



PATIENT

Lily Donath

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

20yr

WEIGHT

9.48lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Christa Williams DVM

HOSPITAL NAME

Caravan Vet

REFERRING VET

Christa Williams DVM

INVOICE 23850

DATE
02/09/2026

PRESENTING CLINICAL SIGNS

- First seen in January for a host of issues including previously diagnosed CKD and hyperthyroidism. Client was concerned about weight loss and chronic vomiting.
- Hyperthyroidism was being managed with 5 mg TDG methimazole q 12h and T4 was 9.0, so recommended switch to oral Felanorm. At recheck 3 weeks later, T4 was 4.9, ALT went up (was normal, now 167) and vomiting has persisted. Kidney values are stable (CKD 2)
- AUS and GI Panel performed today to rule out primary GI causes for continued vomiting and weight loss, vs persistent hyperthyroidism, vs methimazole reaction given ALT elevation in the face of a decreasing T4
- Abnormal PE/Chem/CBC/UA Results: PE: Current weight 9.48 lbs, Jan weight was 9.94 lbs, palpable thyroid gland, grade 1 murmur, significant muscle atrophy and DJD
CBC: Mild monocytosis, otherwise WNL
CHEM: SDMA 19, Creat 2.4, BUN 40, Ca 11.6 (iCal WNL), ALT now 167, was 43 BNP 82 T4 4.9 FeLV/FIV negative

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.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 2.5 cm in length. The right kidney measured 2.8 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 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 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



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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

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing to progressively shadowing ingesta with no signs of obstruction or foreign material.

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The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The lumen of the small intestine contained segmental non-shadowing ingesta without obstructive pattern to the level of the colon. The jejunum wall measured 0.31 cm width. The ileocolic wall measured 0.35 cm width.

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

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Pancreas

The left pancreas was normal in size with capsule asymmetry and mild non-homogenous hypoechoic parenchyma compared to adjacent non-reactive omentum.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary

- Mild non-shadowing to progressively shadowing gastric ingesta
- Sonographically normal liver / gallbladder- consistent with mild benign hepatopathy
- Intact thickened small intestinal wall - IBD or other inflammatory disease favored, mild potential for emerging intestinal round cell neoplasia
- Possible left limb mild chronic / chronic active pancreatitis
- Chronic renal changes with small left kidney cortical infarct
- Mild urine sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending GI panel as well as most recent meal ingestion is recommended. If documented NPO, some degree of mild non-obstructive to metabolic gastric ileus could be possible. No overt gastric foreign material i.e. hairball density.

Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

Gastrointestinal support with empirical therapy for possible chronic / chronic active pancreatitis +/- empirical IBD protocol with clinical and as needed sonographic monitoring may be considered.



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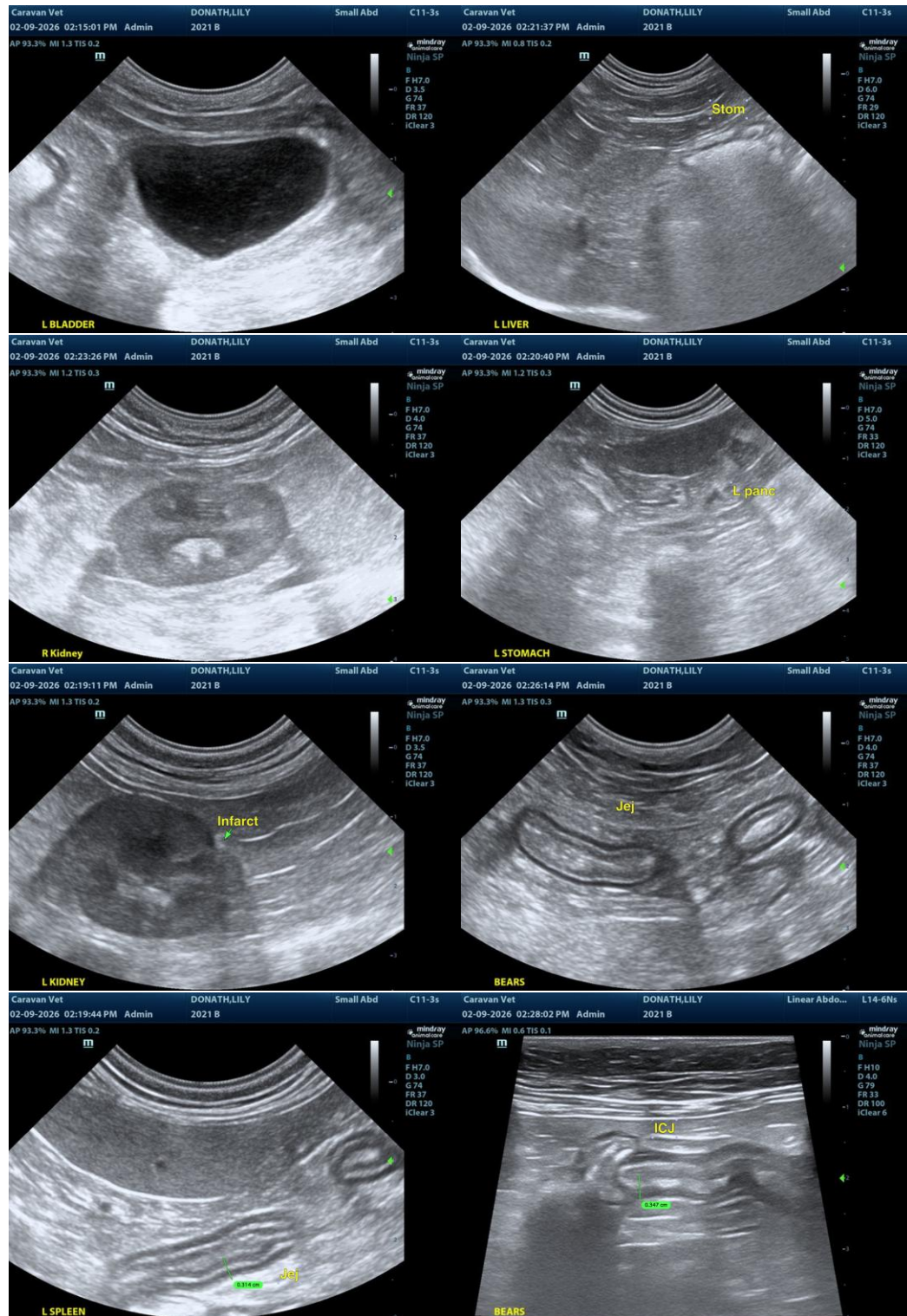
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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.

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info@sonopath.com

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