



PATIENT

Sylvie Briggs

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

3 Years 10 Months

WEIGHT

7.34 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lucas Budden

HOSPITAL NAME

Frontier Veterinary
Hospital

REFERRING VET

Dr. Lucas Budden

INVOICE

15007

DATE

04/10/26

PRESENTING CLINICAL SIGNS

Chronic vomiting. Seemed to improve temporarily on Purina EN, but vomiting frequency has recently increased again.

Current medications: Gabapentin, Dexdomitor, Butorphanol to facilitate imaging

Physical exam: 4/9, mild dental tartar, normal exam otherwise Lab work: Senior panel and GI panel pending

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 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 3.0 cm in length. The right kidney measured 3.4 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 0.33 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm width.

Spleen

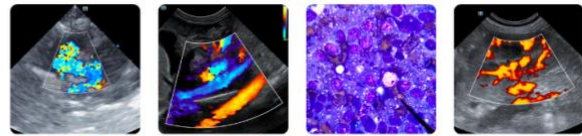
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver & Gallbladder

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



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.

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The small intestine presented intact wall layering with maintained wall layer ratio. Borderline prominent small intestine wall. The duodenum wall measured 0.27 cm wall width. The jejunum wall measured 0.27 cm wall width. The ileocolic wall measured 0.32 cm wall width.

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

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Pancreas

The pancreas presented normal in size with mild capsule asymmetry and minor nonhomogenous hypoechoic parenchyma. Normal to borderline prominent pancreatic duct.

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Free Abdomen

Minor colic 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). No evidence of peritoneal effusion.

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ULTRASONOGRAPHIC FINDINGS

- Sonographically normal stomach with mild nonshadowing ingesta- consistent with food echogenicity.
- Intact borderline prominent small intestine wall.
- Possible mild pancreatitis.
- Minor colic lymphadenopathy-benign.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral specifically gastrointestinal mural pathology. The borderline prominent small intestinal wall is nonspecific with possible patient variant. Mild inflammatory intestinal disease i.e. non-specific enteritis or IBD in conjunction with possible mild pancreatitis, dietary intolerance, occult parasitism are all potentials. Canned hydrolyzed diet, as needed gastroprotectants and empirical deworming if clinically applicable, may prove beneficial. Correlation with pending lab work and GI panel is recommended. Three view chest radiographs maybe considered to rule out intrathoracic or esophageal pathology as a contributing factor.

