



**PATIENT**

Fox Brooks

**SPECIES**

Feline

**BREED**

Sphynx

**SEX**

MN

**AGE**

3 years

**WEIGHT**

3.5 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Novel Vet Clinic

**REFERRING VET**

Knapp

**INVOICE**

10846

**DATE**

4/30/26

**PRESENTING CLINICAL SIGNS**

Vomiting, diarrhea acutely  
 Rehydrated, Abnormal heart rhythm intermittently during monitoring  
 Current Medications- Cerenia, gabapentin, sedation- dexdom and methadone  
 Abnormal PE/Chem/CBC/UA Results: Wnl Elytes normalized

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or 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.

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

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width. The right adrenal gland was not definitively visualized owing to overlaying gastrointestinal artifact.

**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. 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**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta without signs of obstruction or foreign material.



**PATIENT**

Fox Brooks

**SPECIES**

Feline

**BREED**

Sphynx

**SEX**

MN

**AGE**

3 years

**WEIGHT**

3.5 kg

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental to primarily generalized, mild, nonshadowing intestinal ingesta was present without an obstructive pattern to the level of the colon. The small intestinal wall measured 0.22-0.23 cm width.

Normal visible colon wall layers were present with semi-formed fecal matter and gas 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 were evident.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Structurally unremarkable gastrointestinal tract with mild nonshadowing gastrointestinal ingesta and semi-formed fecal matter in colon
- Normal area of pancreas

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Novel Vet Clinic

**REFERRING VET**

Knapp

**INVOICE**

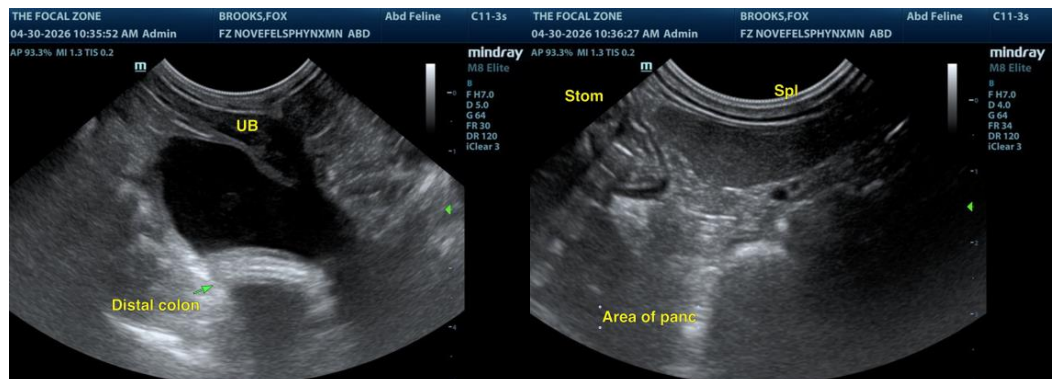
10846

**DATE**

4/30/26

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Dietary indiscretion / intolerance, infectious disease, enterotoxin, acute inflammatory bowel, and mild pancreatitis, all of which may present as sonographically unremarkable, if acute, all potentials. There is no evidence of mechanical gastrointestinal obstruction, foreign material, or active pancreatitis. A GI panel to include PLI/TLI/Cobalamin/Folate and Diarrhea PCR panel is recommended. Gastrointestinal support is indicated with rehydration and clinical monitoring over the next 24-48 hours. Recheck sonogram if nonresponsive or progressive gastrointestinal signs.





