



PATIENT

Rin Klippenstein

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12yr

WEIGHT

5.66kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Carlie Koltek RVT

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr Bongiorno

INVOICE

24584

DATE

04/23/2026

PRESENTING CLINICAL SIGNS

-Less interested in food started 4 days ago, past 3 days has not eaten anything, not drinking much water (past 2 days owner has been syringing water/food to her).

-Was vomiting for 3 days in a row, but has not vomited the past 2 days after giving cerenia.

-Will approach the food and sniff, but then turns away. No coughing/sneezing. Hiding more but still social.

-No diarrhea

2 days ago: SQ fluids, Emavert, Mirtazapine, Solensia (on this monthly). Sent home with Cerenia 16mg - 1/4 tab PO SID x 4 days, last given yesterday evening. Also on peg powder SID.

Today gave dexamethasone injection and repeated SQF

Abnormal PE/Chem/CBC/UA Results: PE: No fever, heart and lung sounds normal, overweight, BAR. Few resorptive lesions on teeth. Abdomen palpates normally. Nothing remarkable found. Bladder stone found in Feb and it is being monitored. Radiographs: mild gas in stomach and colon, small intestines normal, bladder stone (previously seen in January), good serosal detail, possibly irregular looking appearance within the stomach CBC/Chem: Eosin 0.05 (0.17 - 1.57 x10⁹/L) TP 91 (57 - 89 g/L) GLOB 60 (28 - 51 g/L) QPLI normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild to moderate, non-dependent particulate to focally hyperechoic sediment and suspended mineral. A solitary dependent lumen non-obstructive calculus was present measuring 0.53 cm in diameter. 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 3.7 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 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 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



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The liver normal in size and contour with primarily homogenous parenchyma. A solitary non-homogenous to cystic liver mass was present along with concurrent intermittent similar appearing cysts. The mass measured ~ 3.2 cm in diameter. 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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The stomach presented intact wall layering with a normal wall layer ratio. The stomach was non-distended with minor retained fluid and lumen gas, no evidence of obstruction to pyloric outflow. The pylorus wall measured 0.22 cm in width. The ventral stomach wall measured 0.25 cm in width.

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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 mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.27 cm width. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.39 cm width.

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

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Pancreas

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

No evidence of peritoneal effusion was present.

Mild peri-ileocolic hyperechoic omentum and minor colic lymphadenopathy was present. A colic lymph node measured 1.1 cm x 0.24 cm.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically normal gastrointestinal tract with minor retained gastric fluid
- Mild peri-ileocolic reactive omentum and benign colic lymphadenopathy
- Normal pancreas
- Cystic liver mass-suggestive of biliary cyst adenoma, potential biliary cyst adenocarcinoma not excluded
- Age-related renal changes
- Non-obstructive small cystic calculus with urine sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No evidence of significant gastrointestinal mural pathology or mechanical obstruction. Non-specific gastroenteritis or non-structural inflammatory bowel episode, given mild peri-ileocolic reactivity and benign lymphadenopathy may be suspected. Mild pancreatitis may present sonographically normal. A GI panel to include PLI/TLI/Cobalamin/Folate for assessment of low-grade pancreatitis may be considered. Gastrointestinal support is indicated with clinical monitoring. Correlation with recheck UA +/- C/S if evidence of inflammatory sediment is recommended. Recheck sonogram if non-responsive or progressive gastrointestinal signs is warranted.

