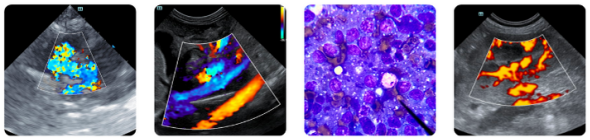


PATIENT

Garfield McCann

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

5y 9m

WEIGHT

5.83 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Springbank Pet Hospital

REFERRING VET

Dr. McCann

INVOICE

13173

DATE

2/6/26

PRESENTING CLINICAL SIGNS

History:

- Garfield presented on 02/03/2026 for an acute onset of vomiting, which has resolved with medication, followed by persistent inappetence and a recent history of mild sneezing.
- On the evening of 02/03/2026, after eating well in the morning, Garfield vomited clear fluid with a light pink tinge three times. He was started on Cerenia q 24 hours, and there has been no subsequent vomiting. Despite the resolution of vomiting, his appetite has been poor since the event.
- A week prior to presentation, Garfield was observed to have mild sneezing. It was noted that another cat in the household is positive for Mycoplasma felis on a respiratory PCR panel.
- Diagnostic workup performed on 02/03/2026 included a general blood panel, which was unremarkable. A urinalysis and a SPEC fPL for pancreatic screening were also submitted, and the results are pending.
- Ab radiographs have also been performed and a bates body was appreciated within the abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, echogenic to particulate non-dependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Loss of corticomedullary distinction was also present. The left kidney measured 3.9 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

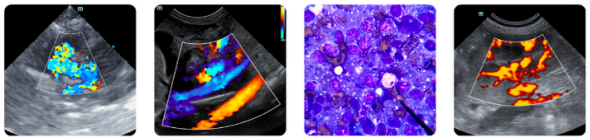
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm.

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.



PATIENT

Garfield McCann

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

5y 9m

WEIGHT

5.83 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Springbank Pet Hospital

REFERRING VET

Dr. McCann

INVOICE

13173

DATE

2/6/26

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 wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.24 cm, jejunum wall measured 0.20 cm, and ileocolic wall measured 0.31 cm.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Intermittent, mildly enlarged jejunal to several colic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild perilymphatic hyperechoic omentum. An example of lymph node size measured 0.5 cm in diameter. No evidence of peritoneal effusion present.

A non-homogeneous, hyperechoic to shadowing circular structure noted in the caudal abdomen consistent with incidental nodular fat necrosis/Bates body

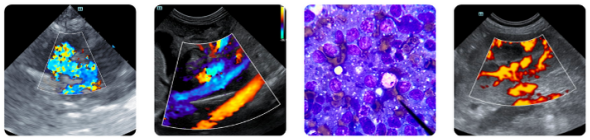
ULTRASONOGRAPHIC FINDINGS

- Sonographically normal empty gastrointestinal tract
- Semi-formed fecal matter in colon
- Suspect mild jejunal colic reactive lymphatic hyperplasia or lymphadenitis – likely secondary to non-structural inflammatory bowel episode
- Bilateral interstitial nephrosis renal pattern
- Mild urine sediment
- Incidental caudal abdomen/Bates body

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal mural pathology, obstructive pattern, foreign material or sonographically active pancreatitis. Correlation with a spec fPL is recommended. concurrent assessment of serum Cobalamin/Folate level may be considered for evidence of non-structural intestinal disease. Gastrointestinal support is recommended with clinical monitoring. Sonographic reassessment recommended if non-responsive or progressive gastrointestinal signs. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Garfield McCann

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

5y 9m

WEIGHT

5.83 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Springbank Pet Hospital

