



## PATIENT

Carmela Doyle

## PRESENTING CLINICAL SIGNS

- acute onset vomiting, anorexia, lethargy, vomiting blood and mucous suspect hepatic lipidosis

## SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: WBC 17K Neu band suspected Lym 12.7K Plat 53K ALT 553 ALP 134 Tbili 2.1

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### BREED

DSH

### 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 no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

### SEX

FS

### AGE

15

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 cm in length.

### WEIGHT

13.8

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 0.45 cm width. The right adrenal gland was not definitively visualized.

### INTERPRETED BY

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

### Spleen

The spleen was indistinctly visualized with no obvious pathology.

### IMAGING PERFORMED BY

Jenn

### 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 common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

### HOSPITAL NAME

Rockaway Animal  
Hospital

### Gastrointestinal

The stomach presented normal, intact wall layering in the fundus and gastric body. Intact mildly thickened hypoechoic pylorus wall without obstruction to pyloric outflow and empty gastric lumen. The pylorus wall 0.46 cm in width.

### REFERRING VET

Dr Schiess

The small intestine presented diffusely thickened intestinal wall exhibiting mural hypoechoic, intact to indistinct wall layer detail and propensity for thickened muscularis layer. The small intestine wall measured 0.43 cm. Empty intestinal lumen without mechanical / metabolic ileus was present to the level of the colon.

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### DATE

03/16/2026



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The colon exhibited segmental to variable thickened hypoechoic wall exhibiting indistinct colic mural detail and overall empty colon lumen with segmental mild lumen gas. Colon wall measured 0.48 cm in width.

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### **Pancreas**

The pancreas was normal in size and contour with heterogeneous remodeled slightly hypoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mild prominent pancreatic duct.

## BREED

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### **Free Abdomen**

No overt peritoneal effusion was present.

## SEX

FS

Focally enlarged mid abdominal mesenteric 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 to peri-enterocolic hyperechoic omentum. An example of lymph node size was 0.7 cm in diameter.

## AGE

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## ULTRASONOGRAPHIC FINDINGS

### **Primary**

- Empty stomach with mildly thickened pylorus wall
- Acute / occult enterocolopathy exhibiting diffuse variably thickened enterocolic wall
- Mild peri enterocolic hyperechoic omentum and intermittent mildly swollen jejunocolic lymph nodes
- Hepatopathy, sonographically normal gallbladder

## WEIGHT

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### **Secondary**

- Mild chronic renal changes

## IMAGING PERFORMED BY

Jenn

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Diffuse inflammatory, infectious or neoplastic gastroenterocolopathy possible with primary concern for gastroenterocolic occult neoplastic criteria given mural changes including segmental indistinct enterocolic mural detail. Acute triaditis flare up could be a potential consideration in this patient if previous history of gastrointestinal signs or hepatopathy.

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Further assessment may include assuming normal clotting status and using 25g needle hepatic FNA cytology. Biopsies would be required for definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

## REFERRING VET

Dr Schiess

Aggressive hepatogastrointestinal support including coverage for triaditis with clinical and as needed sonographic monitoring would be reasonable. A guarded prognosis is suspected.

