



PATIENT

Scout Rivera

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

3 y

WEIGHT

9.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Julissa Díaz, LVT

HOSPITAL NAME

Centro Veterinario
del Norte

REFERRING VET

Ileana Rivera
Mujica, DVM

INVOICE

10806

DATE

4/15/26

PRESENTING CLINICAL SIGNS

Patient presented for evaluation of sporadic vomits in February 2026. At that time, per owner no obvious change in diet although he likes to get into trash. History of FLUTDs. Cat was sedated for evaluation. At that time, radiographs were taken and no significant findings were observed by radiologist. He was treated as gastroenteritis and added cat lax. He presented last month for re-evaluation and the episodes of vomiting continued, metoclopramide was added in addition to antacids. AUS recommended but due to financial limitations was put in hold.

Cat presented today for AUS because vomit have not improve and now he is having episodes almost daily. He is in low fat gastrointestinal diet. Concerned about IBD, neoplasia, open.

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. 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 changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

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 4.0 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width and 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

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material. The pylorus wall width measured 0.26 cm in width.

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 0.24 cm width. The jejunum wall measured 0.20 cm width.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

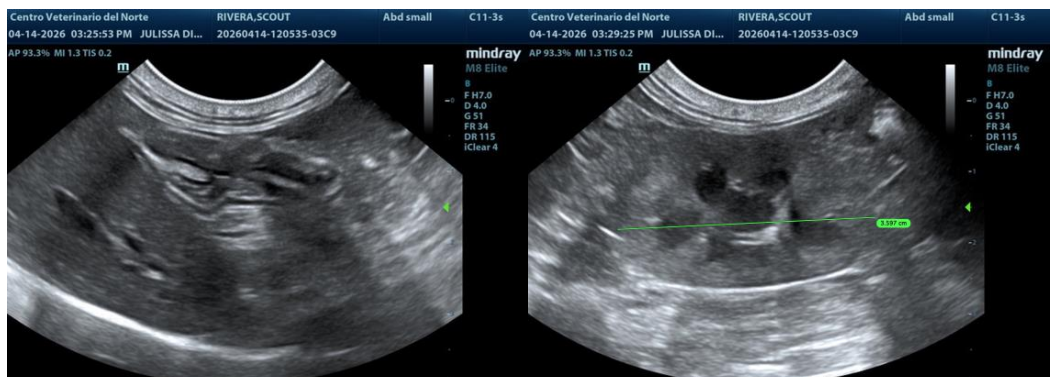
- Sonographically normal gastrointestinal tract
- Normal area of pancreas

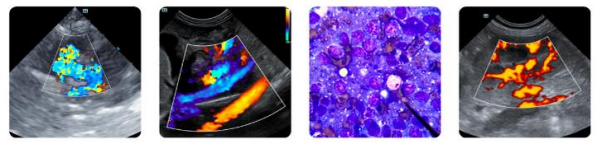
Secondary Findings

- Normal urinary bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no sonographic evidence of gastrointestinal mural pathology, i.e., IBD, neoplasia, pancreatitis, or mechanical / metabolic gastrointestinal ileus. Consideration for canned hydrolyzed diet trial with possible long term dietary therapy and continued as needed gastroprotectants, such as Omeprazole 1.0 mg/kg PO SID as needed, with monitoring of gastrointestinal signs, is suggested. Screening a GI panel to include PLI/TLI/Cobalamin/Folate to assess for nonstructural intestinal disease or mild pancreatitis, which may present as sonographically normal, may be considered.





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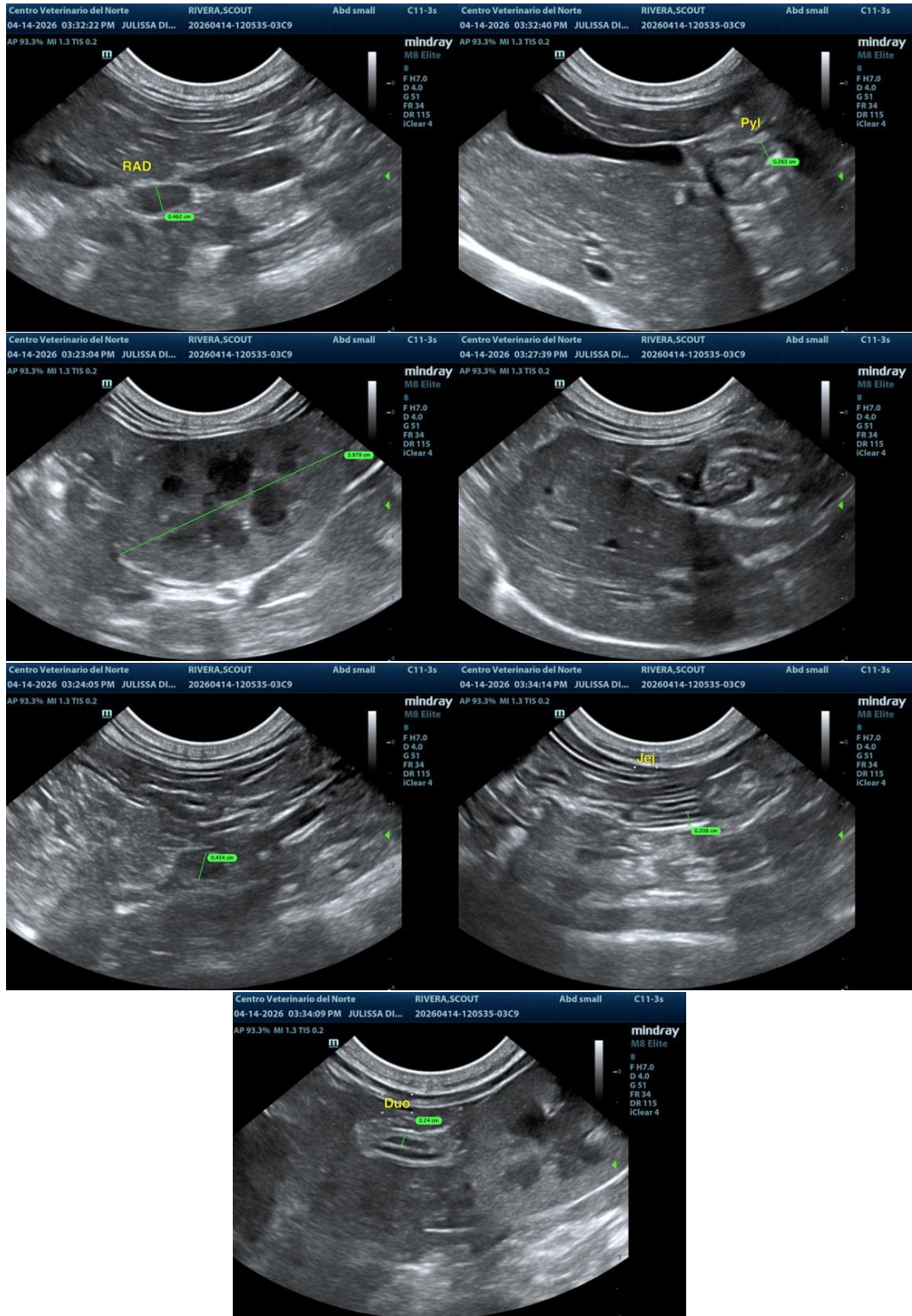
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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