



PATIENT PRESENTING CLINICAL SIGNS

Mylee Peebles Decreased appetite, vomiting around 2 hours after eating. Usually vomits bile and food. Saw marked improvement after transitioning to Veterinary Gastro diet for a few weeks but then started again. Now seeing some blood in vomit. No current meds.

SPECIES
Feline Abnormal PE/Chem/CBC/UA Results: N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

SEX
FS 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 3.9 cm in length. The right kidney measured 3.9 cm in length.

AGE
2yr The area of the aortic trifurcation was free of pathology.

WEIGHT *Adrenal Glands*

4.1kg The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

INTERPRETED BY *Spleen*

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

IMAGING PERFORMED BY *Liver/Gallbladder*

Crystal Hill 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.

REFERRING VET *Gastrointestinal*

Rode 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 retained fluid/foreign material. The gastric body wall measured 0.25 cm in width.

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PATIENT

Mylee Peebles

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

SPECIES

Feline

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

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.

BREED

DSH

Free Abdomen

No evidence of peritoneal effusion was present.

SEX

FS

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 1.6 cm x 0.51 cm.

AGE

2yr

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically unremarkable empty gastrointestinal tract
- Normal area of pancreas
- Focal to intermittent mild benign mesenteric lymph nodes- consistent with mild reactive hyperplasia, less likely lymphadenitis

WEIGHT

4.1kg

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral, specifically gastrointestinal or pancreatic pathology as an obvious cause of the patient's clinical signs. Microscopic gastrointestinal disease or low-grade pancreatitis at times may present sonographically normal.

IMAGING PERFORMED BY

Crystal Hill

Screening GI panel to include PLI/TLI/cobalamin and folate may be considered. In conjunction with dietary trial, as need a gastroprotectant omeprazole 1 mg/kg PO SID may prove beneficial. Empirical deworming Panacur SID x 7-10 days is suggested if clinically applicable or if patient is indoor/outdoor. If persistent gastrointestinal signs or hematemesis, gastric endoscopy is recommended if available.

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Haldimand Animal
Hospital

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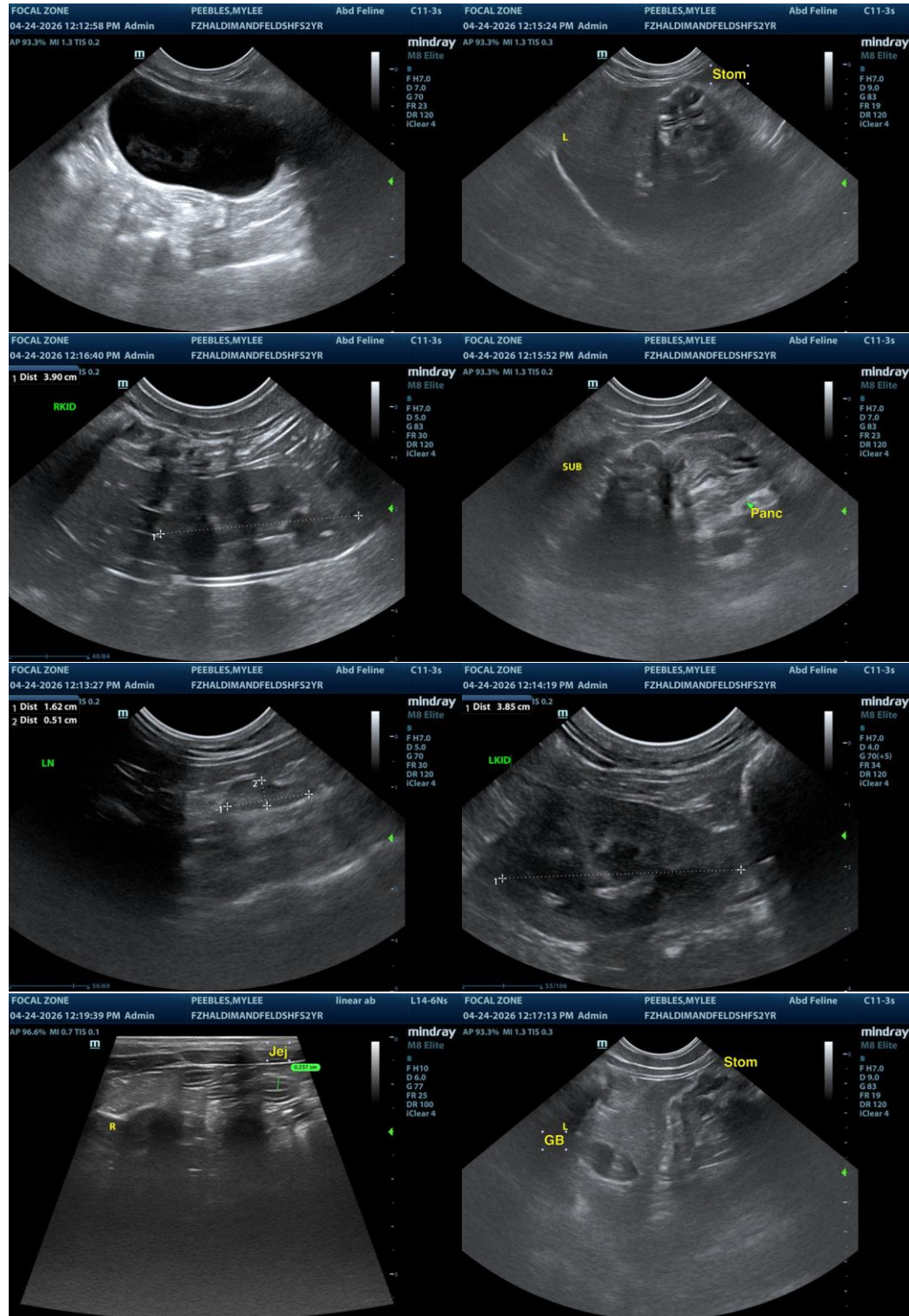
Rode

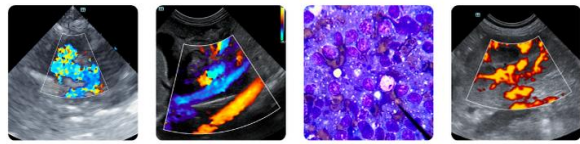
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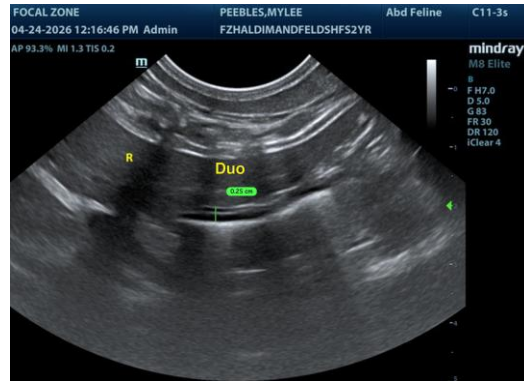
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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