



PATIENT

Stui Bernard

PRESENTING CLINICAL SIGNS

P presenting for daily vomiting (but holds most food down) with occasional constipation. O reports that patient has been licking everything lately and seems to have lost his voice.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: CBC/Chem15/Lytes - WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DMH

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

SEX

MN

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Indistinct loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.3 cm in length. The right kidney measured 4.1 cm in length.

AGE

15

The area of the aortic trifurcation was free of pathology.

WEIGHT

11.4

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.

INTERPRETED BY

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

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.

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Hurley

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. A ventrocaudal mild asymmetrical, yet non-capsule deforming, thinly walled intraparenchymal cyst was present measuring 1.8 cm in diameter. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mildly hyperechoic wall and primarily anechoic luminal content. The cystic and common bile ducts were normal.

HOSPITAL NAME

Bayshore Veterinary
Hospital

REFERRING VET

Hurley

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained moderate retained non-shadowing fluid/ chyme. Within the gastric lumen, a solitary possible non-obstructive hairball type density was visualized, measuring ~ 1.6 cm in diameter with no overt obstruction to pyloric outflow.

INVOICE 24600

DATE

04/24/2026



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The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Segmental to primarily generalized mild non-shadowing intestinal ingesta without obstructive pattern to the level of the colon.

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

SPECIES

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

BREED

DMH

Free Abdomen

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

SEX

MN

ULTRASONOGRAPHIC FINDINGS

Primary

- Retained gastric fluid / chyme with possible small non-obstructive hairball type density
- Enteropathy exhibiting mildly thickened altered wall layering and primarily generalized non-shadowing intestinal ingesta /chyme
- Semi-formed to soft fecal matter in colon
- Possible chronic pancreatitis
- Bilateral chronic renal changes
- Ventrocaudal hepatic intraparenchymal cyst-benign
- Urinary bladder sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic IBD or other inflammatory enteropathy with potential for generalized associated metabolic gastrointestinal ileus or inefficient peristalsis without overt evidence of obstruction is favored. Low grade to emerging intestinal round cell neoplasia i.e. lymphoma may present in similar sonographic manner. Correlation with most recent meal ingestion is recommended. Gastrointestinal support which may include smaller more frequent feedings of a novel protein or hydrolyzed canned diets, as needed gastro protectants and consideration for empirical IBD protocol with clinical monitoring may prove beneficial. Sonographic reassessment indicated if persistent or progressive gastrointestinal signs or weight loss. Urine C/S is recommended on sterile urine sample if inflammatory sediment on UA.

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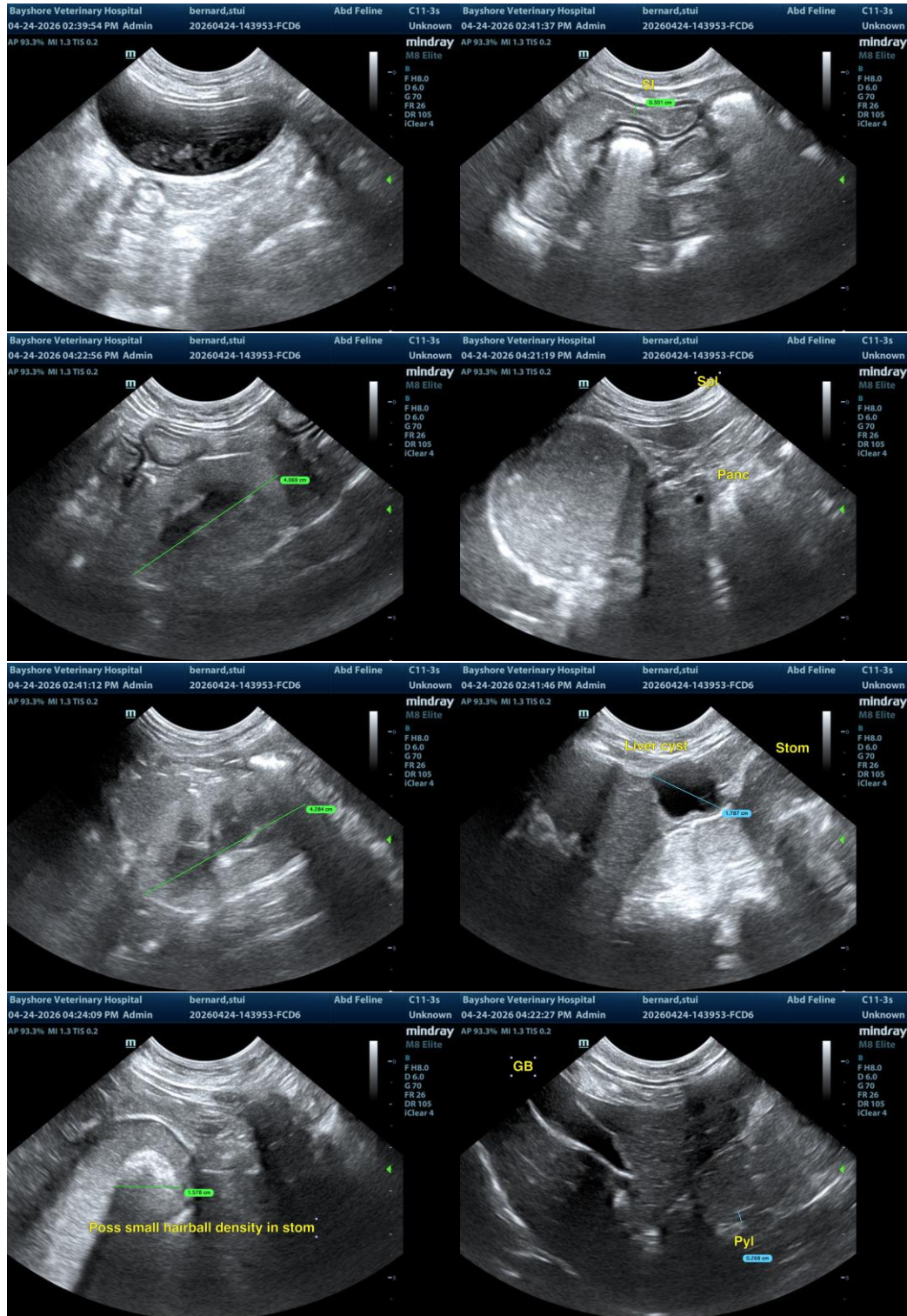
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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visible in the image/video clips provided.

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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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