



PATIENT

Melon Fox

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

6yr

WEIGHT

3.7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Mallory Manes

HOSPITAL NAME

Wilvet South

REFERRING VET

Mallory Manes

INVOICE

24494

DATE

04/13/2026

PRESENTING CLINICAL SIGNS

Last year was dx with IBS and is on prescription food, in Jan pt started slowly decreasing her food intake, was on prednisolone just for January and seemed to improve. Last night has stopped eating completely. O concerned last night pt was breathing rapidly and looked very labored/efforted with breathing and visibly efforted in the abdomen. pt sometimes coughs not very frequent but happens sometimes

Abnormal PE/Chem/CBC/UA Results: PE: Respiratory: Abnormal: Mild tachypnea w/ increased bronchovesicular sounds in all lung fields Abdomen: Abnormal: Possible mass effect or thickened intestines palpated in caudal abdomen, pendulous doughy abdomen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND LIMITED THORAX

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 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 4.3 cm in length. The right kidney measured 3.9 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 0.95 cm in width at the level of the mid spleen.

Liver/Gallbladder

The liver was subjectively borderline to mildly enlarged exhibiting mild non-homogenous hyperechoic parenchyma compared to the spleen. Mild coarse parenchyma echotexture. 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 mild variably echogenic non-shadowing ingesta and lumen gas sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

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The small intestine presented intact borderline prominent to thickened wall. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.26 cm in width.

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

BREED

Pancreas

DSH

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/Thorax

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

AGE

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Brief thoracic sonogram revealed peripheral pulmonary nodule to possible nodules. An example of a pulmonary nodule measured 0.93 cm in diameter. No overt pleural effusion visualized.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

3.7kg

Primary

- Mildly enlarged hyperechoic liver
- Sonographically normal spleen
- Borderline mild thickened intact small intestinal wall
- Gastric ingesta suggestive of food echogenicity
- Peripheral pulmonary nodule/ nodules

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No evidence of intra-abdominal mass. Correlation with full lab work if not done, is recommended. No evidence of significant gastrointestinal mural pathology with non-specific borderline mild increased small intestine wall width. This may be patient variant or may suggest emerging to mild non-specific enteropathy, which may coincide with previous diagnosis of inflammatory bowel. The small intestine did not overtly suggest neoplastic criteria.

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Assuming normal clotting status using 25ga needle hepatic FNA cytology could be considered for further clarification.

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Considerations for the peripheral pulmonary nodules may include inflammation, infection, granulomas, or neoplasia. Concurrent echocardiogram recommended to assess for cardiac disease as a contributing factor.

