



PATIENT

Simon Hewlett

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

5yr

WEIGHT

9.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Leah Hayes

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Rachel Gray

INVOICE 24045

DATE
03/01/2026

PRESENTING CLINICAL SIGNS

- Patient presented for vomiting and lethargy and now having nasally/gurgly breathing. Owner woke up to patient running through the house and noticed several vomits last night. One was in the litter box and others around the house, p is usually more aggressive but seems more lethargic tonight.
- P is know to eat food fast.
- P had a similar episode about a month ago and p had vomit/food coming out of his nose.
- r/o intra GI (FB vs gastroenteritis vs infectious vs IBD vs neoplasia) vs Extra GI (Pancreatitis vs metabolic vs hepatic vs renal)
- Tachypnea with normal effort r/o Asthma vs pneumonia vs stress vs pain
- Abnormal PE/Chem/CBC/UA Results: CBC: HCT 42.1 (N), WBC 13.12 (N), neut 9.11 (N), *bands suspected, eos 0.04 (L), plt 361 (N) EPOC: Glu 311 (H), otherwise normal EPOC

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

Both kidneys were mildly enlarged in size with minor asymmetrical renal margination. Mildly thickened non-homogenous hyperechoic cortex exhibiting indistinct hyperechoic cortical striations was present. Adequate medullary volume, no pyelectasia. Adequate to mildly indistinct corticomedullary border demarcation. The left kidney measured 5.1 cm in length. The right kidney measured 5.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.44 cm width. No overt pathology in the area of the right adrenal gland.

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.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained anechoic fluid with no signs of 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 mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.22 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 area of the pancreas was sonographically normal.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically normal empty gastrointestinal tract
- Normal area of pancreas
- Bilateral mild renomegaly exhibiting increased corticomedullary echogenicity and hyperechoic cortical striations
- Urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary intolerance / indiscretion, infectious disease, structurally normal gastroenteritis / inflammatory bowel disease, mild pancreatitis which may present sonographically normal possible. Gastrointestinal support, i.e. dietary trial, as needed gastroprotectants is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Renal /patient variant given patient size, fat deposition, nonspecific nephritis may be possible. Monitoring of renal parameters and UA is recommended. Urine C/S is recommended if inflammatory urine sediment.