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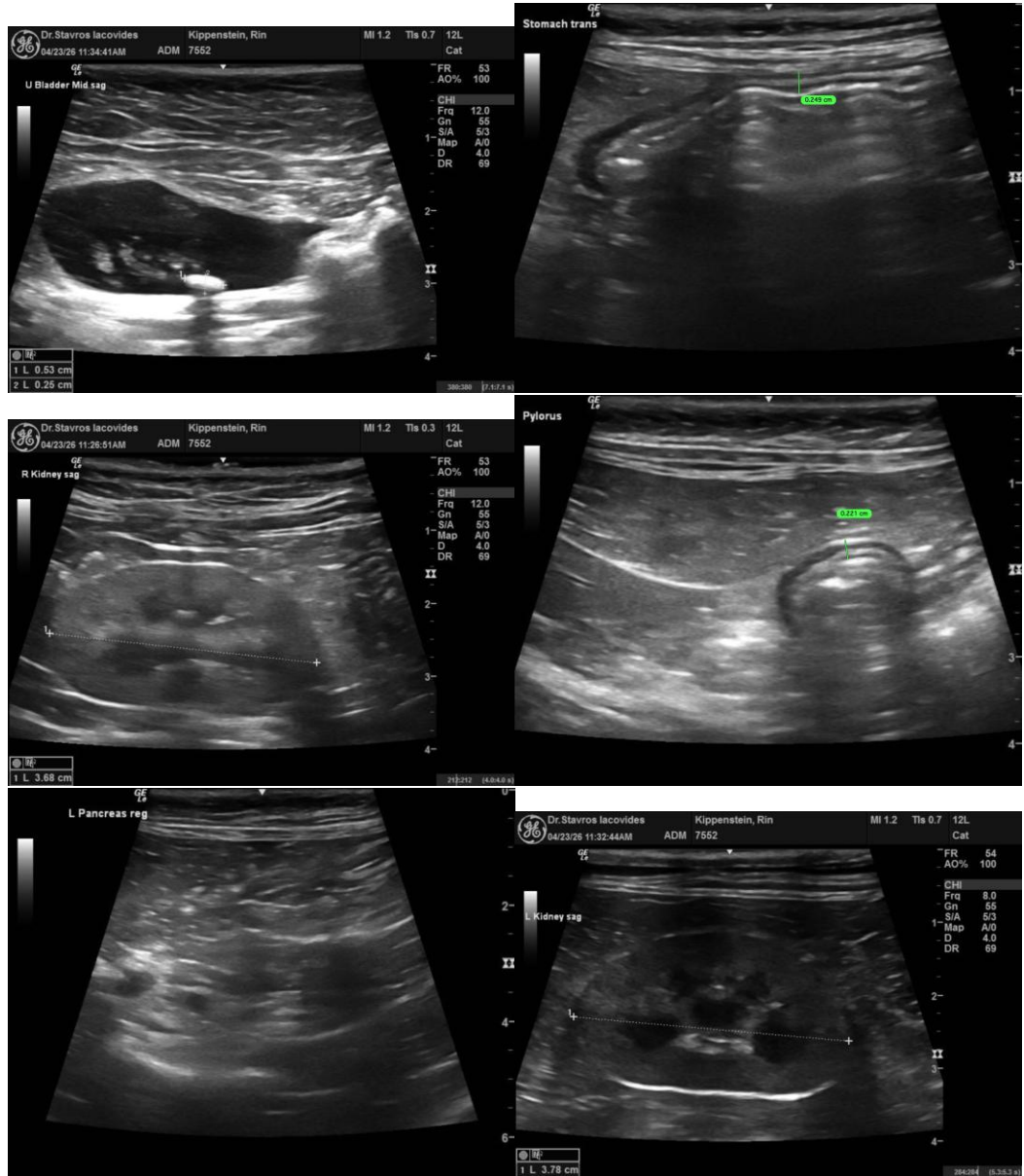
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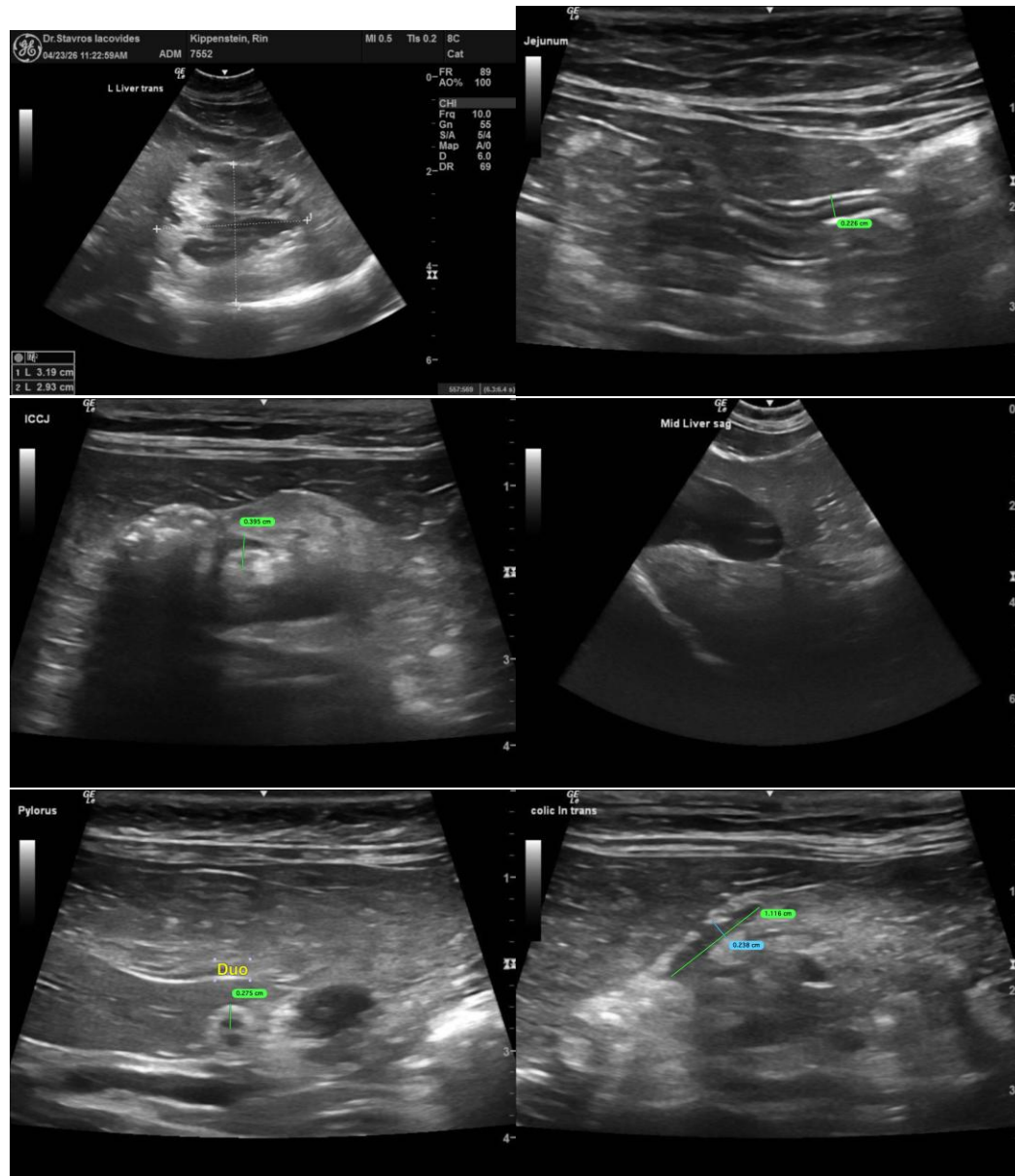
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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