



**PATIENT**

Honey Kuhl

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

7y

**WEIGHT**

12.14 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Vincent Ravancho,  
CVT

**HOSPITAL NAME**

All Creatures Great  
and Small Denville

**REFERRING VET**

Dr. Ashmore

**INVOICE**

13312

**DATE**

3/24/26

**PRESENTING CLINICAL SIGNS**

History:

- Chronic Hematemesis
- 1-pound wt loss in 1 month
- Sedated with Ketamine IV

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

Normal size and margination was 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 3.6 cm in length. The right kidney measured 4.0 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. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm.

**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. The spleen measured 1.0 cm width level of the mid spleen.

**Liver**

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.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach exhibited an empty lumen with mild lumen gas. Pylorus wall measured 0.31 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental non-obstructive jejunal ileus with concurrent segmental gas and mild non-obstructive hyperechoic content. Duodenum wall measured 0.27 cm and jejunum wall measured 0.23 cm.



**PATIENT**

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

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**Pancreas**

**SPECIES**

The area of the pancreas was sonographically normal.

Feline

**Free Abdomen**

**BREED**

No overt lymphadenopathy or peritoneal effusion was present.

DSH

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Structurally unremarkable gastrointestinal tract with mild segmental intestinal ileus containing lumen gas and mild nonspecific non-obstructive hyperechoic content
- Normal area of pancreas
- Age-related renal changes

Female Spayed

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

7y

No evidence of gastrointestinal mural pathology. i.e. IBD or masses. No evidence of gastrointestinal obstructive pattern. Underlying gastrointestinal disease at times may present sonographically normal given weight loss. A small amount of non-obstructive to passing hairball type density may be possible. No indication for immediate surgical intervention. Gastrointestinal support indicated. A GI panel to include PLI/TLI/Cobalamin/Folate and 3-view chest radiographs for further assessment of the intestinal tract to rule out thoracic pathology as a contributing factor is recommended. Dietary trial, as needed gastro protectants, and +/- hairball therapy if clinically indicated with clinical monitoring and sonographic reassessment if persistent gastrointestinal signs or weight loss would be appropriate.

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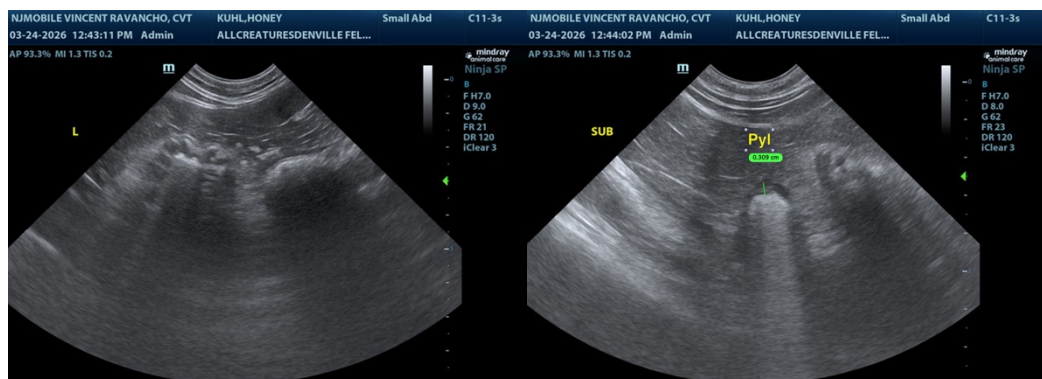
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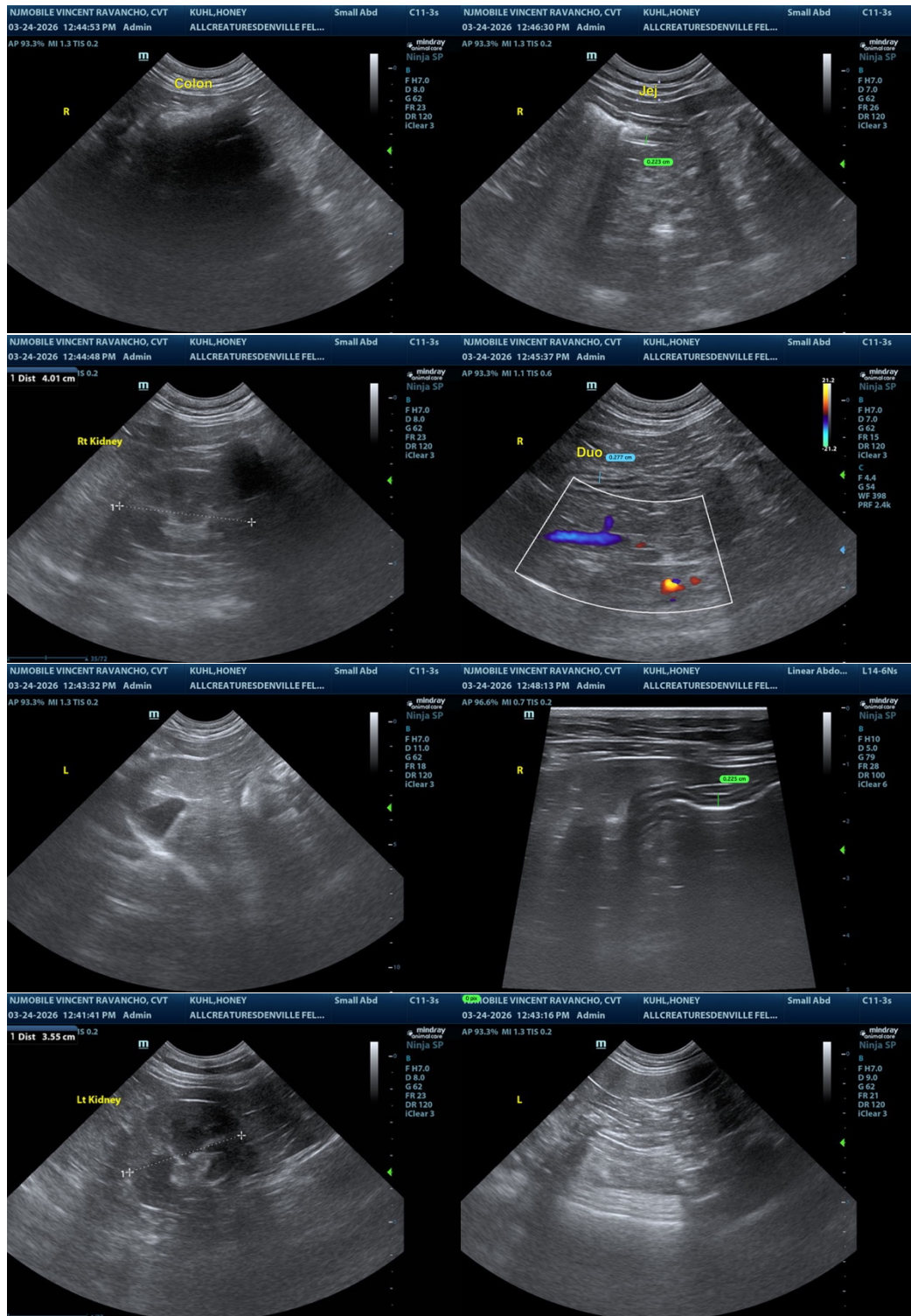
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)