



PATIENT

Toph Mountain

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11

WEIGHT

6.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Michele Pfannenstiel

HOSPITAL NAME

Mill Brook Animal
Clinic

REFERRING VET

Dr. Indu Mani

INVOICE

24105

DATE

03/04/2026

PRESENTING CLINICAL SIGNS

- Nov 25- Toph's constellation of signs (vomiting, pica, and painful urination) is most consistent with underlying inflammatory bowel disease (IBD), which causes pain and stress that manifests in the urinary tract as feline lower urinary tract disease (FLUTD). Rec'd an AUS
- Put HP
- Called this morning- From O-Most concerning is she vomitted undigested dry food that she'd eaten at 3 o'clock yesterday after wet food at 8:30 and again bile at 5:30am this morning.
- She wasn't hungry for breakfast and she seems a bit listless.
- She did vomit bile or hair from grooming herself and Clementine a couple oftimes since the change in food.
- Abnormal PE/Chem/CBC/UA Results: T- 104.1; ALT too high to read on internal machine; Tbili- 1.8 was 0.1 in Nov 2025; NSF other labs; painful/Murphy's sign FAS 5/5 did AUS on Buprenex

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND LIMITED HEART

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 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 3.6 cm in length. The right kidney measured 3.4 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. No obvious pathology was present in the area of the bilateral adrenal glands.

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 0.87 cm in 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. 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 congealed hyperechoic potentially emerging mineralized gallbladder debris in the dependent lumen. No evidence of gallbladder wall edema. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained a mild amount of non-shadowing fluid and chyme without obstruction to pyloric outflow. The pylorus wall measured 0.28 cm in width.

The intestinal walls demonstrated intact wall layers with borderline thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. No evidence of mechanical /metabolic ileus to the level of the colon. The duodenum wall measured 0.30 cm width. The jejunum wall measured up to 0.27 cm width.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen/Cardiac

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Brief assessment of the heart revealed no obvious visible cardiac tumors or evidence of pericardial effusion. No definitive cardiac chamber enlargement. Subjective adequate LV systolic function.

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal mildly hypomotile stomach with retained non-shadowing chyme /fluid
- Intact borderline thickened small intestine exhibiting subtle altered wall layer ratio
- Normal area of pancreas
- Hepatopathy
- Non-distended gallbladder with congealed hyperechoic potentially emerging mineralized debris /cholelith
- Sonographically normal urinary bladder
- Mild age related renal changes
- Subjective normal cardiac structure / function

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific, the hepatopathy is most suggestive of inflammatory criteria i.e. cholangiohepatitis or similar in conjunction with elevated ALT and congealed gallbladder debris to emerging cholelith.

The subtle small intestinal mural changes are non-specific and may indicate patient variant or underlying mild enteropathy i.e. IBD or other. No obvious evidence of gastrointestinal or hepatobiliary neoplastic criteria which is thought less likely. Metabolic gastric ileus probable and potentially secondary to hepatobiliary or intestinal disease. Further assessment may include assuming normal clotting status and using 25ga needle, a hepatic FNA cytology to assess for inflammatory cell type and a GI panel. Potential triaditis may be a differential in this patient although no evidence of active pancreatitis.



