



PATIENT

Charlie Watts
Galambos

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

5yr

WEIGHT

11.05lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Ziegler-Post

HOSPITAL NAME

For Cats Only
Veterinary Clinic

REFERRING VET

Renee Ziegler-Post

INVOICE

24564

DATE

04/21/2026

PRESENTING CLINICAL SIGNS

Vomiting, not eating, lethargic. Abdomen feels mildly bloated/distended/ seems uncomfortable for palpation.

Abnormal PE/Chem/CBC/UA Results: WBC 7.4, diff wnl, RBC 9.49 fPL 2.3, chem generally normal except GGT 14 ALT 49, T. Bili 0.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. 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 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. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated with interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 4.2 cm in length. The right kidney measured 4.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

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. Normal vascular volume. 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 retained chyme/fluid with no signs of obstruction or foreign material.

The small intestine presented intact mildly thickened generalized intestinal wall. Overall maintained wall layer ratio. Empty intestinal lumen to the level of the colon without obstructive pattern. The duodenum wall measured 0.29 cm width. The jejunum wall measured 0.29 cm width.

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

Pancreas

The pancreas was normal to mildly prominent in size, with mild capsule asymmetry and isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Intermittent mild enlarged mid abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 1.2 cm x 0.45 cm.

Perilymphatic to peri-intestinal mid-abdomen mild hyperechoic omentum and minor peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal stomach with mild retained fluid/ chyme
- Intact, mildly thickened small intestinal wall, empty intestinal lumen
- Semi-formed to soft fecal matter in colon
- Mild mesenteric lymphadenopathy with perilymphatic to peri-intestinal hyperechoic omentum and minor effusion
- Mild gallbladder debris
- Borderline prominent to mild non-homogenous pancreas

Secondary

- Non-specific bilateral renal medullary rim sign
- Mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstruction or foreign material. Although non-elevated FPL, mild pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort present on palpation. Concurrent non-specific inflammatory bowel and potential for triaditis, given short half-life of hepatic enzymes in cats and gallbladder debris possible. Minor potential for emerging to occult neoplasia or FIP thought less likely.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. If possible, effusion analysis +/- cytopsin cytology, C/S or FIP titer / PCR warranted for further clarification.



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Initial gastrointestinal support recommended with clinical and sonographic monitoring if continued or progressive gastrointestinal signs or abdomen distention.

