



PATIENT

Skinny Noll

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8Y

WEIGHT

8lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Duffield

HOSPITAL NAME

Barton Heights
Veterinary Hospital

REFERRING VET

Duffield

INVOICE

74867

DATE

5-5-26

PRESENTING CLINICAL SIGNS

History: Initially presented to rDVM 5-6d ago for increased respiratory rate/effort along w/ anorexia and lethargy. P received Cerenia and SQF on 05/01 as well as Doxy and Mirataz. Respiratory abnormalities resolved but p persistently anorexic and lethargic.

Abnormal PE/Chem/CBC/UA Results: rDVM Dx findings between 05/01 and 05/05: Neg Feline triple test, WNL qPL, progressively gas-filled GI on serial rads from 05/01 to 05/05, and mild hyperglobulinemia (otherwise unremarkable BW). Unremarkable CXR. On PE today noted p to be BAR (anxious) w/ very minimal yellow/brown crusting on skin adjacent to L nostril w/o any active discharge or respiratory abnormalities noted. Pk, semi-tacky oral MM. Mild cranial abdominal tenseness on palpation otherwise unremarkable exam.

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 tone. The bladder wall was normal in appearance. Multiple small dependent lumen calculi to accumulated mineral were present. An example of a calculus measured 0.4 cm diameter.

The area of the residual prostate appeared normal and free of pathology.

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. A mild homogeneous hyperechoic cortex was present. No evidence of pyelectasia. The left kidney measured 3.9 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position, and shape. Subjectively measuring 0.34 cm with at the caudal pole.

The right adrenal gland was not definitively visualized.

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. Normal hepatic vascular volume was present. 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



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The stomach presented intact wall layering with a normal wall layer ratio. Minor retained pyloric fluid was present. The lumen of the stomach was empty without evidence of retained ingesta 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 segmental nonobstructive intestinal gas pattern.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma. Nonreacting or inflamed peripancreatic omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal gastrointestinal tract with minor retained gastric fluid and nonobstructive small intestine gas pattern.
- Mild heterogeneous pancreas.
- Urinary bladder calculi/mineral.
- Nonspecific hyperechoic renal cortices.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with urinalysis +/- culture and sensitivity on sterile urine sample is recommended.

Overall, no evidence of significant visceral pathology as a definitive cause for the patient's clinical signs. Mild chronic pancreatitis could be possible given reported cranial abdomen or subxiphoid discomfort on palpation without evidence of hepatobiliary pathology despite normal qPL. Gastrointestinal support with empirical therapy for possible chronic pancreatitis with clinical monitoring and sonographic reassessment if progressive gastrointestinal signs or weight loss is recommended.

A GI panel to include PLI/TLI/Cobalamin/Folate to assess for nonstructural intestinal disease is suggested.



