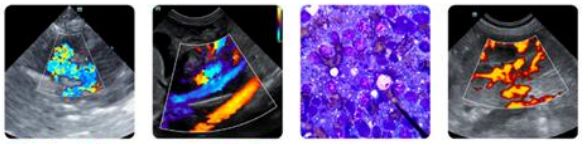


PATIENT

Sheldon Weber

SPECIES

Feline

BREED

Siamese

SEX

F

AGE

12yr

WEIGHT

10.3lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu Veterinary Clinic

REFERRING VET

Dr. Kayla Greil

INVOICE
24093

DATE
03/03/2026

PRESENTING CLINICAL SIGNS

P presented 2/24/26 for anorexia & vomiting. Constipation was suspected so Cerenia and Laxatone were started. P presented 2/25/26 for not improving. P had a fever of 104.2F. An enema was performed and a large amount of firm stool was passed. Fever had dissipated later in the day and p was sent home with Cerenia and GI Fiber Response food. P ate a few treats, but returned on 2/27/26 for continued anorexia and fever (104.7F). An fPL was performed with a result of 20 U/L (0-4.4). P was hospitalized for supportive care with IVF (LRS), Cerenia 1/mg/mL SID, Ondansetron 0.5-1 mg/kg IV TID, Dexamethasone [2 mg/mL] 0.25 mL SID, Transdermal Mirtazapine SID, Vitamin B 12 0.5 mL given SQ once. While in hospital p broke with diarrhea so Metronidazole 10 mg/kg BID was also started. 2/28/26 was a Saturday. We discussed continued hospitalization through the weekend (do not have 24 hr care) vs transfer vs at home management. O elected at home management with Metronidazole, prednisone, Cerenia, Ondansetron, and Mirtazapine. P did not improve by 3/2/26 so hospitalization was restarted and ultrasound pursued today 3/3/26.

Abnormal PE/Chem/CBC/UA Results: 2/24/26 Chem-Glu- 192 mg/dL, Phos 3 mg/dL, CBC- NSF T4 -1.5 2/25/26 CBC - NSF 2/27/26 fPL 20 U/L (0-4.4) H ProBNP Normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

Normal size and margination was 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. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated with interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.6 cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was free of pathology.

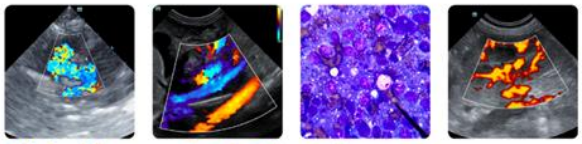
Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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 0.85 cm in width at the level of the mid spleen.

Liver/Gallbladder



PATIENT

Sheldon Weber

SPECIES

Feline

BREED

Siamese

SEX

F

AGE

12yr

WEIGHT

10.3lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu Veterinary Clinic

REFERRING VET

Dr. Kayla Greil

INVOICE
24093

DATE
03/03/2026

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 proximal common bile duct was dilated and tortuous without overt post hepatic obstruction.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

The intestinal walls demonstrated intact wall layering and overall non-thickened wall. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental mild ileus pattern consisting of mild non shadowing ingesta/chyme accumulation in the intestinal lumen was present without obstruction or foreign material.

The visualized colon exhibited normal intact wall and was non-distended in size containing formed fecal matter.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

Pockets of mild peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary

- Bilateral non-specific renal medullary rim sign
- Non-obstructive common bile duct dilation-age variant, possible mild cholangitis
- Non-shadowing gastric ingesta-suggestive of retained food
- Non-specific enteropathy exhibiting mild segmental ileus and non-shadowing intestinal ingesta
- Normal visualized colon
- Normal area of pancreas
- Mild peritoneal effusion and intermittent mild mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild pancreatitis may present sonographically normal and may be suspected of cranial abdomen/ sub-xiphoid discomfort on palpation. Triad disease could be a consideration in this patient given short half-life of hepatic enzymes in cats. No overt mechanical intestinal obstructive pattern or definitive foreign material. If possible, effusion analysis cytology +/- C/S or FIP titer/ PCR if clinically indicated is recommended for further assessment although FIP is thought less likely given the age of the patient. Potential suppression of gastrointestinal mural changes or lymphadenopathy secondary to steroid