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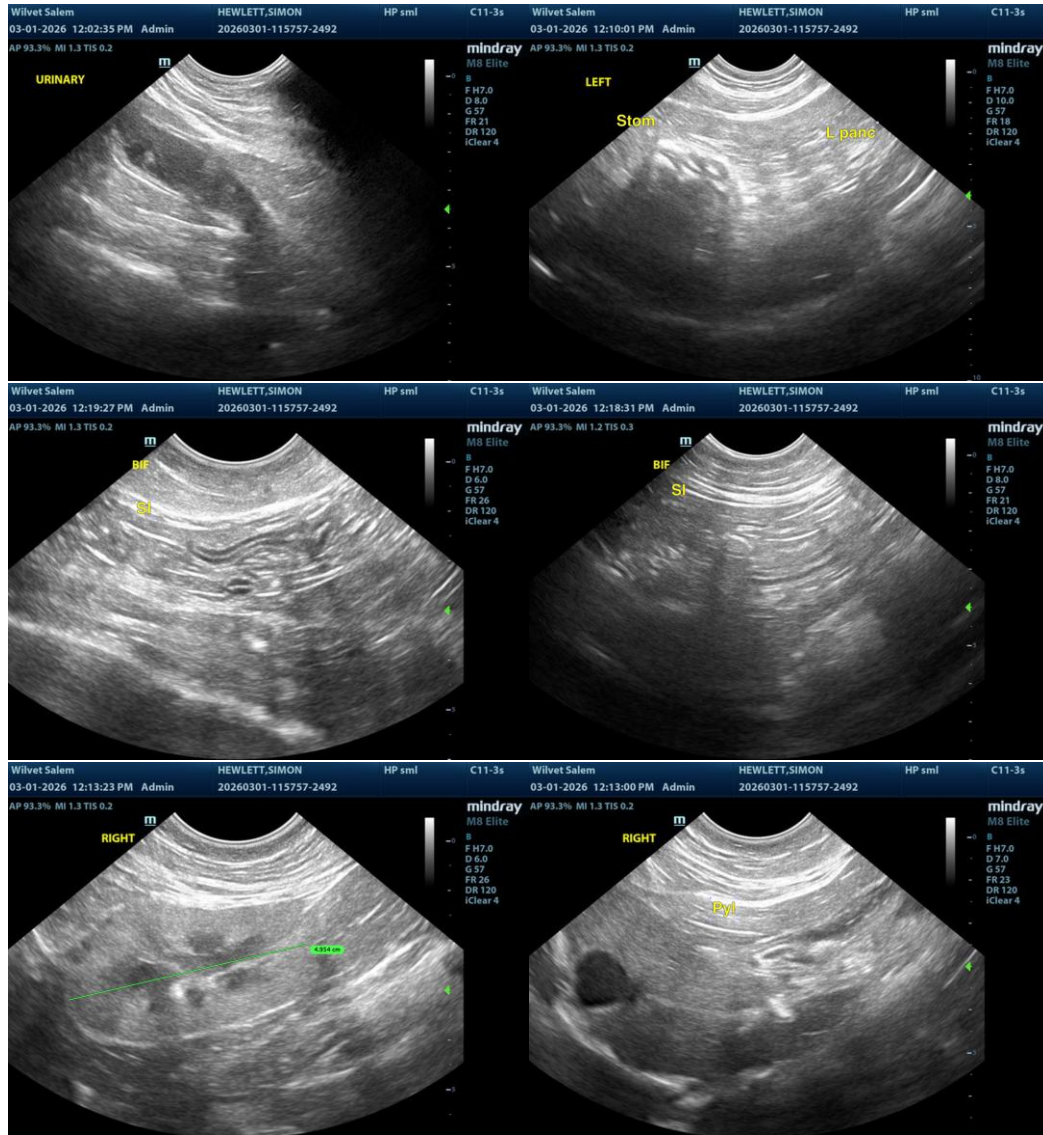
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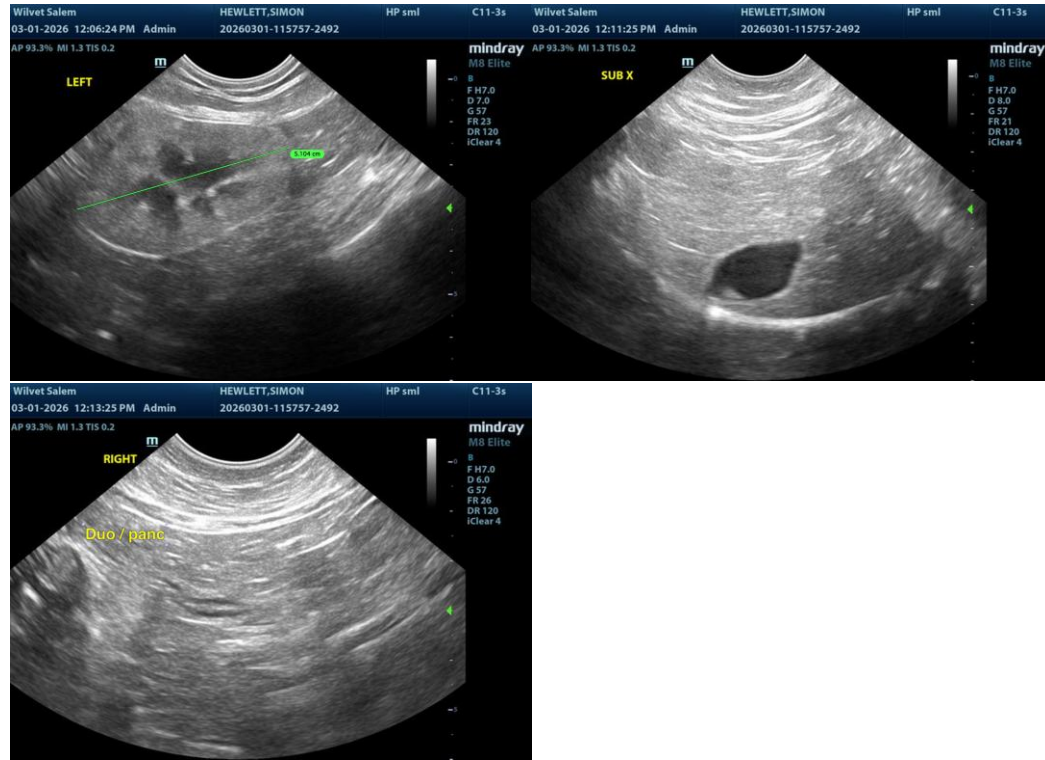
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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