



PATIENT

Roxy Ruiz

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6 Years

WEIGHT

10 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Julissa Díaz CVT

HOSPITAL NAME

Centro Veterinario del
Norte

REFERRING VET

Dra. Joanne Fernandez
López DVM

INVOICE

14087

DATE

03/05/26

PRESENTING CLINICAL SIGNS

- Patient is an indoor cat on a dry food diet receiving hw & flea/tick prevention with Revolution. Owner reports no diarrhea. Initially, the cat had one episode of vomiting consisting of food but was otherwise eating well and remained alert, although spending more time sleeping in the litter box; O was unsure about recent bowel movements. The day prior to presentation, the owner noted the patient appeared hunched, abnormal, and had decreased appetite, prompting an emergency visit where bloodwork and radiographs were reportedly normal (2-25-26). Mild pain was noted on palpation in one area, and the patient was treated with an injectable anti-inflammatory and discharged with Onsior. The following day, the patient continued to show decreased appetite and a hunched posture. While in the litter box, the owner noticed abnormal mouth movements suggestive of nausea, and the cat experienced two episodes of vomiting yellow foamy fluid. No diarrhea has been observed. The patient continues to receive prescribed ophthalmic drops. Abdominal radiographs from February 25 showed a small amount of gas and fluid within the stomach and small intestines and fecal material in the descending colon, with no abnormalities noted in the liver, spleen, urinary system, lumbar spine, pelvis, or thorax. Follow-up abdominal radiographs on February 26 showed persistent mild gas in the stomach, empty small intestines, and gas and fecal material within the colon, with no other abnormalities identified.

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. The bladder was nondistended with 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 change were 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. The left kidney measured 3.5 cm in length. The right kidney measured 3.5 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 0.35 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width.

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



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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.

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction 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 duodenum wall measured 0.21 cm wall width. The jejunum wall measured 0.20 cm wall width. The ileocolic wall measured 0.31 cm wall width.

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

Pancreas

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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 was evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Sonographically normal abdomen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral, specifically gastrointestinal or pancreatic, pathology as an obvious contributing factor to the patient's clinical signs. A GI panel to include PLI, TLI, cobalamin and folate to assess for non-sonographically evident gastrointestinal or pancreatic disease may be considered. Gastrointestinal support which may include dietary trial and as needed gastroprotectants may be considered.

