



## PATIENT

Grayson Bush

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

13.5yr

## WEIGHT

9lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Rodriguez

## HOSPITAL NAME

Foxfield Veterinary  
Services

## REFERRING VET

Rodriguez

## INVOICE

24481

## DATE

04/13/2026

## PRESENTING CLINICAL SIGNS

Vomiting. Did vomit a piece of plastic

Abnormal PE/Chem/CBC/UA Results: Amylase: 1214, PSL: 54.

## 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.

Left kidney subnormal size compared to the right with bilateral asymmetrical margination was present. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Focal medullary mineral to emerging small non-obstructive renolith was present in the right kidney. The left kidney measured 3.5 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The right adrenal gland was mildly prominent in size. The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.43 cm width. The right adrenal gland measured 0.53 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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with overall maintained muscularis/mucosa ratio. Borderline prominent to thickened intestinal wall. Segmental to generalized mild non-shadowing



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intestinal ingesta was present without obstructive pattern to level of colon. The duodenum wall measured 0.26 cm width. The jejunum wall measured 0.27 cm width. The ileocolic wall measured 0.33 cm width.

Intact mildly prominent colon wall with soft fecal matter in the colon lumen.

### **Pancreas**

The pancreas was prominent in size with capsule asymmetry and non-homogenous mildly hypoechoic remodeled parenchyma with prominent pancreatic duct.

### **Free Abdomen**

No evidence of peritoneal effusion was present.

Perilymphatic hyperechoic omentum was present.

Variable to asymmetrically enlarged, non-homogenous mesenteric lymphadenopathy exhibiting mild microcystic parenchymal changes was present. An example of a lymph node measured 3.5 cm x 0.93 cm.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary**

- Chronic pancreatitis
- Suspect chronic enteropathy / enterocolopathy with non-shadowing gastrointestinal ingesta and soft fecal matter in colon
- Variably enlarged non-homogenous microcystic mesenteric lymphadenopathy, perilymphatic hyperechoic omentum
- Chronic renal changes exhibiting right kidney medullary mineral /emerging renolith

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of mechanical gastrointestinal obstruction or definitive foreign material. Some degree of metabolic or functional gastrointestinal ileus or inefficient peristalsis potentially secondary to suspect chronic intestinal disease assuming documented NPO given vomiting is possible. A full GI panel to include PLI, TLI, cobalamin and folate is recommended. Assuming normal clotting status, FNA cytology of accessible lymph node +/- C/S is recommended for further assessment.

Gastrointestinal support is recommended. Recheck sonogram is indicated if continued to progressive gastrointestinal signs or evidence of weight loss. Gastrointestinal, lymphatic +/- pancreatic biopsies may be required for definitive diagnosis.