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**REFERRING VET**

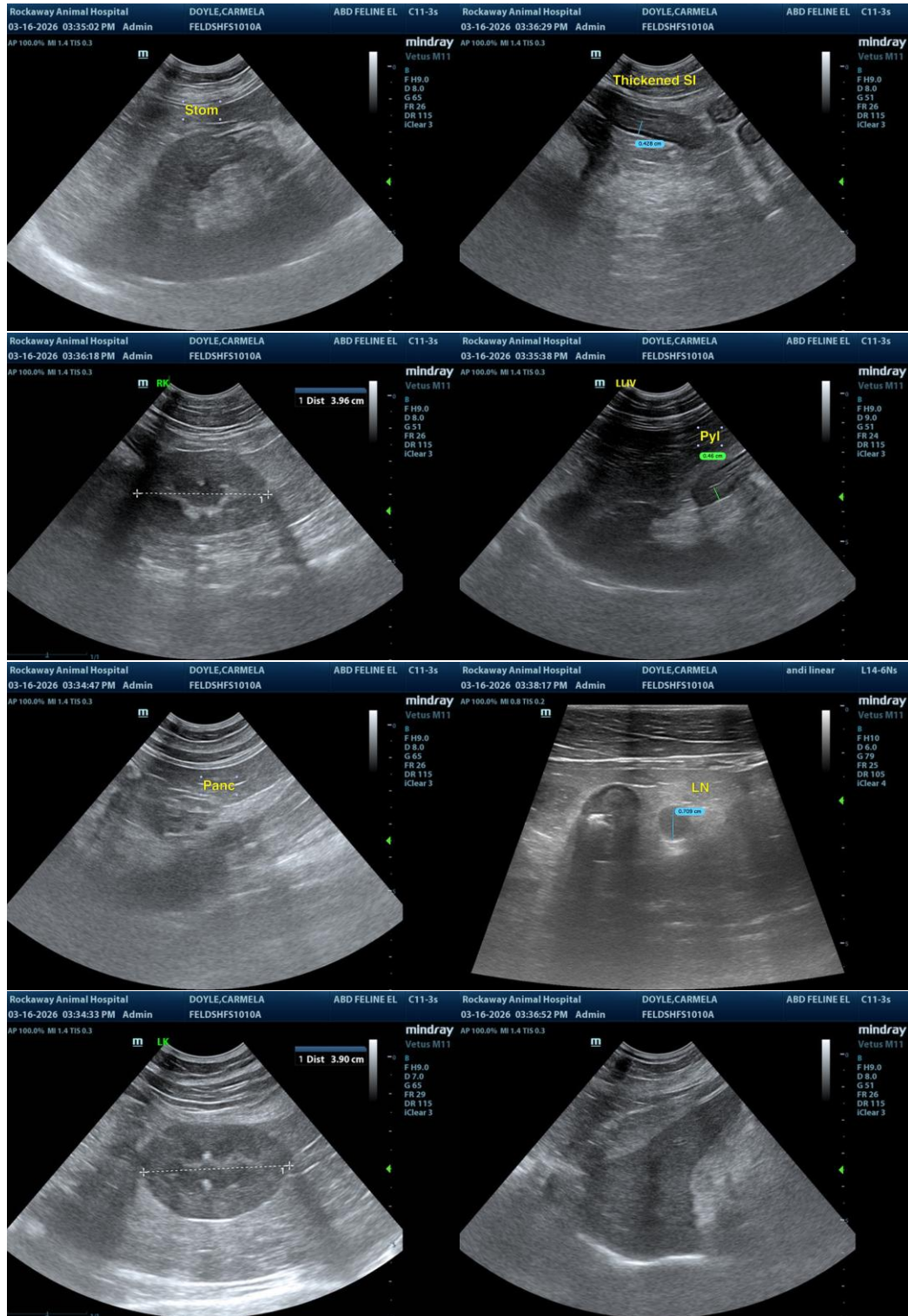
Dr Schiess

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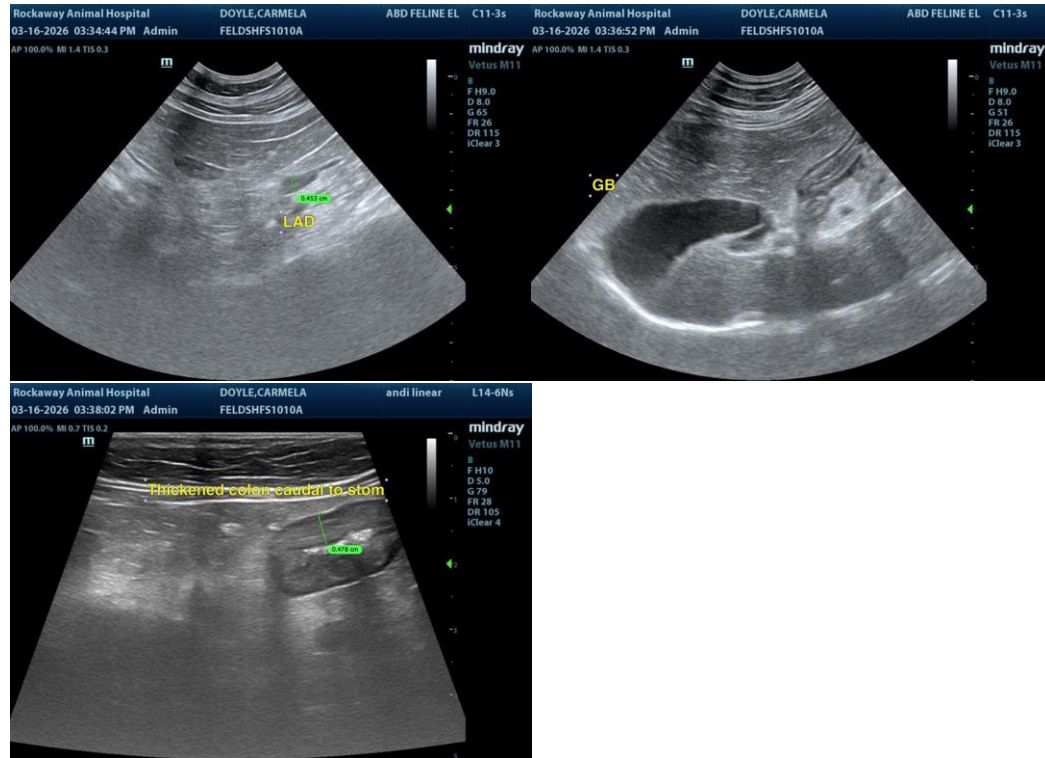
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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