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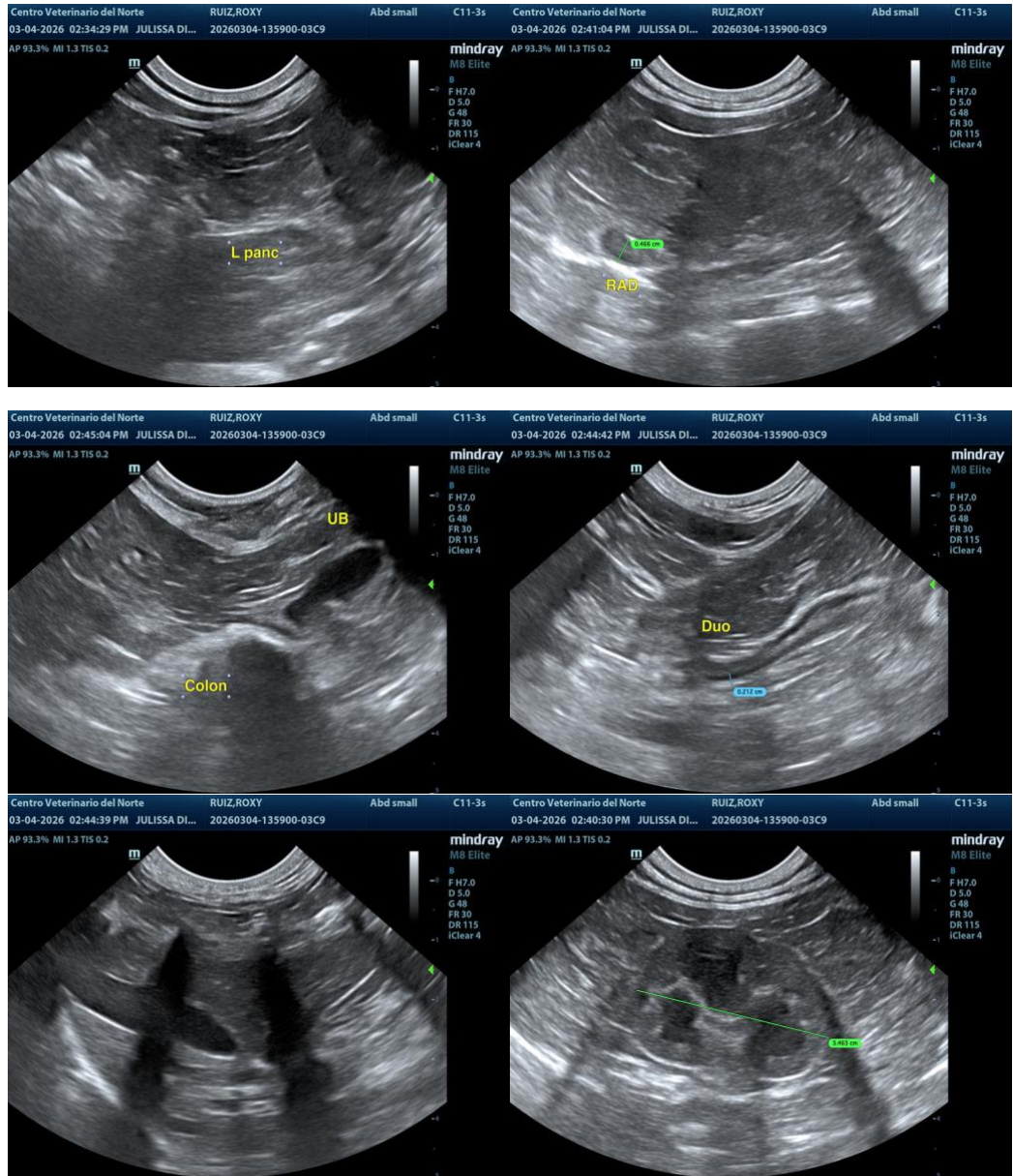
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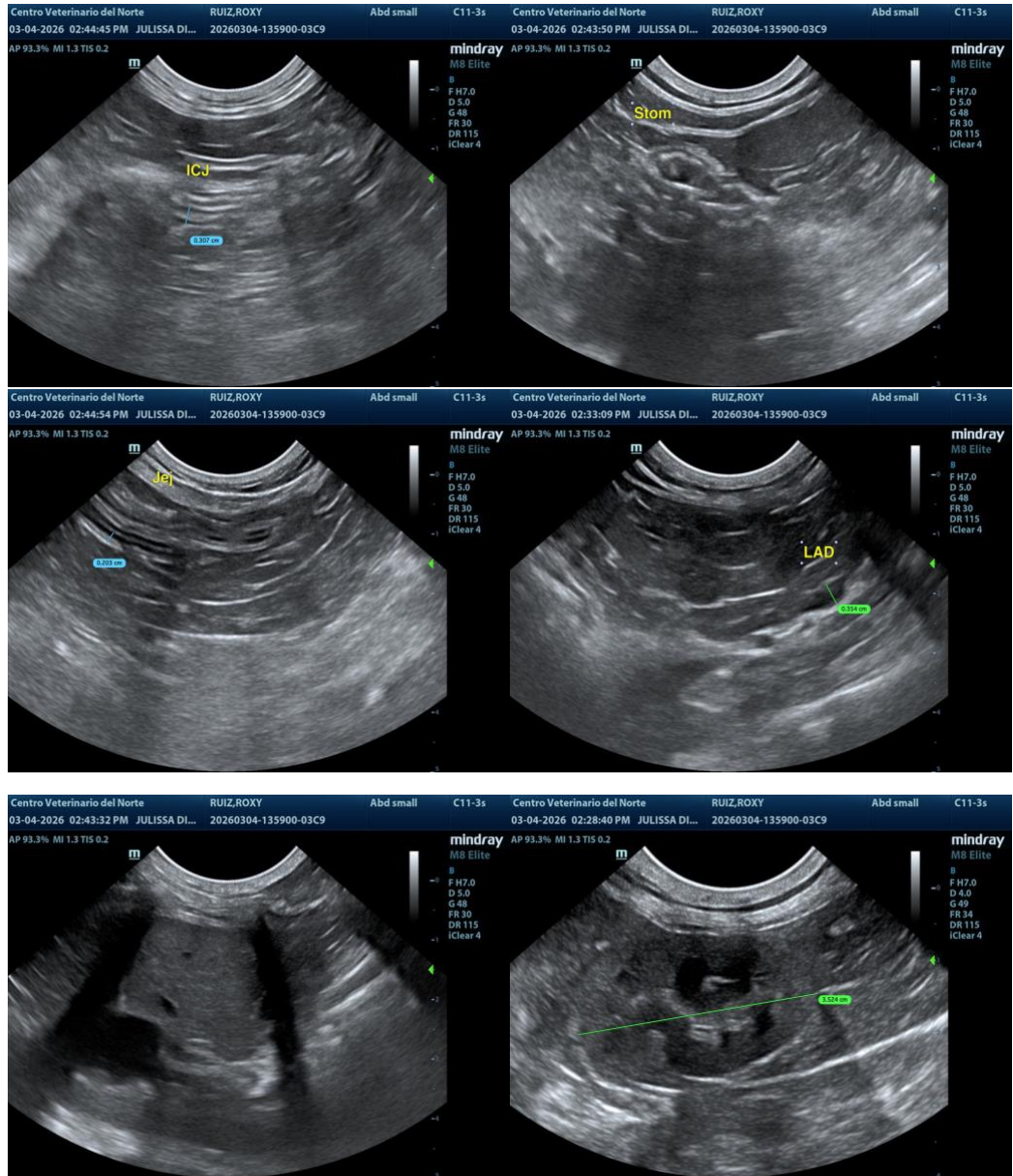
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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