REFERRING VET

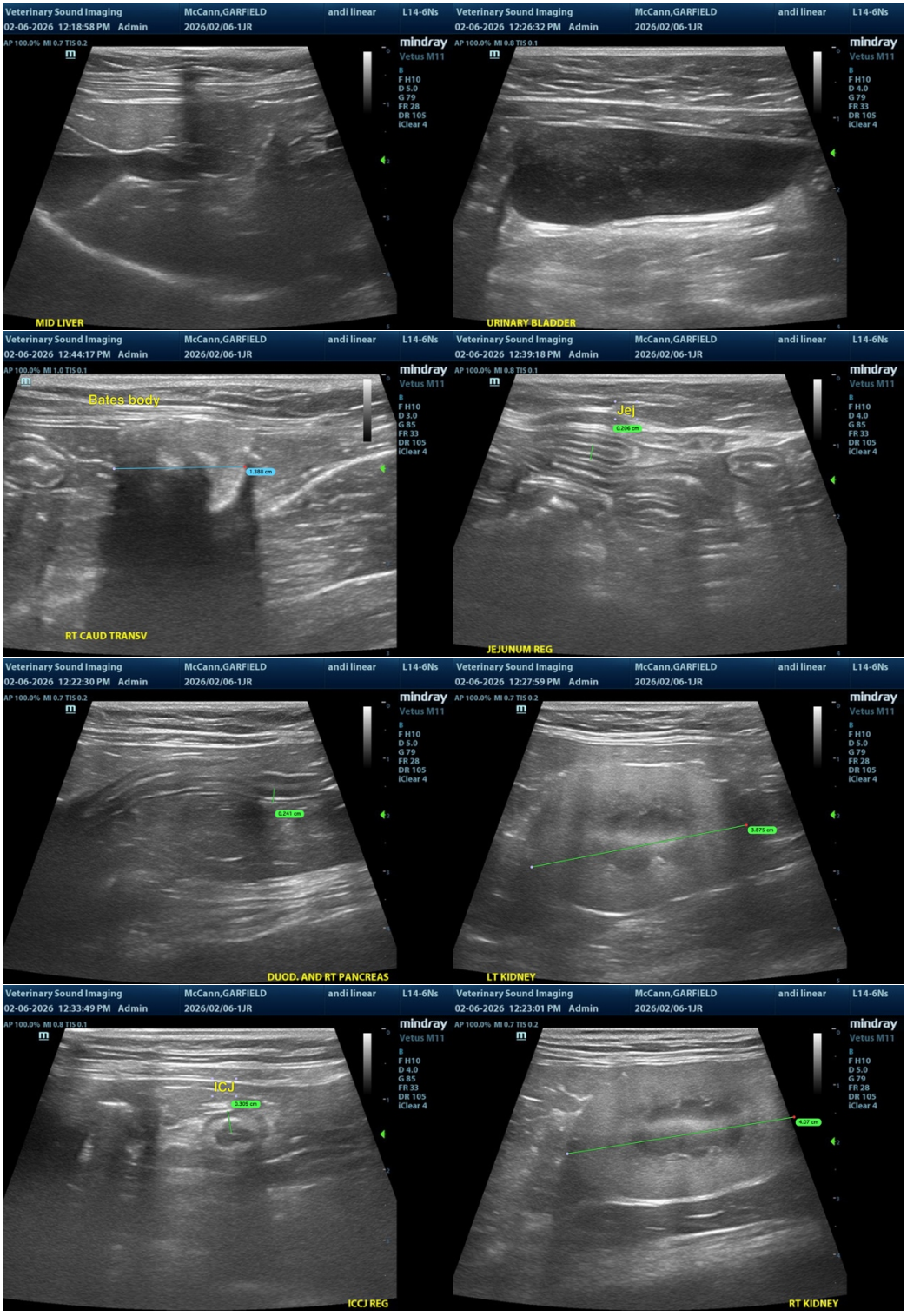
Dr. McCann

INVOICE

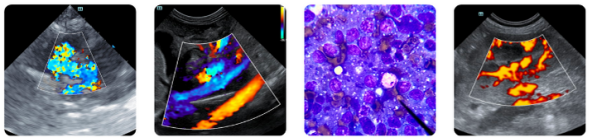
13173

DATE

2/6/26



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Garfield McCann

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

5y 9m

WEIGHT

5.83 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Springbank Pet Hospital

REFERRING VET

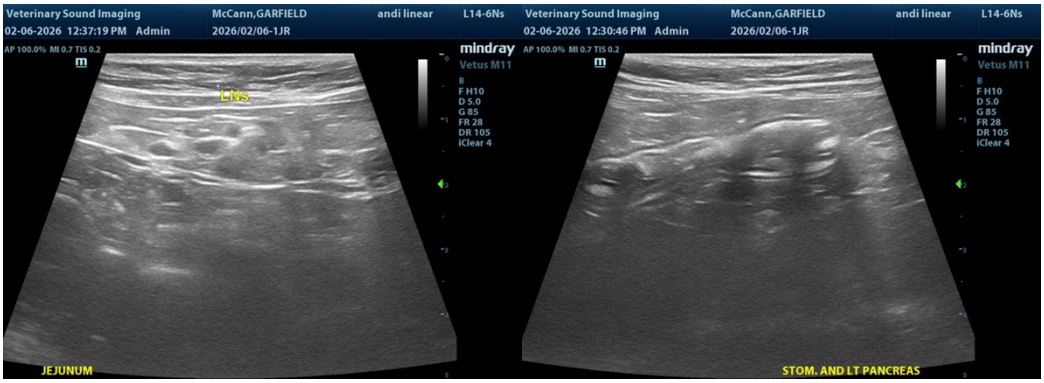
Dr. McCann

INVOICE

13173

DATE

2/6/26



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