**PATIENT**

Fox Brooks

**SPECIES**

Feline

**BREED**

Sphynx

**SEX**

MN

**AGE**

3 years

**WEIGHT**

3.5 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Novel Vet Clinic

**REFERRING VET**

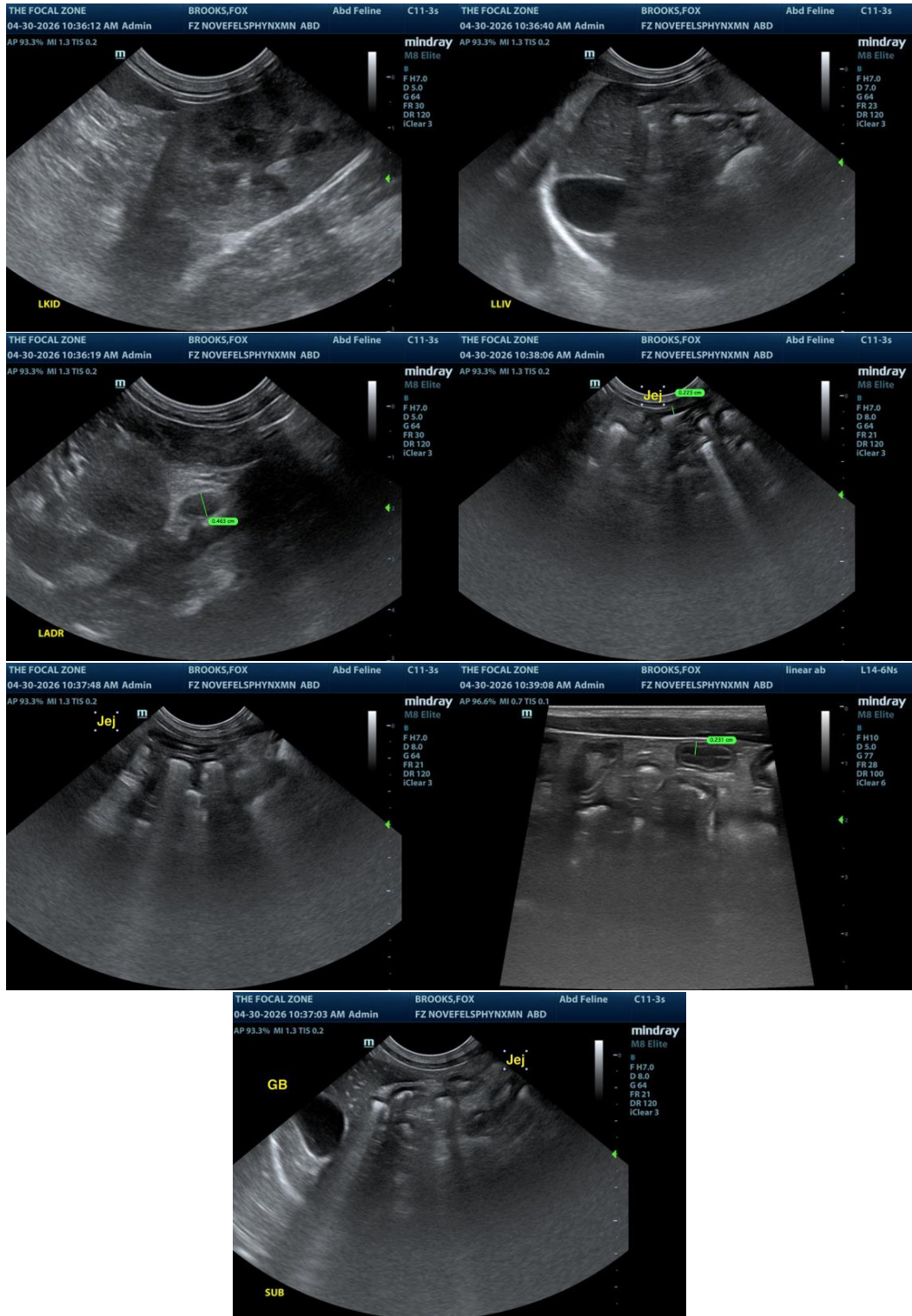
Knapp

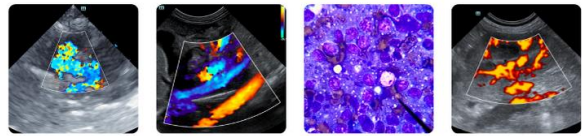
**INVOICE**

10846

**DATE**

4/30/26





**PATIENT**

Fox Brooks

**SPECIES**

Feline

**BREED**

Sphynx

**SEX**

MN

**AGE**

3 years

**WEIGHT**

3.5 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Novel Vet Clinic

**REFERRING VET**

Knapp

**INVOICE**

10846

**DATE**

4/30/26

**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](mailto:info@sonopath.com)