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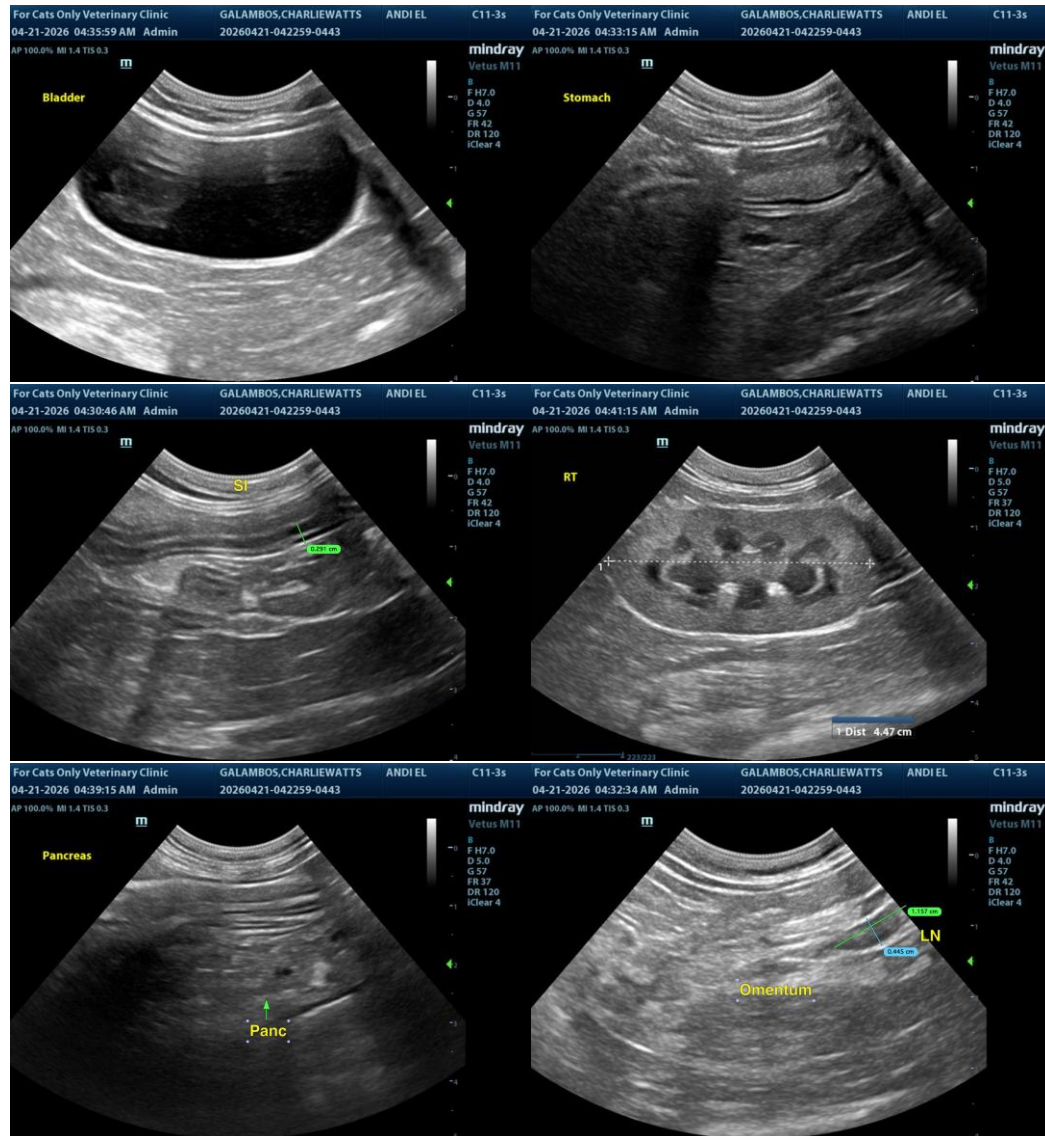
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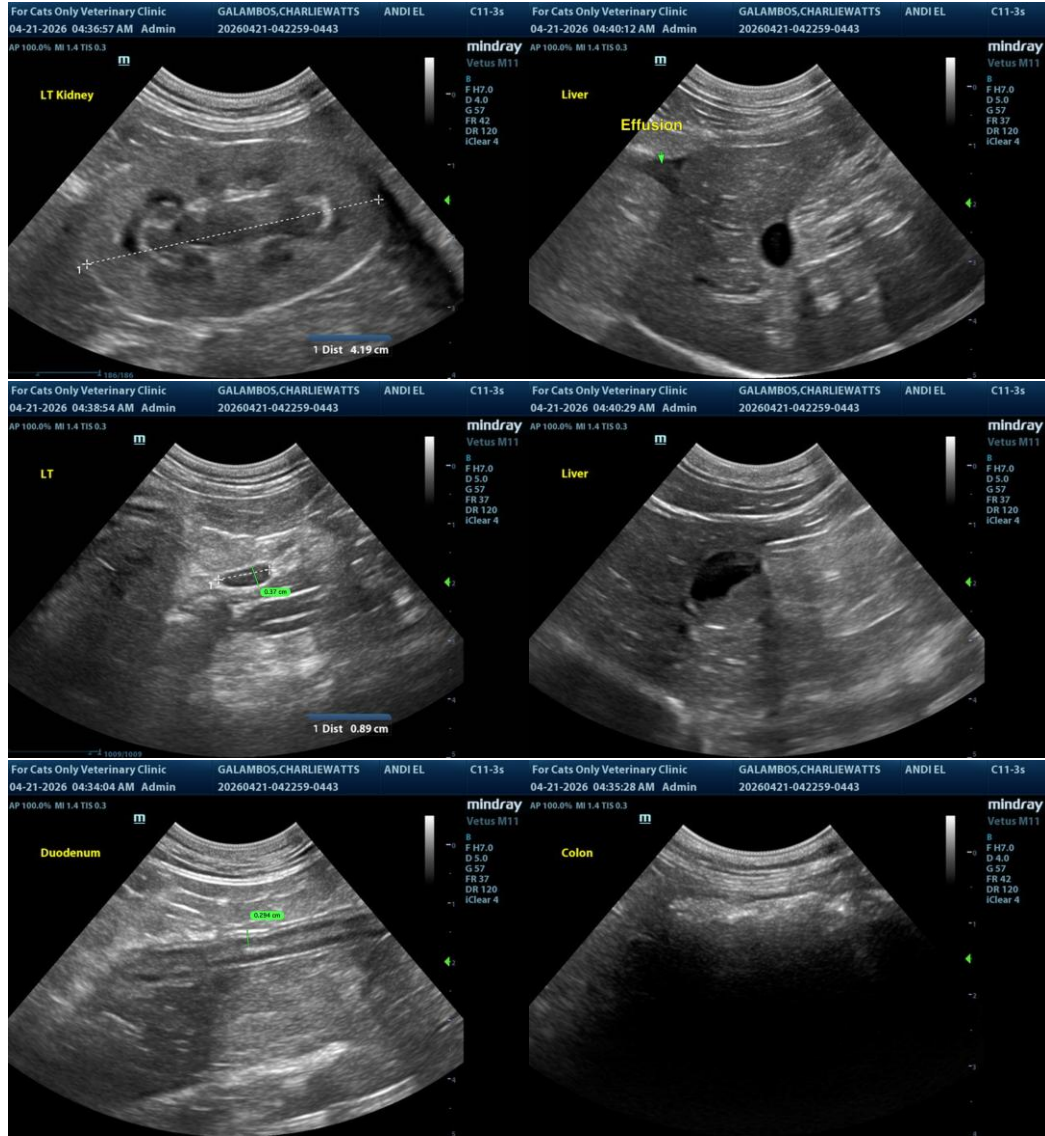
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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