

PATIENT

Bengal Mia

SPECIES

Feline

BREED

Siamese

SEX

FS

AGE

11 years

WEIGHT

12 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

Loving Care VH

REFERRING VET

Dr. Steele

INVOICE

10710

DATE

3/24/26

PRESENTING CLINICAL SIGNS

History:

- bloated/ gassy

Abnormal PE/Chem/CBC/UA Results: Neutrophils 2.53, cholesterol 403 USG 1.019

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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width at the caudal pole.

Spleen

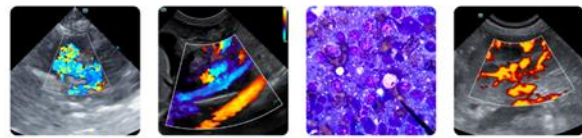
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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.

Gastrointestinal

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.



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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. The small Intestinal wall width measured 0.24-0.25 cm.

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Normal visible colon wall layers were present with formed fecal matter in lumen.

Pancreas

BREED

Siamese

The pancreas was normal to mildly prominent in size with minor capsule asymmetry, exhibiting mild heterogeneous parenchyma compared to adjacent nonreactive omentum. No signs of active inflammation or neoplasia.

Free Abdomen

SEX

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No omental masses or evidence of peritoneal effusion were noted. No swollen lymphadenopathy was visualized.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

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- Sonographically normal gastrointestinal tract
- Borderline prominent heterogeneous pancreas
- Formed fecal matter in colon

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of visceral pathology, specifically gastroenterocolic or peritoneal pathology. Mild chronic pancreatitis may be suspected if cranial abdomen / subxiphoid discomfort on palpation or gastrointestinal signs are noted. Correlation with spec fPL could be considered. Dietary trial may prove beneficial.

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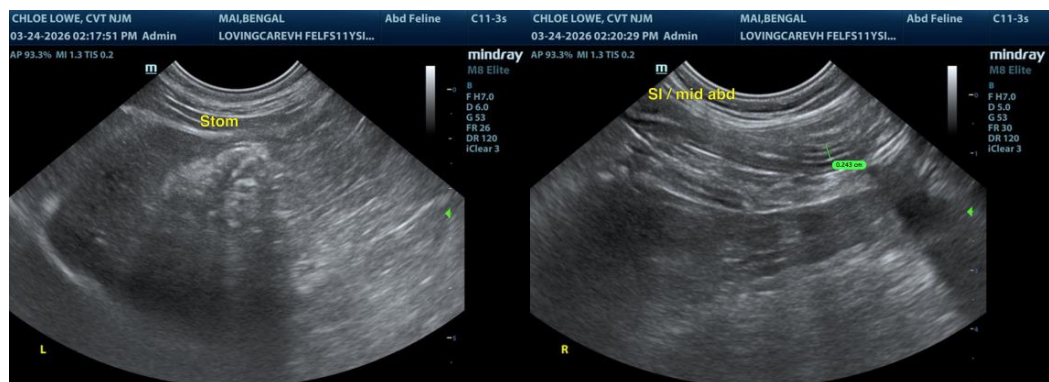
Dr. Steele

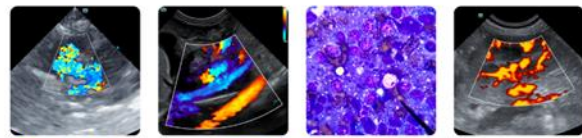
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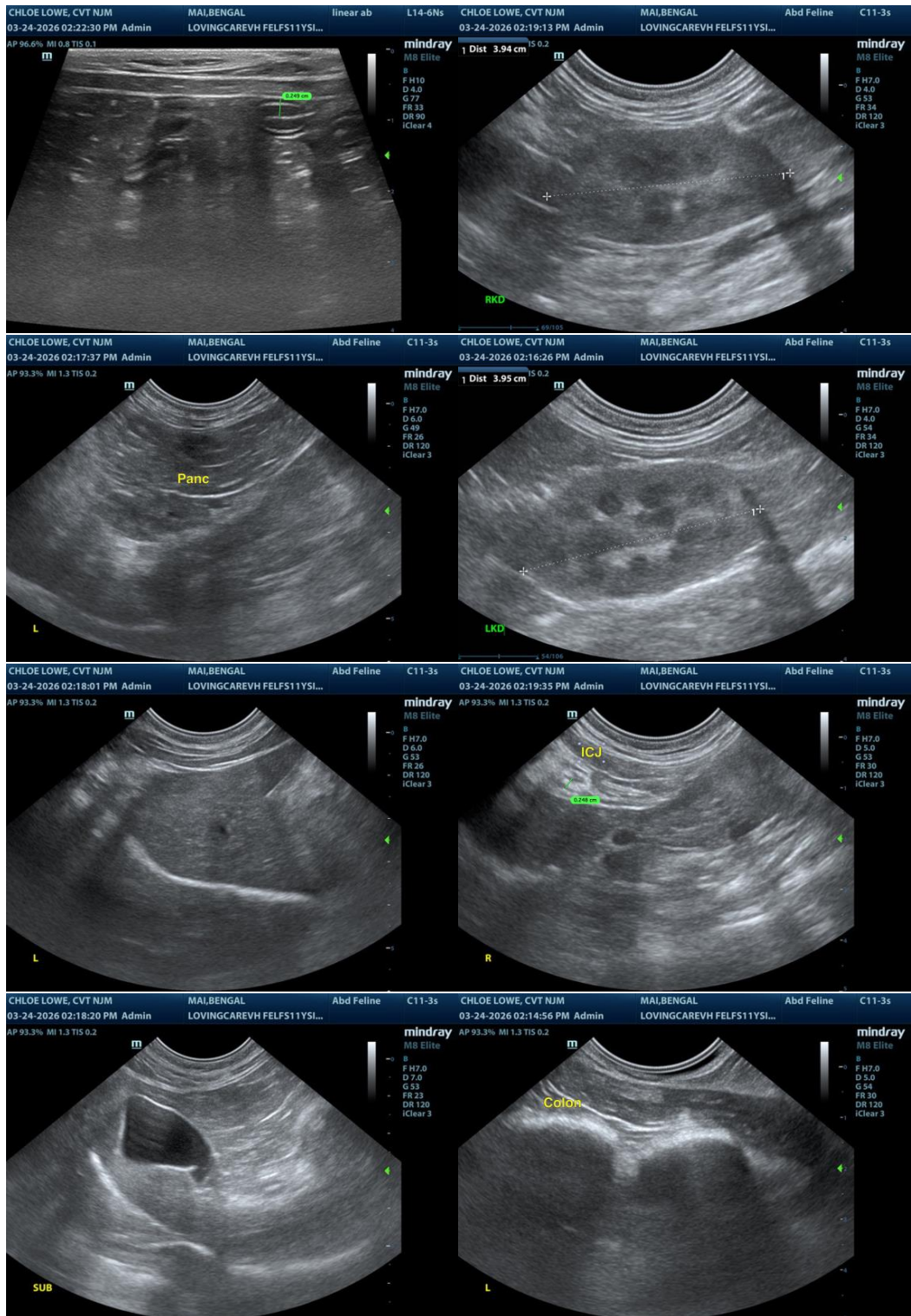
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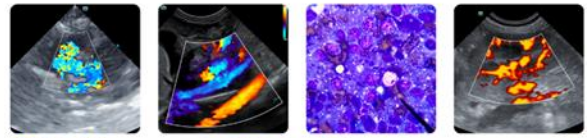
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com