Pt presented 2 weeks ago for acute anorexia and recent vomiting in a chronically picky eater. Besides underweight unremarkable PE, BW at that time nsf - treated with cerenia, first 2 days post cerenia did well than appetite decreased again - mild response to mirataz and elura. Repeat exam today pet lost 0.1lbs, small amount of stool in colon, non painful on palpation - owner reports pet has been belching more, no vomiting

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 non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

Bilateral subnormal to possible underestimated renal size. 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 2.8 cm in length. The right kidney measured 2.5 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 0.34 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

Generalized splenomegaly with areas of mild asymmetrical scalloped medial capsule contour. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 1.23 cm width at the level of the mid spleen.

Liver/Gallbladder

The liver presented mildly enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. The hepatic vasculature was mildly dilated in appearance, most notable at the level of the hepatic vein / caudal vena cava junction, without evidence of thrombosis. 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 with no signs of obstruction or foreign material.



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The small intestine exhibited generalized intact wall layering with segmental normal intestinal wall thickness and concurrent segmental mildly thickened intestine with altered wall layer ratio owing to segmentally thickened muscularis layer. Thickened small intestine measured up to 0.5 cm wall width, normal appearing small intestine measured 0.21 cm wall width. No evidence of mechanical or metabolic ileus to the level of the colon.

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

Pancreas

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

Free Abdomen

Mild volume peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatosplenomegaly-congestion owing to sedation if clinically applicable, hyperplasia, inflammation, neoplasia all potentials
- Non-obstructive hypomotile stomach
- Intact segmentally thickened small intestine- non-specific, patient variant, IBD or other inflammatory enteropathy, round cell neoplasia such as lymphoma, mast cell neoplasia or other possible
- Possible mild pancreatitis
- Mild volume effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If patient non-sedated and assuming normal clotting status, hepatosplenic FNA cytology using 25ga needle as well as effusion analysis cytology for further clarification is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Definitive diagnosis may require intestinal biopsies for histopathology. No evidence of mechanical gastrointestinal obstruction i.e. obstructive mass or foreign body.