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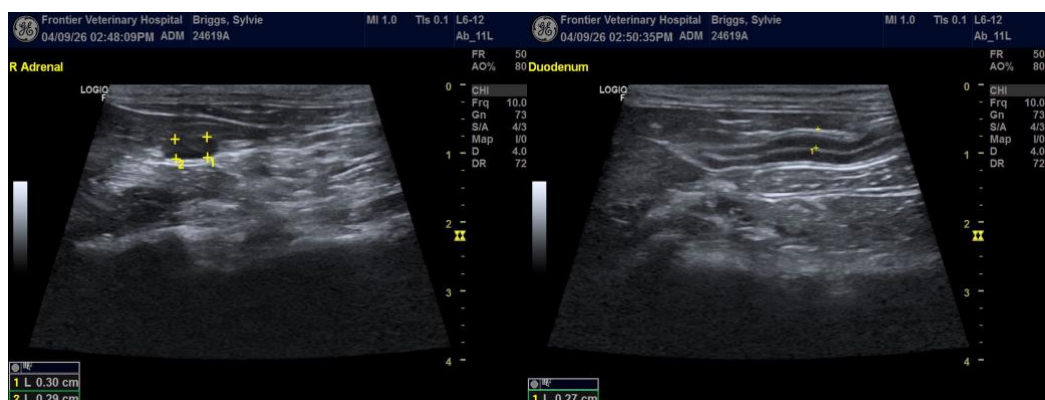
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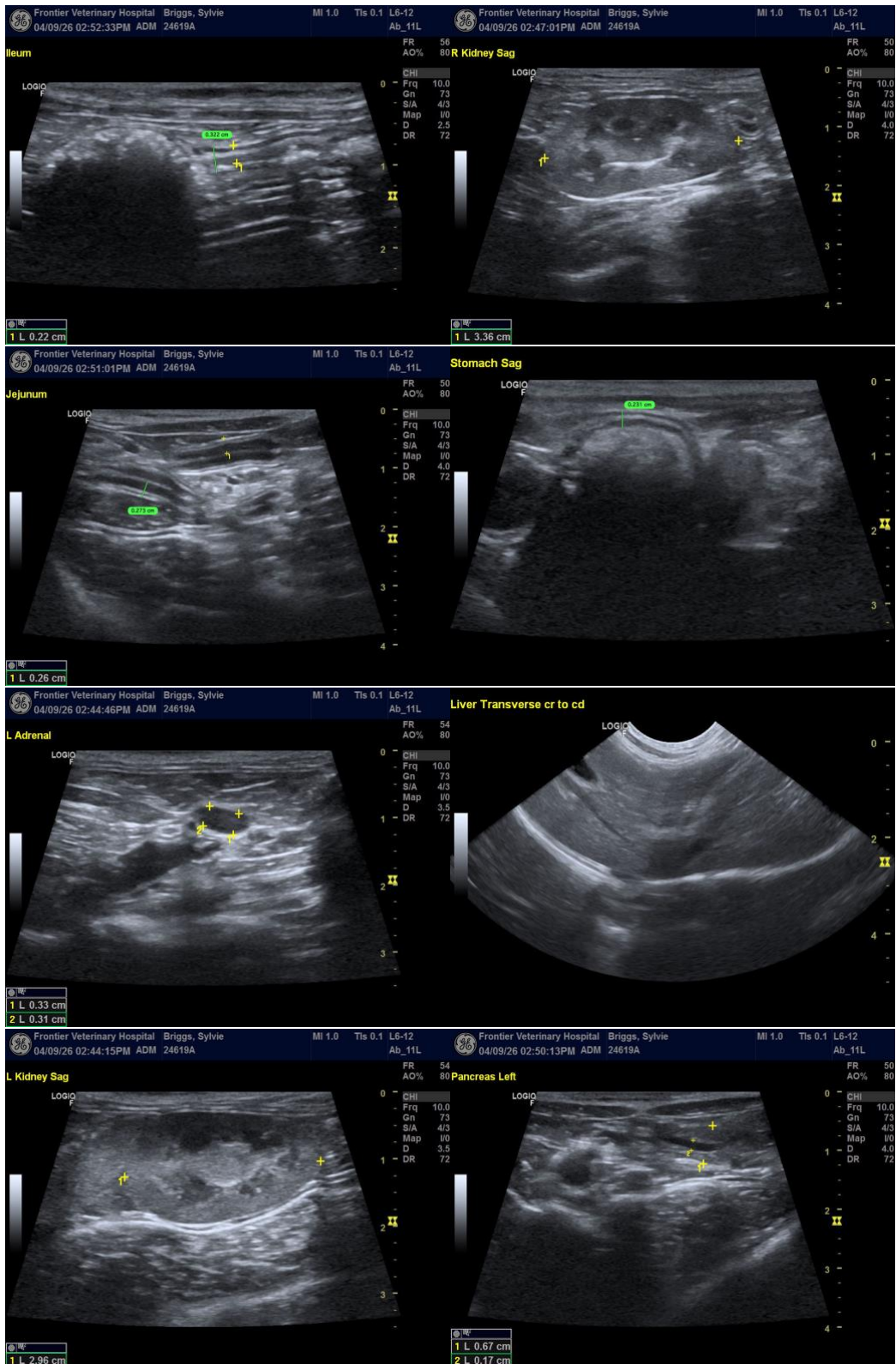
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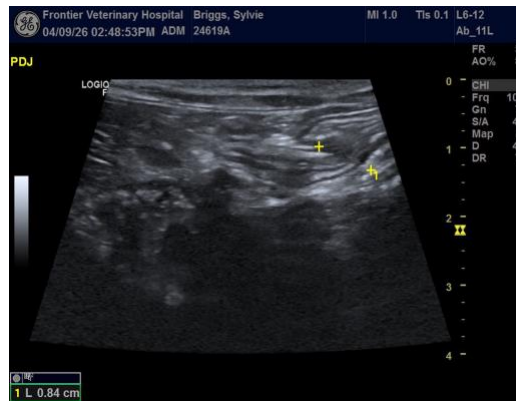
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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