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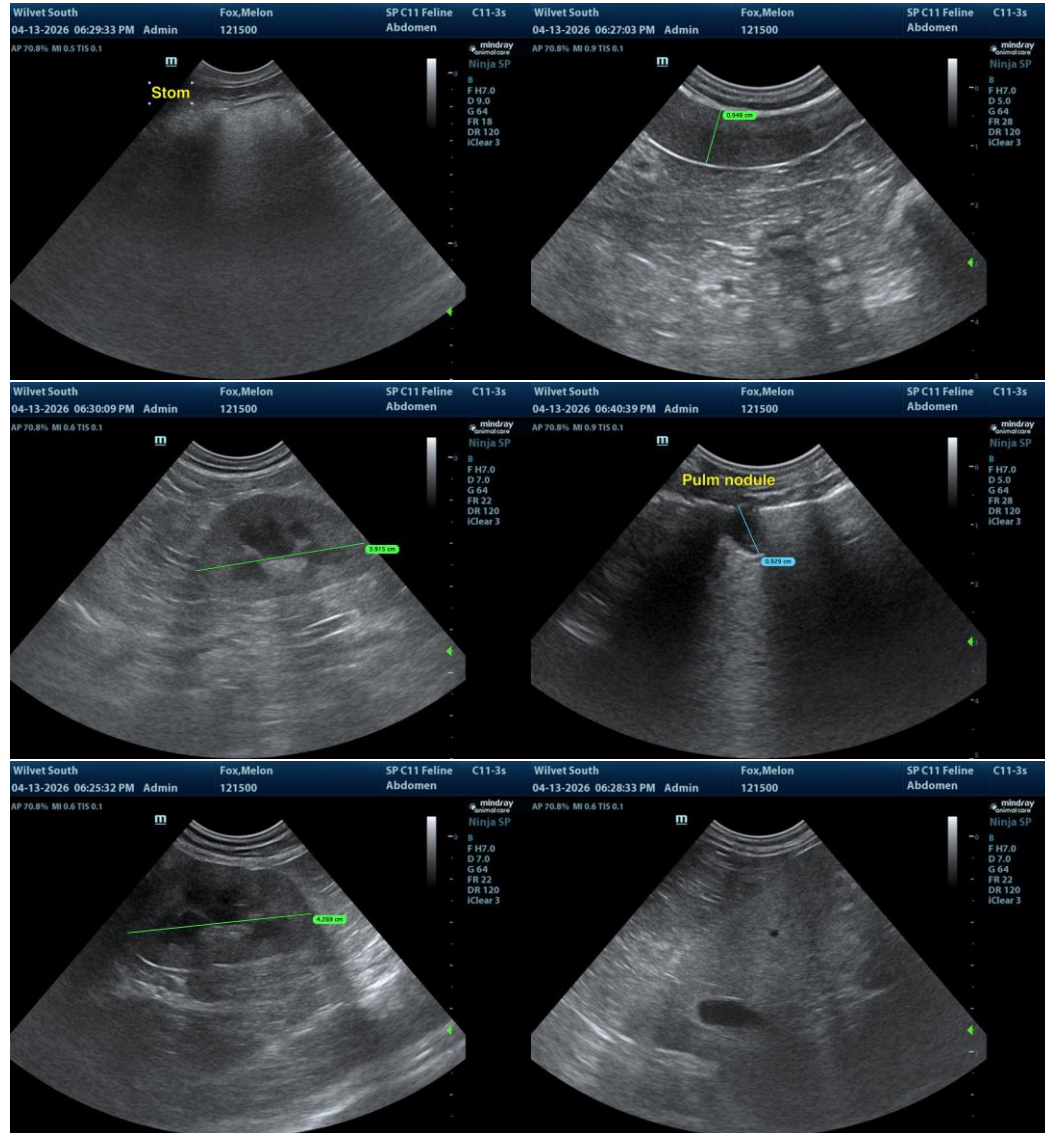
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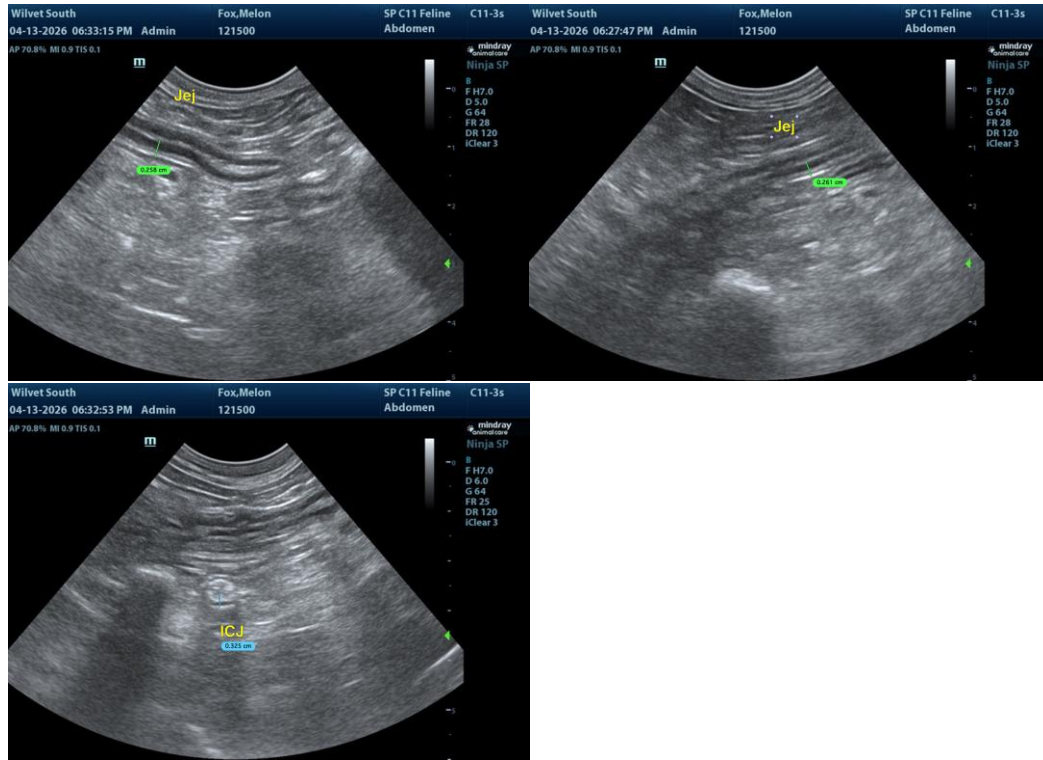
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com