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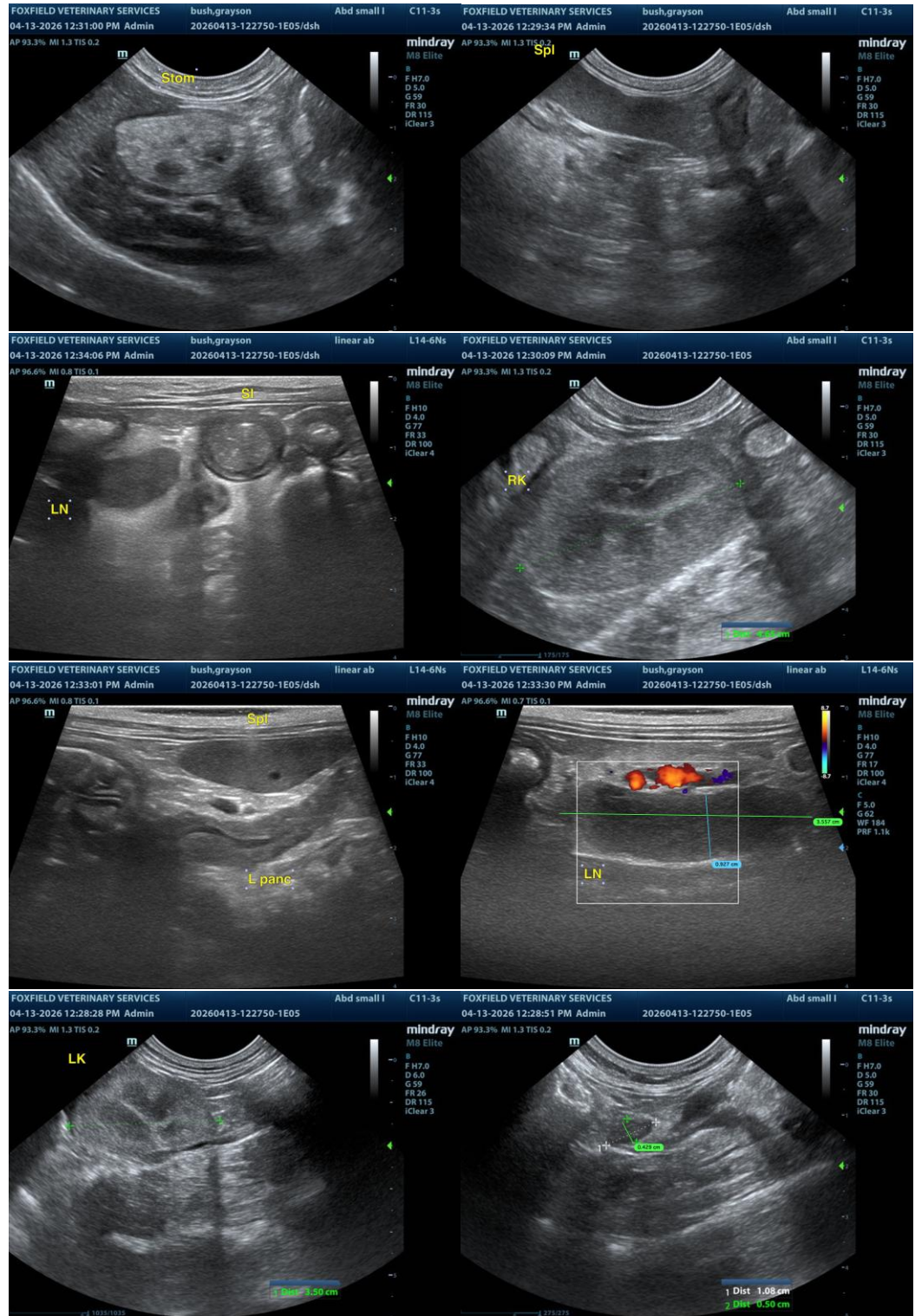
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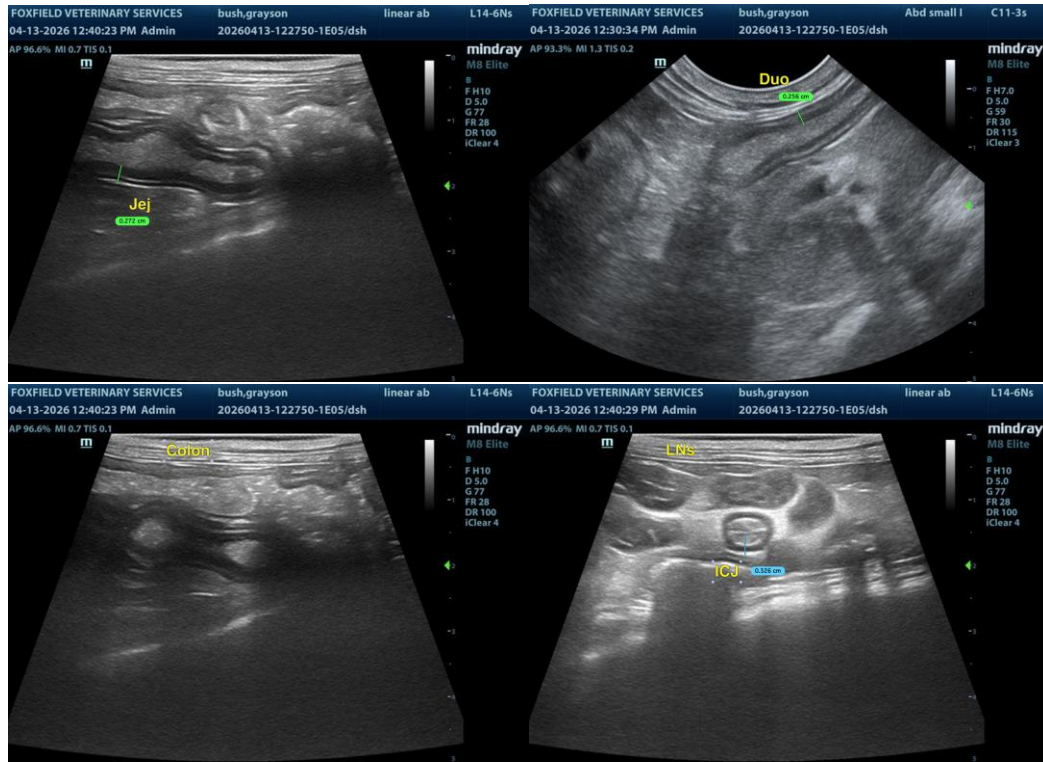
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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**

Rodriguez

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

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