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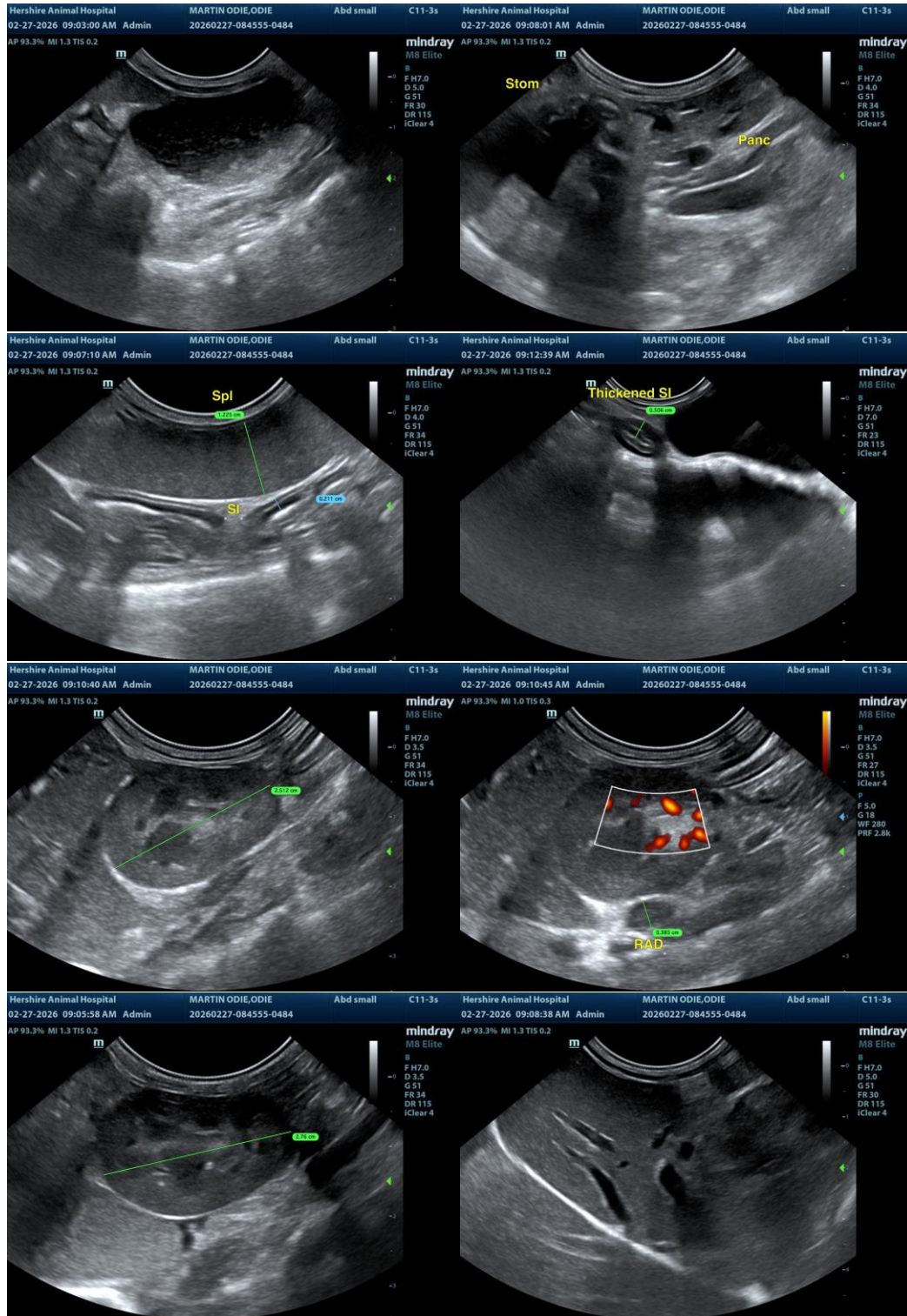
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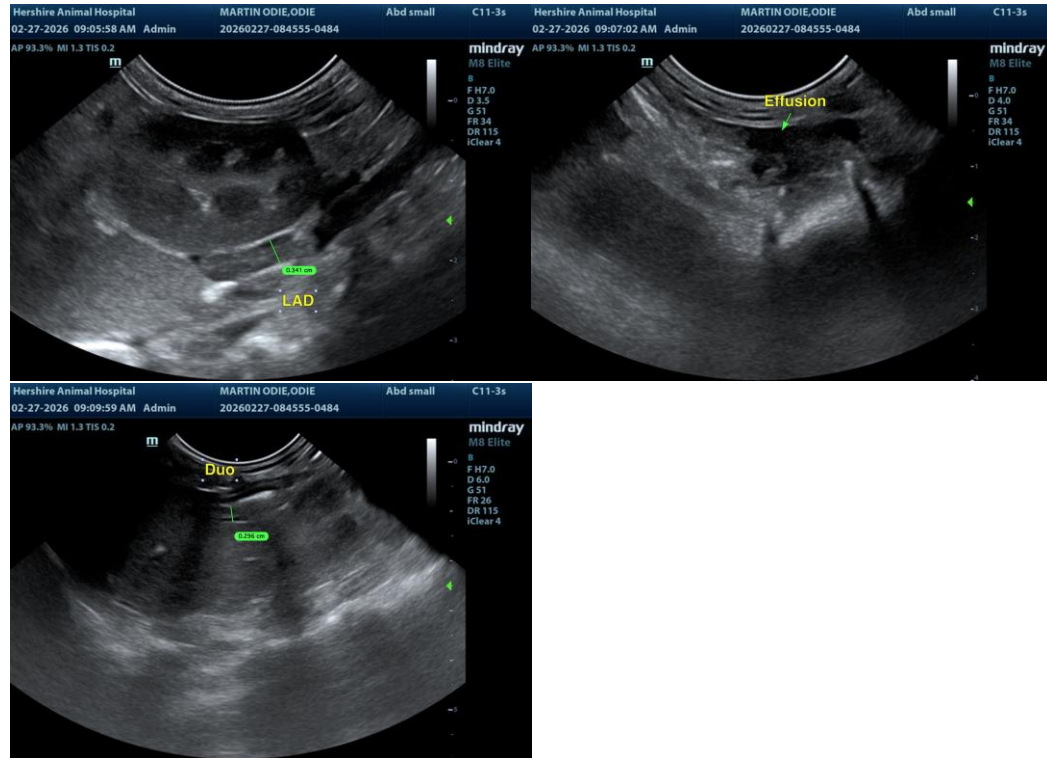
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com