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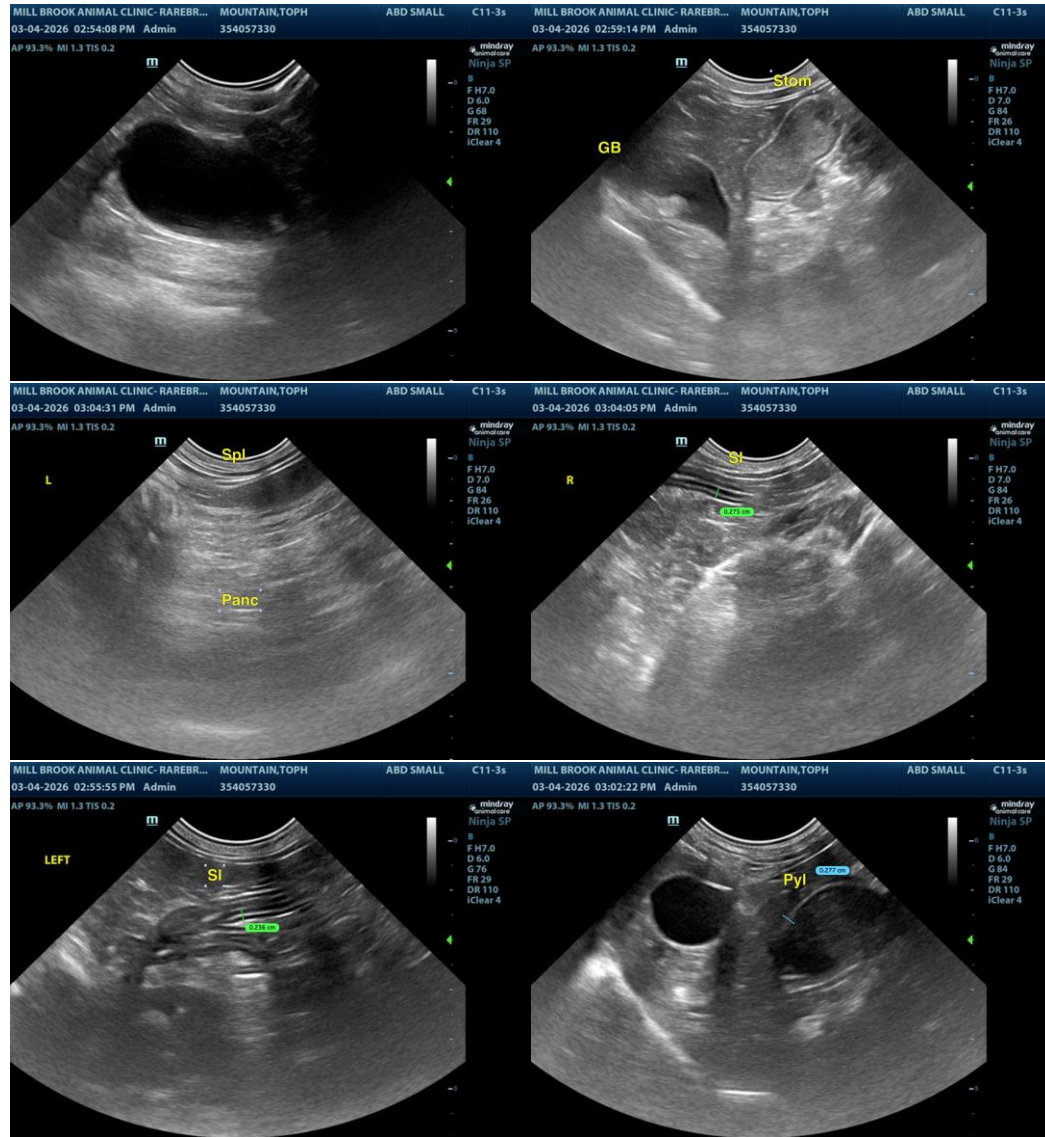
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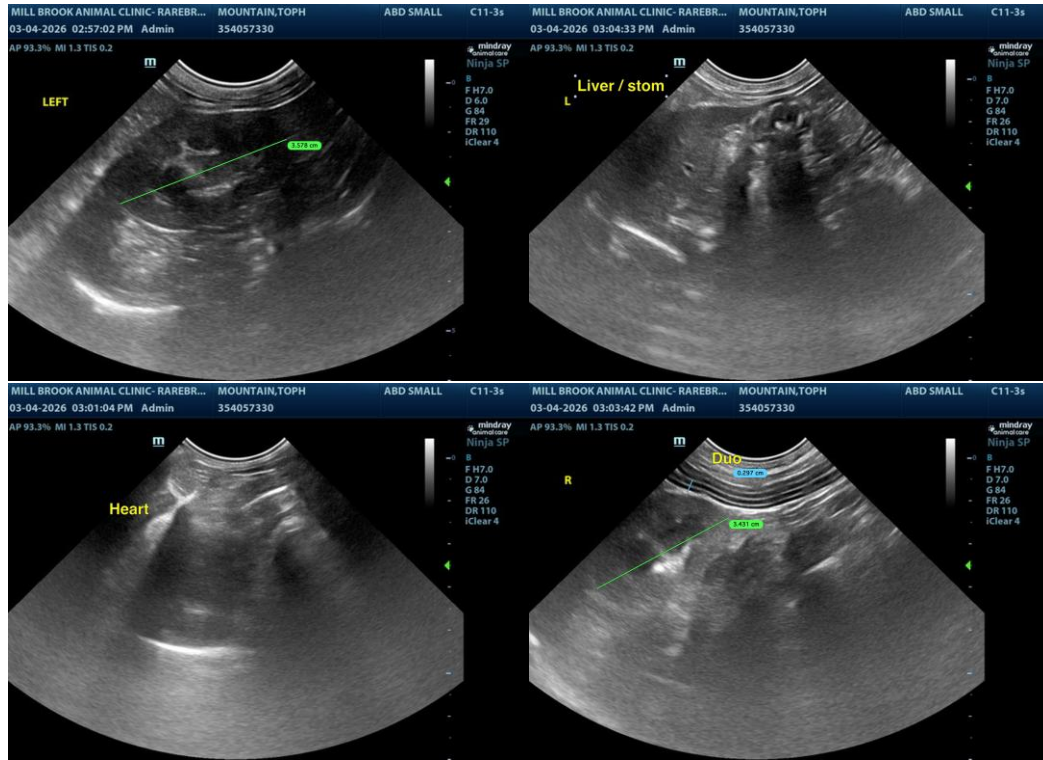
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

IMAGING PERFORMED BY

Michele Pfannenstiel

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

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