PATIENT
Sheldon Weber

SPECIES
Feline

BREED
Siamese

SEX
F

AGE
12yr

WEIGHT
10.3lb

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

IMAGING PERFORMED BY
Brandi Kurzowski

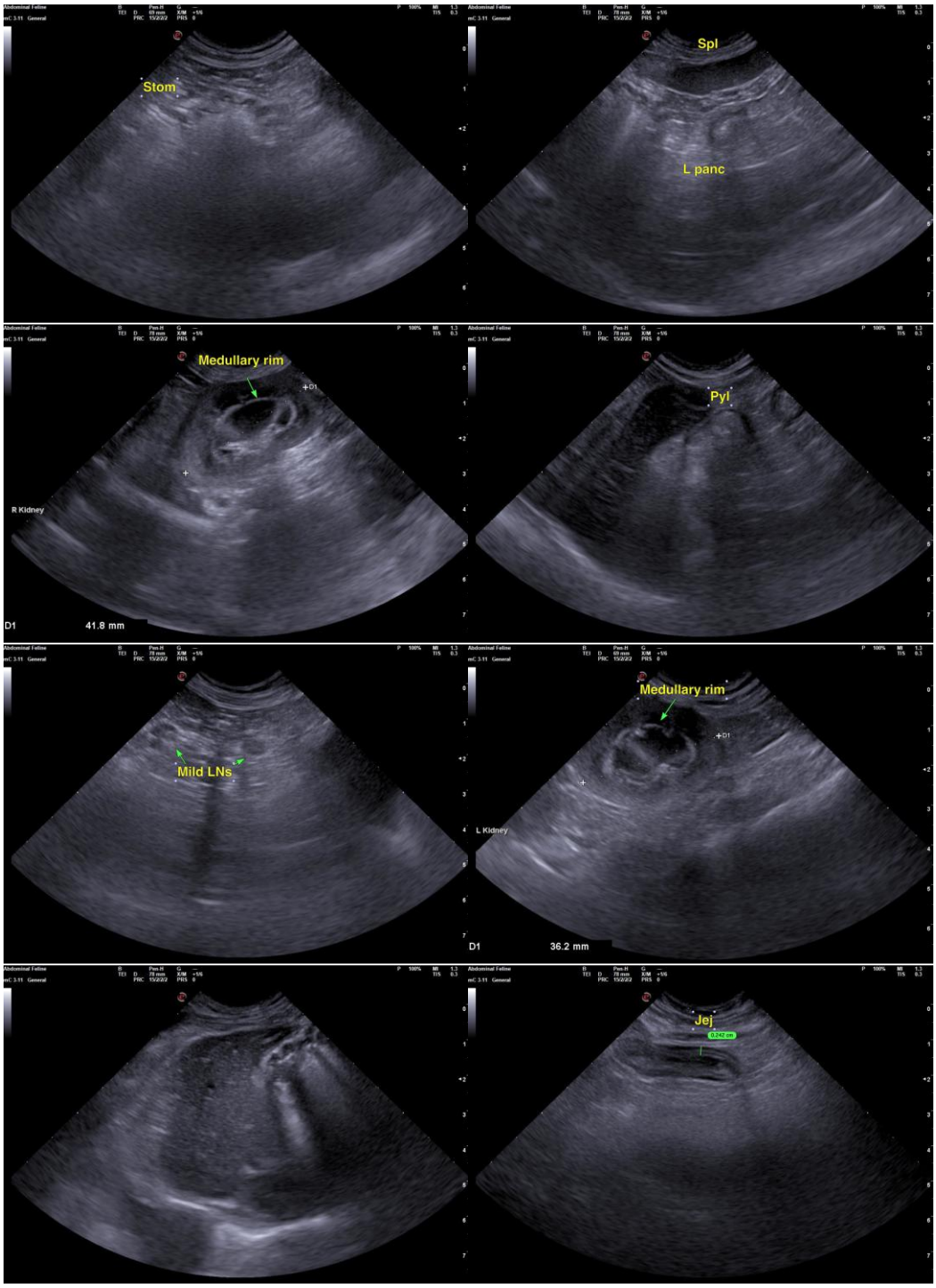
HOSPITAL NAME
Corfu Veterinary Clinic

REFERRING VET
Dr. Kayla Greil

INVOICE
24093

DATE
03/03/2026

therapy is possible. A GI panel to include PLI/ TLI/cobalamin and folate in correlation with UA given renal medullary rim sign is recommended.



PATIENT

Sheldon Weber

SPECIES

Feline

BREED

Siamese

SEX

F

AGE

12yr

WEIGHT

10.3lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

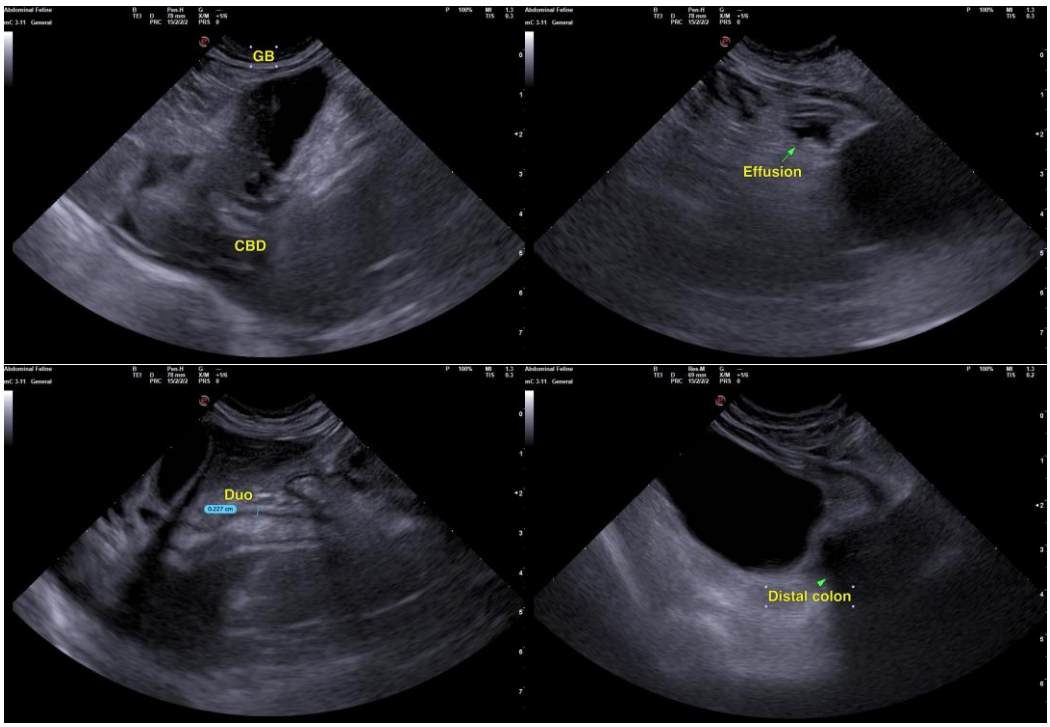
Corfu Veterinary Clinic

REFERRING VET

Dr. Kayla Greil

INVOICE
24093

DATE
03/03/2026



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