



## PATIENT

Daemon Taylor

## SPECIES

Feline

## BREED

DMH

## SEX

Neutered Male

## AGE

2 Years 2 Months

## WEIGHT

8.16 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Lucas Budden

## HOSPITAL NAME

Frontier Veterinary  
Hospital

## REFERRING VET

Dr. Lucas Budden

## INVOICE

16568

## DATE

05/28/26

## PRESENTING CLINICAL SIGNS

Presented on 5/22/26 for assessment of a healing wound potentially from a housemate. Had been seen previously on 5/8/26. On 5/22/26 patient had lost about 0.8# and had seemed off per owners. Eating and drinking normally per owner but hiding more. A new cat had been added to the house about 1 month prior. He had a 103.8F fever that day but had been sitting in the car in the sun prior to presentation. A recheck on 5/24/26 showed a normal temperature. He had vomited once that day though and his appetite had decreased. No treatments done at that time as the concern was that the sibling cat was bullying Daemon and scaring him away from his food. The cats were separated and he represented on 5/26/26 for decreased thirst and appetite. Ultrasound to assess for weight loss and decreased appetite.

Current medications: gabapentin and Butorphanol to facilitate imaging. Dexdomitor administered for liver FNA and to take a few extra images (images marked as post sedation)

Physical exam: Weight today is 8.16#, no abdominal pain on palpation, 5-6% dehydrated, mild dental tartar, normal exam otherwise Lab work: cbc/chem/FelV/FIV/HWT/fecal 5/22/26 Chemistry panel normal Neutrophils high 16,744 Lymphocytes low 728 Remainder of CBC normal FEL V/FIV negative/negative Heartworm test negative Fecal negative Liver FNA pending

## 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 change were noted.

The area of the aortic trifurcation was free of pathology.

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 3.6 cm in length. The right kidney measured 3.8 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 0.36 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width.

### 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. The spleen measured 0.66 cm width level of the mid spleen.

### Liver & Gallbladder



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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.

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The gallbladder was non distended in size with mild echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### ***Gastrointestinal***

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained pyloric fluid with no signs of ileus, obstruction or foreign material.

## SEX

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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 wall width. The jejunum wall measured 0.21 cm wall width. The ileocolic wall measured 0.32 cm wall width.

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

### ***Pancreas***

## WEIGHT

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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.

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### ***Free Abdomen***

Intermittent jejunocolic 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 of the lymph nodes measured 1.3 cm x 0.49 cm. No evidence of peritoneal effusion or omental masses.

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## ULTRASONOGRAPHIC FINDINGS

- Sonographically normal gastrointestinal tract with minor retained pyloric fluid.
- Normal area of the pancreas.
- Mild gallbladder debris.
- Intermittent mild jejunocolic lymphadenopathy- suggestive of benign criteria i.e. mild hyperplasia or lymphadenitis.

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## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

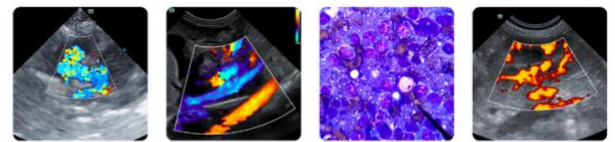
No evidence of visceral pathology as a definitive cause of the patient's clinical history. A GI panel to include PLI, TLI, cobalamin and folate and if not done, three view chest radiographs are recommended to assess for occult intestinal pancreatic or thoracic pathology as a contributing factor. Correlation with pending liver cytology is recommended. Gastrointestinal support pending additional diagnostics is recommended.

