



PATIENT

Maeve Whitehead

SPECIES

Feline

BREED

Manx

SEX

FS

AGE

4yr

WEIGHT

3.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Abby Gerenser

HOSPITAL NAME

ABBY ROAD
VETERINARY
HOSPITAL

REFERRING VET

Abby Gerenser

INVOICE 24817

DATE
05/12/2026

PRESENTING CLINICAL SIGNS

Presented for a 2 week history of intermittent vomiting. VOMit would sometimes consist of food and sometimes just bile. Her appetite remained normal until this morning, when she did not want to eat her breakfast. She has been on Hill's z/d for past several months.

Abnormal PE/Chem/CBC/UA Results: Painful on palpation of mid to cranial abdomen Labwork showed hypercalcemia and hypercholesterolemia GI panel is pending

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 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 discreet to mild 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 3.0 cm in length. The right kidney measured 3.6 cm in length.

The area of the aortic trifurcation was free of pathology.

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.

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 minor congealed debris. 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 was empty with no signs of ileus, obstruction or foreign material.

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 0.26 cm width. The jejunum wall measured 0.22 cm width. The ileocolic wall measured 0.24 cm width.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically unremarkable gastrointestinal tract
- Normal area of pancreas
- Minor gallbladder debris
- Bilateral discrete to mild non-specific renal medullary rim sign
- Mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of gastrointestinal mural pathology or active pancreatitis. Microscopic gastrointestinal disease or mild pancreatitis at times may present sonographically normal. Gastrointestinal support including current hydrolyzed diet with as needed gastroprotectants and monitoring is recommended.

Low grade pancreatitis may be possible given reported mid abdomen discomfort on palpation. Correlation with pending GI panel is recommended. No evidence of neoplastic criteria. Correlation with UA is indicated.

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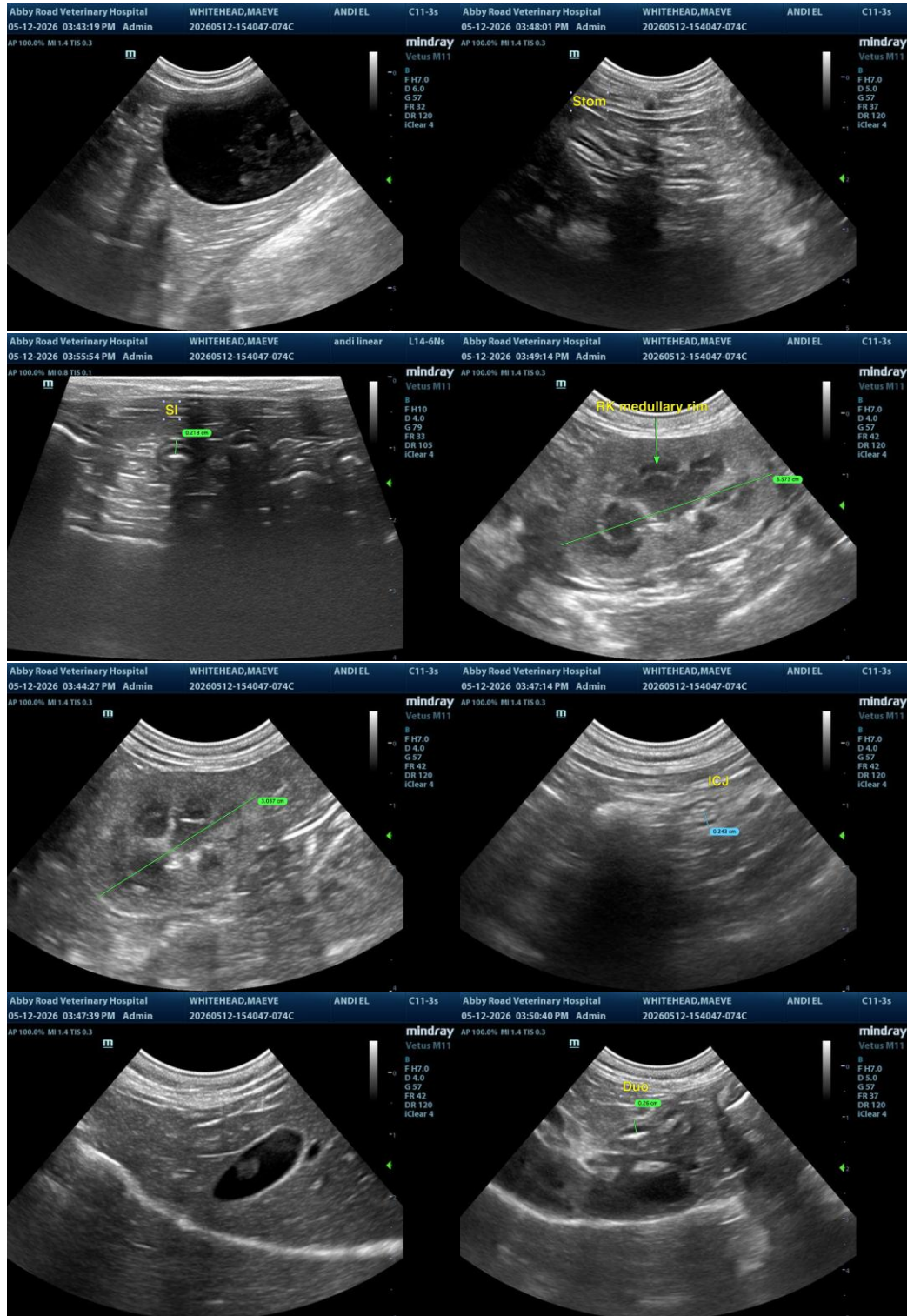
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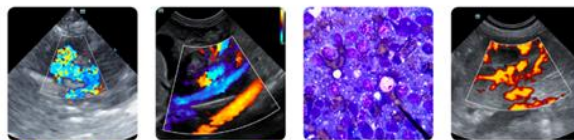
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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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