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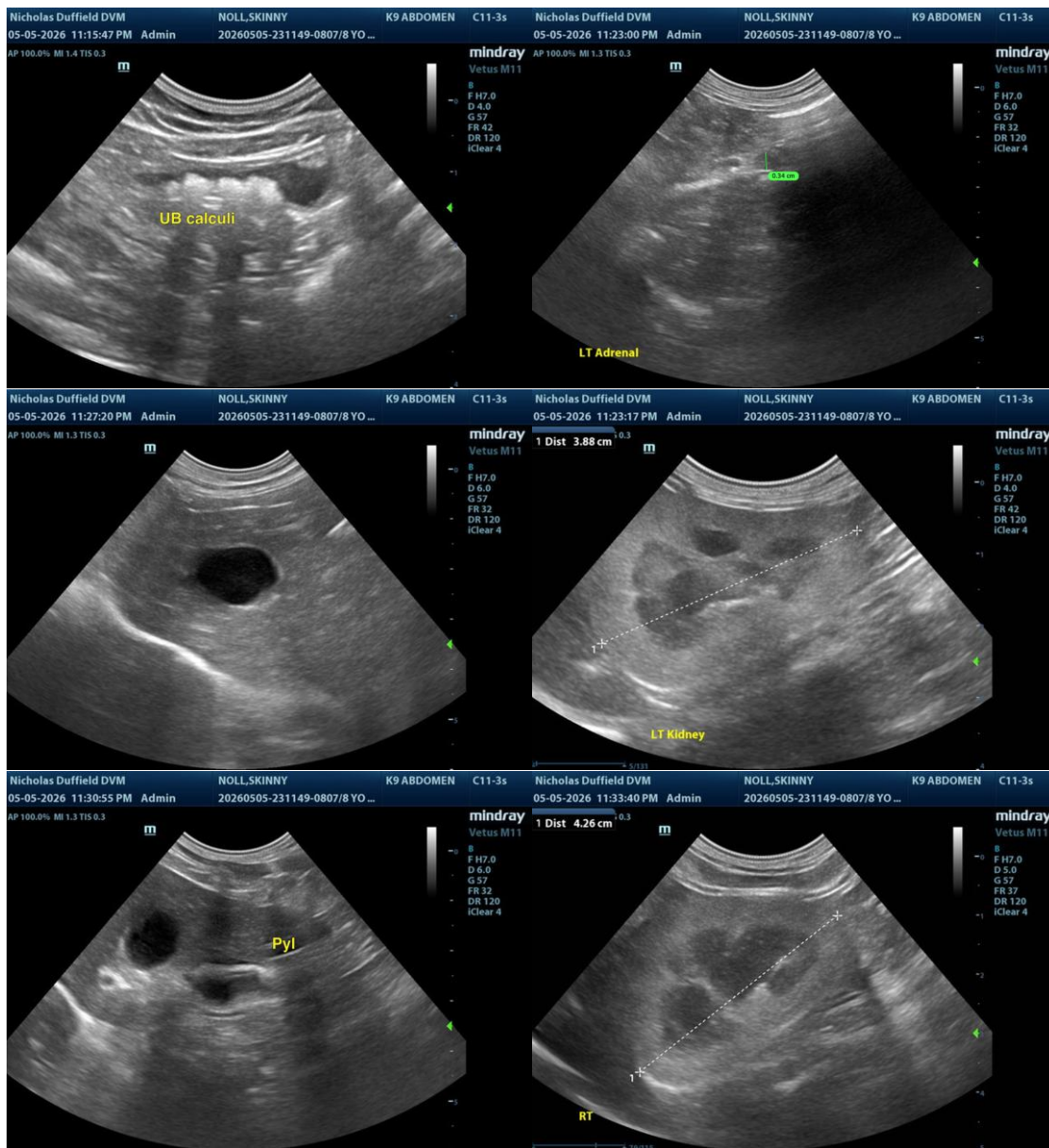
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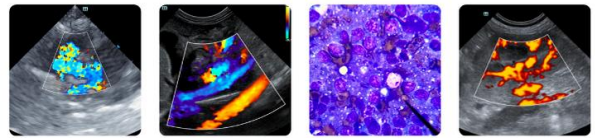
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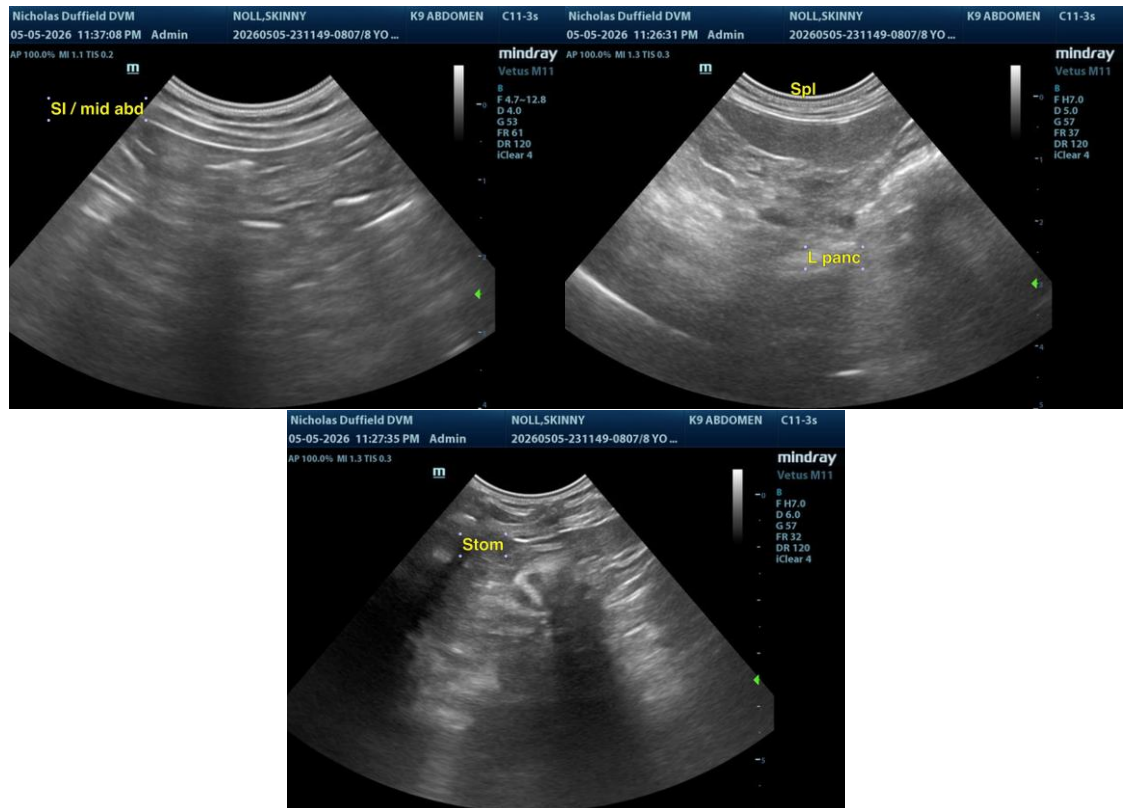
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com