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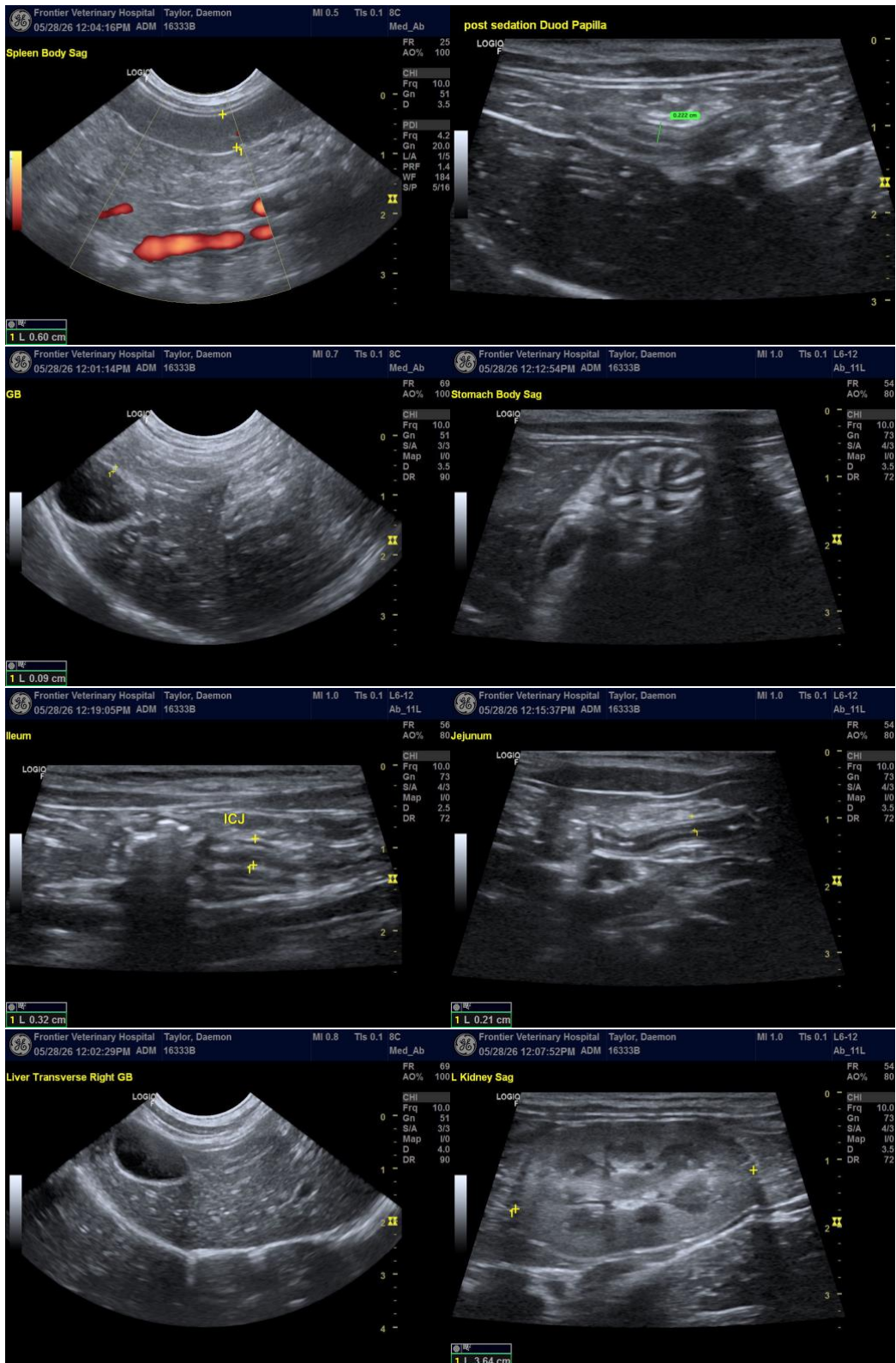
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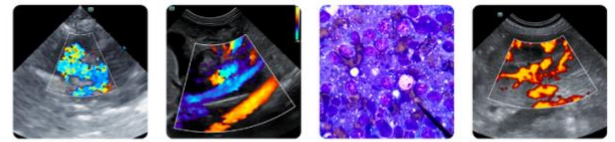
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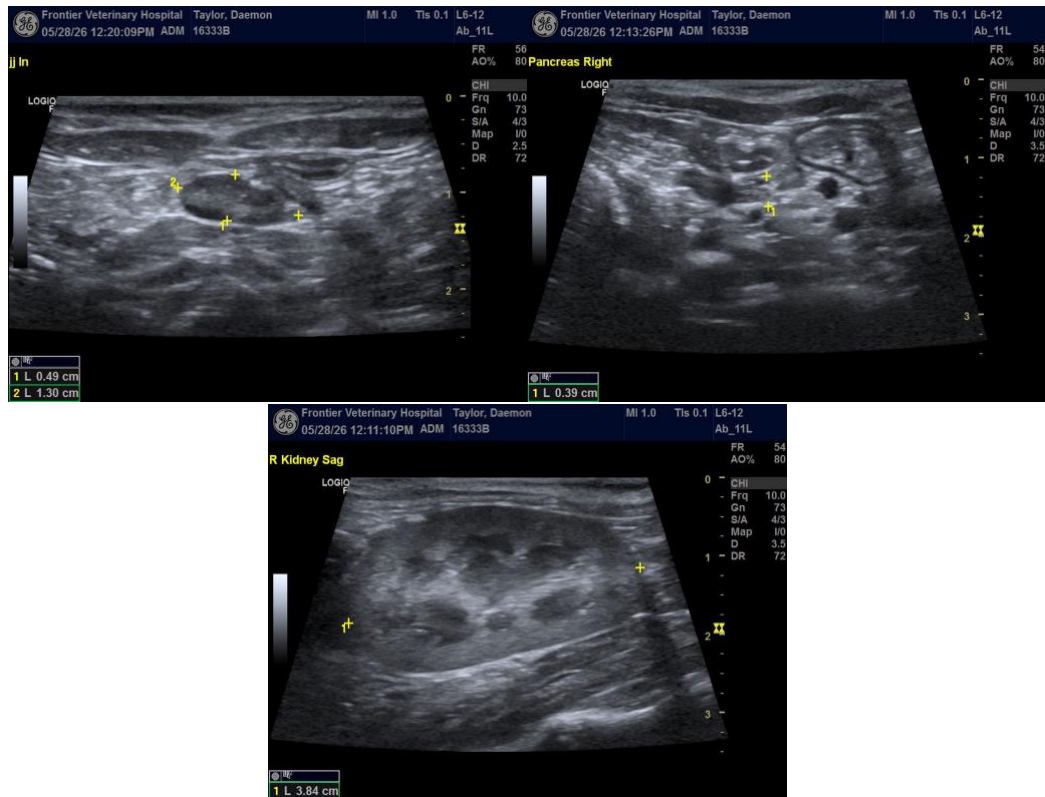
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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