



## PATIENT

Sia Kelley

## SPECIES

Feline

## BREED

DSH

## SEX

Female Spayed

## AGE

11y

## WEIGHT

6.8 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Griffin

## HOSPITAL NAME

Northside VC

## REFERRING VET

Alicia Griffin

## INVOICE

13174

## DATE

2/6/26

## PRESENTING CLINICAL SIGNS

The submitted study contained 22 still images and videos for review.

History: Patient has been PU/PD and consistently losing weight.

Abnormal PE/Chem/CBC/UA Results: Urinalysis performed: USG 1.045, trace protein, no glucose, no bacteria, some cells consistent with mild cystitis - Glucose mildly elevated on 1/22/26 at 211 but was normal on today's blood panel

## 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. 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.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation and mild medullary mineral was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.9 cm in length.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized.

### 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. The spleen measured 0.84 cm width level of the mid spleen.

### 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 and common bile duct were not definitively visualized

### 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.



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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 0.27 cm and jejunum wall measured 0.20 cm.

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

**Pancreas**

The area of the pancreas presented sonographically normal.

**Free Abdomen**

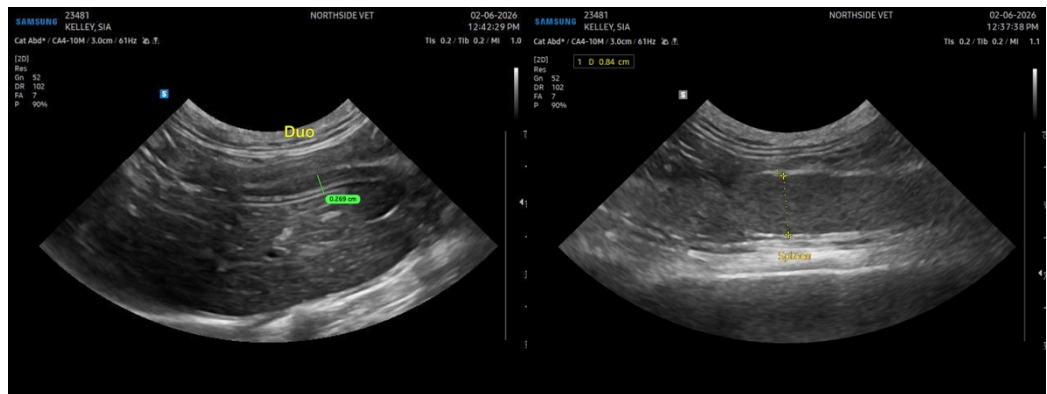
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Urine sediment
- Mild chronic renal changes with mild medullary mineral
- Sonographically unremarkable visualized gastrointestinal tract

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Urine C/S suggested on sterile urine sample despite lack of inflammatory sediment or bacteriuria. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs, neurological / musculoskeletal examination and rule out competitive eating environment are recommended to assess for or rule out occult disease or contributing factors which may cause weight loss.





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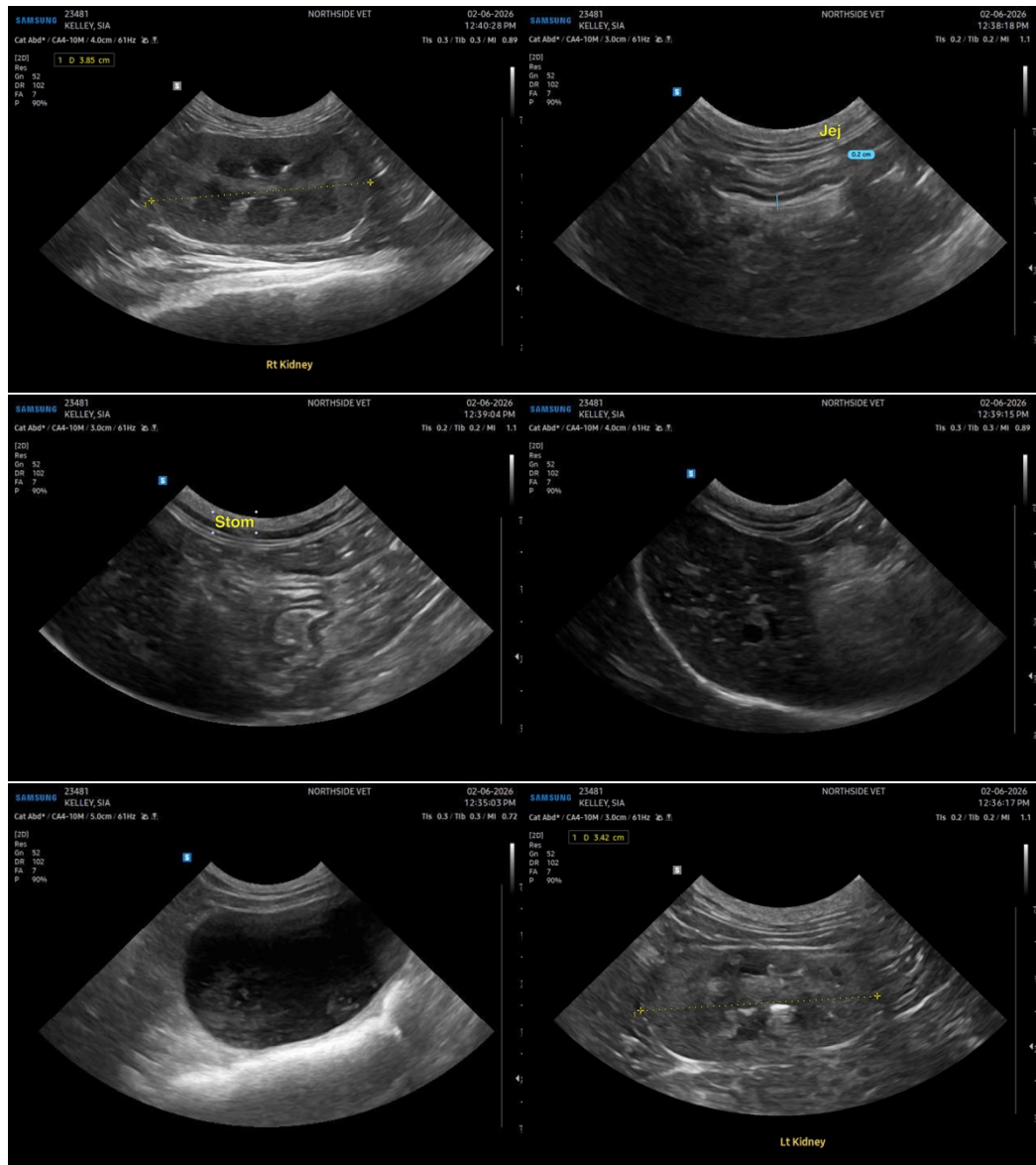
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)



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