



PATIENT

Oliver Webb

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

6 Years

WEIGHT

13.9 Pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine /
Feline Practice)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside AC

REFERRING VET

Dr. Cox

INVOICE

37094

DATE

5/12/26

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: Intermittent vomiting, HX foreign body, slight increased gas on abdominal palpation, non-painful soft abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were 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. The left kidney measured 4.3 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The areas of the left and right adrenal glands were free of pathology.

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

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 was empty with no signs of ileus, obstruction or foreign material. The stomach wall measured 0.25 cm.

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 ileus, obstruction or foreign material. The duodenum wall measured 0.22 cm. The jejunum wall measured 0.21 cm.

Normal visible colon wall layers were present with formed fecal matter in lumen.

Pancreas

The area of the pancreas was sonographically normal.



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Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Sonographically normal, empty gastrointestinal tract
- Normal area of the pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No evidence of visceral pathology, specifically gastrointestinal or pancreatic pathology. Dietary trial, which may include bland or hydrolyzed diet trial and as needed gastroprotectants may prove beneficial. A GI panel to include PLI/TLI/Cobalamin/Folate and three view chest radiographs to assess for nonobvious disease as a contributing factor may be considered if persistent gastrointestinal signs or evidence of weight loss.

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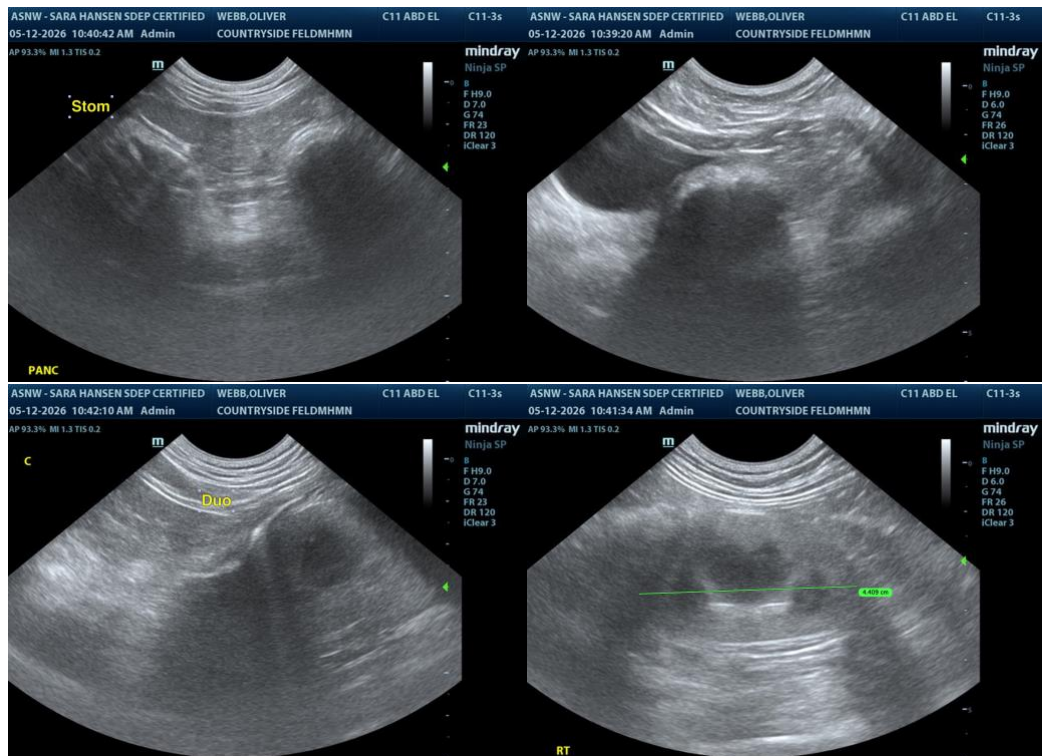
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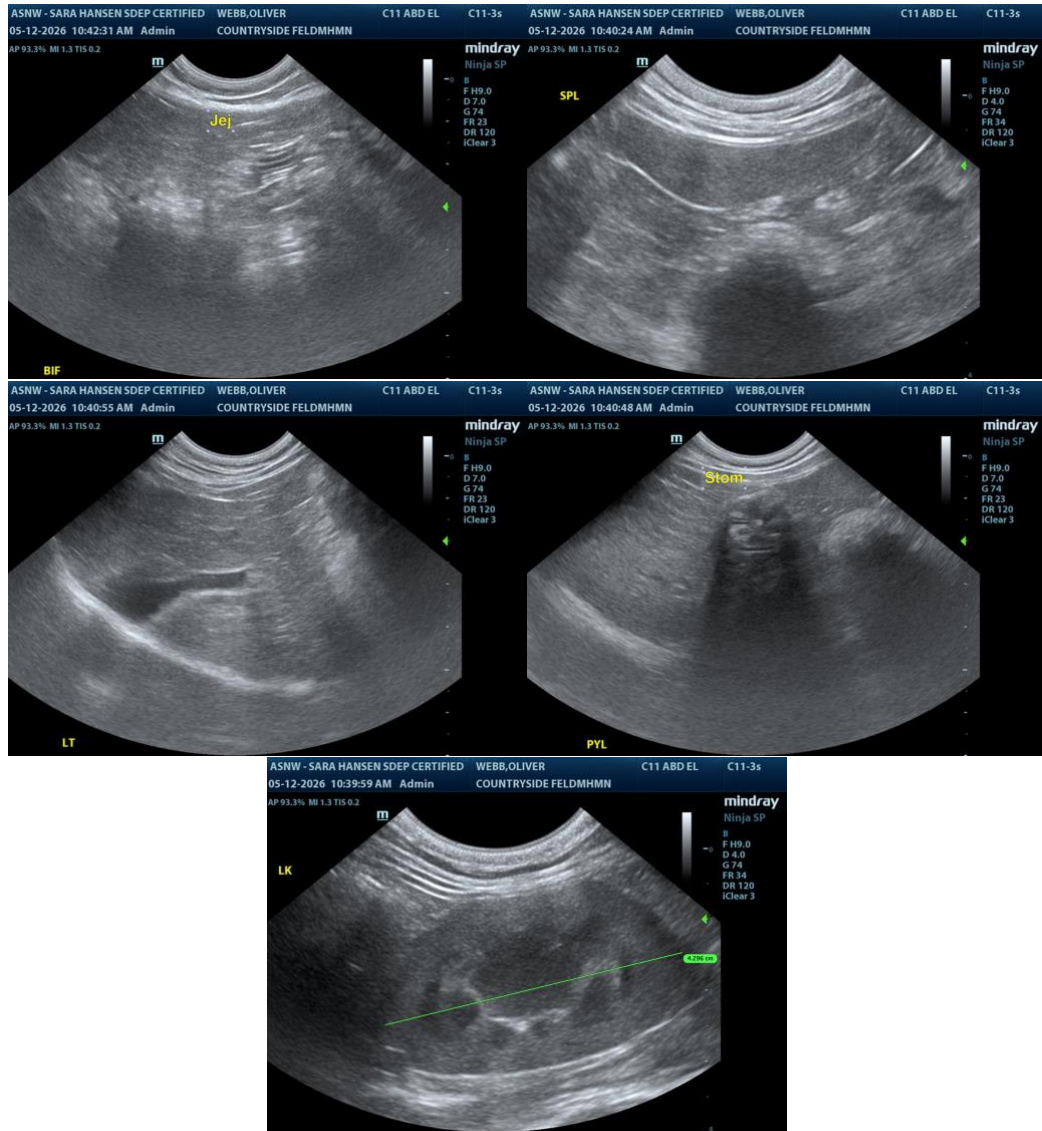
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)



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info@SonoPath.com

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