

**PATIENT**

Phoebe Davis

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6 Years

WEIGHT

13.1 lbs

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)**IMAGING
PERFORMED BY**

Emma Flott

HOSPITAL NAMEPortland Veterinary
Wellness Center**REFERRING VET**

Dr. Torrey Schwartz

INVOICE

16609

DATE

05/29/26

PRESENTING CLINICAL SIGNS

Recent episode of acute vomiting and lethargy, recovered without treatment. Routine labwork showed eosinophilia and elevated ALP. Concern for possible GI disease. Patient does not have any vomiting or diarrhea, normal appetite.

CBC - eosinophilia (1.74) Chem - ALP 81

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate primarily dependent mild sediment and minor lumen mineral was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes 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 4.4 cm in length. The right kidney measured 4.1 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 & 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 visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained mild progressively shadowing ingesta without overt evidence of obstruction to pyloric outflow.



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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. The small intestine wall measured 0.32 cm to 0.33 cm wall width. Segmental mild nonshadowing intestinal ingesta/chyme without obstruction to the level of the colon.

Normal visible colon wall layers were present with apparent formed feces 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 was evident.

Free Abdomen

Mildly enlarged colic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild surrounding perilymphatic to peri-ileocolic hyperechoic omentum. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild progressively shadowing gastric ingesta.
- Intact thickened small intestine wall with mild segmental nonshadowing ingesta/chyme.
- Normal area of the pancreas.
- Suspect mild colic lymphadenitis.
- Sonographically normal liver/gallbladder- consistent with low-grade benign hepatopathy.

Secondary Findings

- Mild urine sediment and lumen mineral.
- Normal bilateral kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the small intestine may include acute to subacute nonspecific enteritis in conjunction with suspect colic lymphadenitis. IBD or other inflammatory enteropathy, less likely occult intestinal round cell neoplasia and metastatic colic lymphadenopathy. The gastric ingesta is suggestive of food echogenicity. Minor potential for a small amount of intermixed hairball type density, which does not appear to be obstructive. Correlation with most recent meal ingestion is recommended.

Gastrointestinal support, which may include dietary trial, gastroprotectants, and empirical deworming if indoor/outdoor and given mild eosinophilia is recommended. Recheck sonogram if recurrent gastrointestinal signs or evidence of weight loss. Intestinal +/- lymphatic biopsies may be required for a definitive diagnosis.



