

PATIENT

Wilbur Rodenbaugh

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10 yrs

WEIGHT

13.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Powers

INVOICE

10685

DATE

3/17/26

PRESENTING CLINICAL SIGNS

History:

- Clinical Exam Findings: Intermittent vomiting of food and liquid, occurring approximately every couple of weeks for the past few months. He recently vomited two days in a row, which is unusual. Appetite and energy level are normal. No diarrhea. Recently started sneezing and snoring more frequently.
- ABNORMAL Labwork Values- AMY 1485, Precision PSL 33, RBC 10.1, 1+ proteinuria
- Current Medications- Gabapentin for sedation
- Radiographic Findings- n/a

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, particulate, nondependent 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.

No evidence of pathology in the area of the aortic trifurcation.

Normal renal size and margination were present in both kidneys. Mildly thickened renal cortex was noted with adequate medullary volume. Mild indistinct corticomedullary border demarcation was noted. The left kidney measured 4.0 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands. The left adrenal gland subjectively measured 0.35 cm. The right adrenal gland subjectively measured 0.38 cm.

Spleen

The spleen was mildly enlarged, exhibiting 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 1.1 cm width at the level of the mid-spleen.

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. 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	<i>Gastrointestinal</i>
Wilbur Rodenbaugh	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.
SPECIES	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. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.25 cm width.
Feline	
BREED	Normal visible colon wall layers were present with apparent formed feces in lumen.
DSH	
SEX	<i>Pancreas</i>
MN	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 were evident.
AGE	<i>Free Abdomen</i>
10 yrs	No overt lymphadenopathy or peritoneal effusion was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
13.2 lbs.	<ul style="list-style-type: none"> • Sonographically normal empty gastrointestinal tract • Normal area of pancreas • Mild chronic renal changes • Mild splenomegaly
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	There is no sonographic evidence of gastrointestinal or pancreatic pathology as an obvious contributing factor to the patient's clinical signs. Mild to chronic pancreatitis may present as sonographically normal. Assessment for evidence of associated cranial abdomen / subxiphoid discomfort on palpation is recommended.
IMAGING PERFORMED BY	A bland or hydrolyzed diet trial, as-needed gastroprotectants, and supportive care for potential mild chronic pancreatitis may prove beneficial. Sonographic monitoring is indicated if evidence of progressive gastrointestinal signs.
Sara Hansen	
HOSPITAL NAME	The mild splenomegaly is most suggestive of benign criteria and potentially incidental, given patient body size. Monitoring for persistent / progressive splenomegaly is suggested. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.
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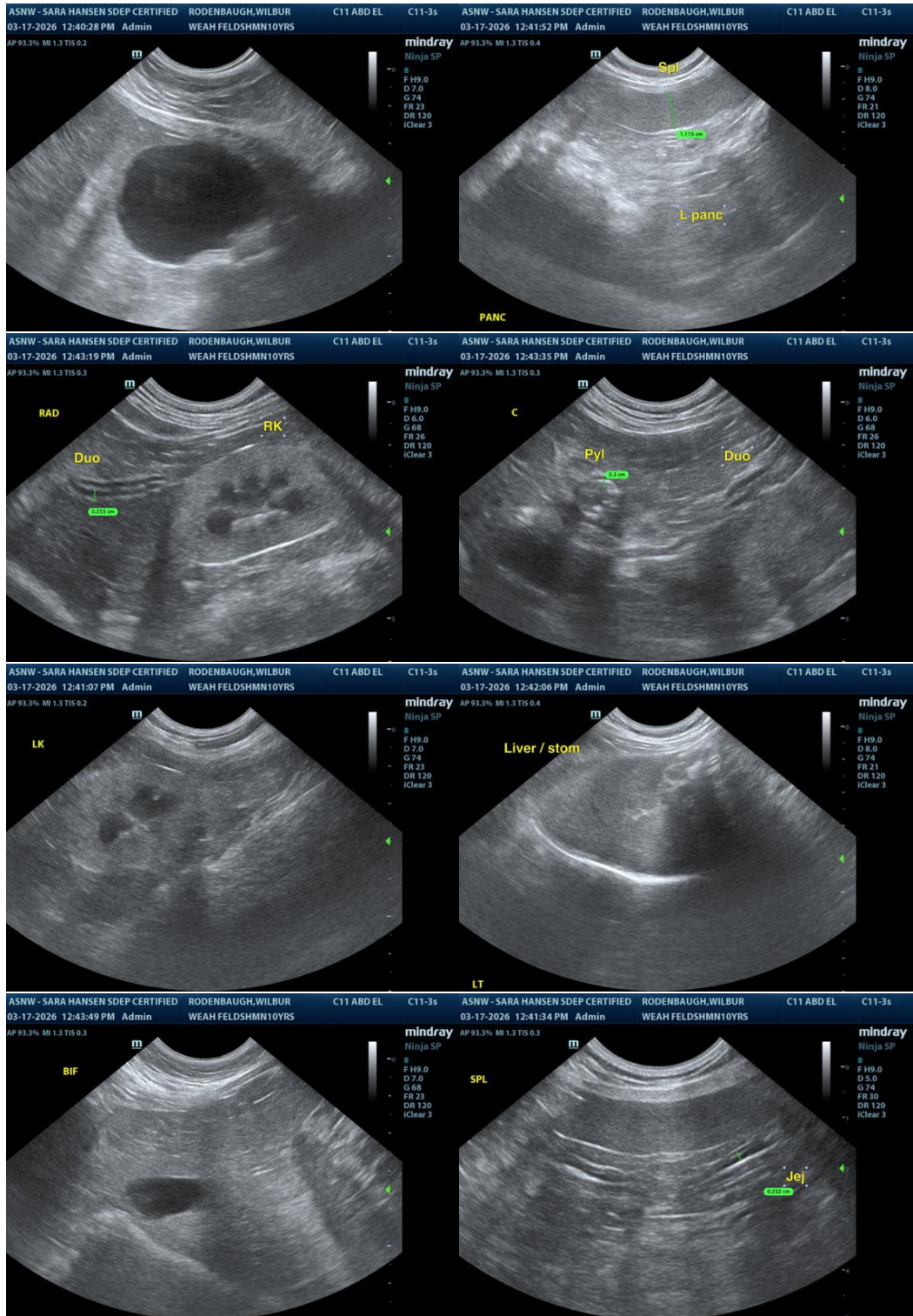
Dr. Powers

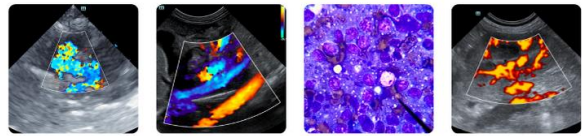
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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