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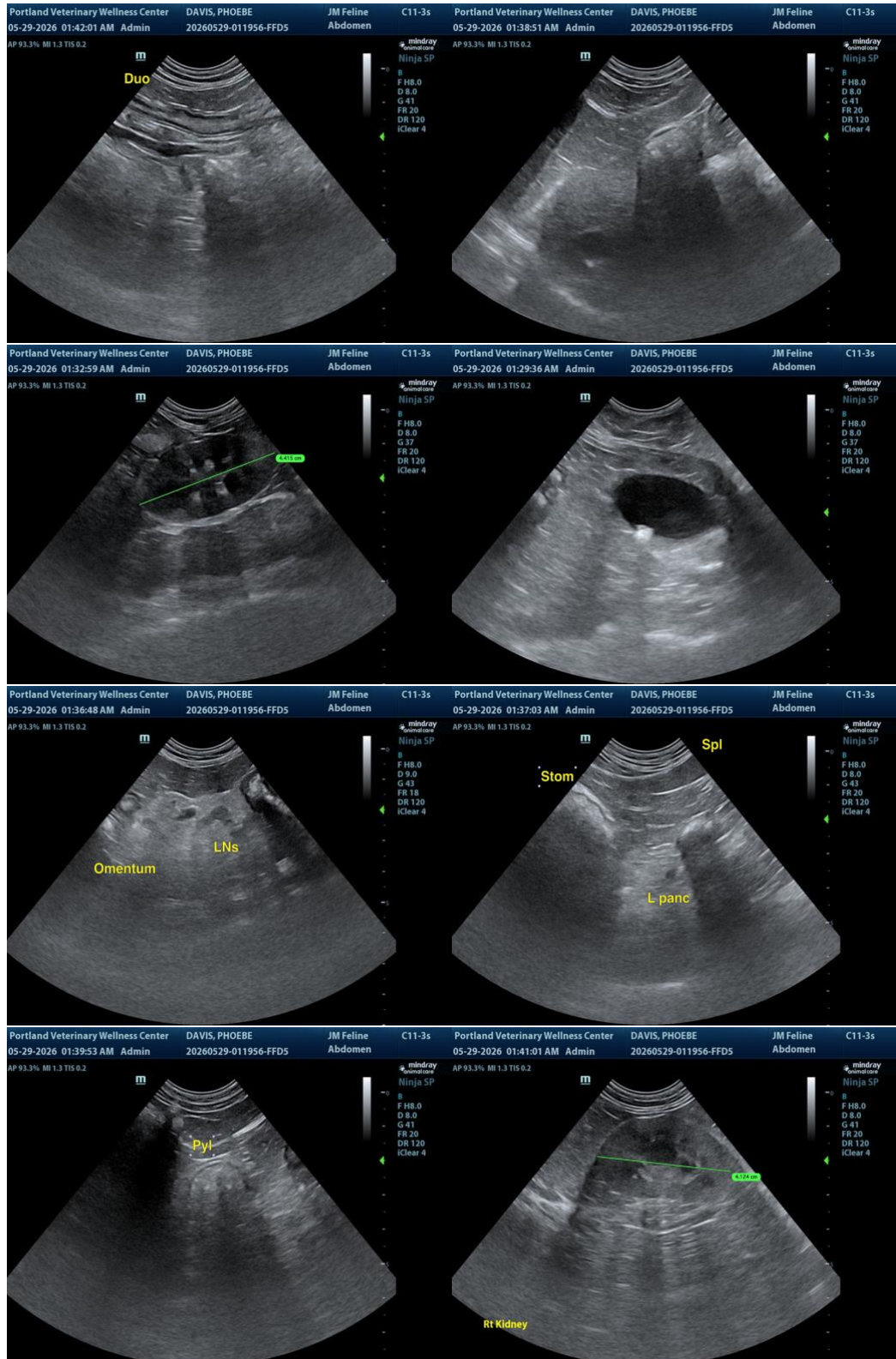
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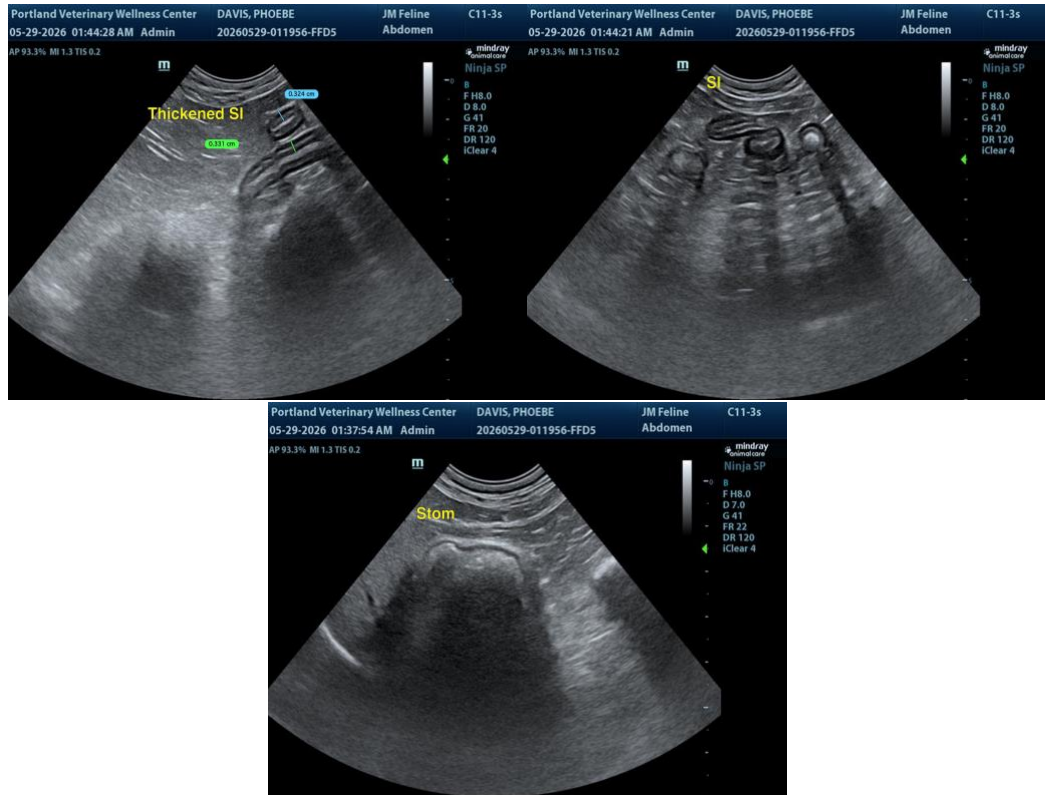
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com