



## PATIENT

Kyoto Long

## SPECIES

Feline

## BREED

Sphynx

## SEX

MN

## AGE

4yr

## WEIGHT

4.25kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Ebert

## HOSPITAL NAME

Wilvet Salem

## REFERRING VET

Ebert

## INVOICE 25022

**DATE**  
06/08/2026

## PRESENTING CLINICAL SIGNS

O states that P vomited 5 times from 8am to 730pm. 2 of the 5 times have light blood tinged saliva. th first time was prior to eating at 8am. O fasted P for 2 hours then P ate at 10am and drank. P vomited again around 1220, then again at 230,430 and 730. O has pictures of all vomit. Indoor only. UTD on VX. Otherwise healthy.

Addendum: New treats frozen dried minnows and chicken. He has had these types of treats in the past but it is a different brand. Had been chewing on a tag from clothes they are unsure if he ingested any of this. No plants or other toxins in household.

Abnormal PE/Chem/CBC/UA Results: CBC- hemoglobin 16.3 g/dL (H), RDS 27.5% (H) Chem 10- all values within normal reference range fpL- 0.8 U/L within normal reference range EPOC- pO2 50.2 mmHg (H), cSO2 83.8% (H), BE -6.0 mmol/L (L)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm 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 were 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 3.8 cm in length. The right kidney measured 4.0 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.



## PATIENT

Kyoto Long

## SPECIES

Feline

## BREED

Sphynx

## SEX

MN

## AGE

4yr

## WEIGHT

4.25kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Ebert

## HOSPITAL NAME

Wilvet Salem

## REFERRING VET

Ebert

## INVOICE 25022

DATE  
06/08/2026

## Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and no signs of ileus, obstruction or foreign material.

The small intestine presented segmentally thickened wall, most notable in the jejunum with primarily maintained intact and maintained wall layer detail. A segment of the jejunum subjective mid abdomen exhibited thickened wall with indistinct to emerging loss of wall layer detail measuring 0.33 cm wall width. Mildly thickened intact jejunal wall measured 0.26-0.30 cm, the duodenum wall measured 0.26 cm. The ileocolic junction was not definitively visualized.

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

## Pancreas

The left pancreas exhibited subjective mild prominent size, capsule asymmetry and minor non-homogenous hypoechoic parenchyma compared to adjacent omentum.

## Free Abdomen

Mid abdomen primarily peri-intestinal hyperechoic omentum and scant pockets of peritoneal effusion.

No obvious visualized significant omental lymphadenopathy.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Segmental mild thickened small intestinal wall subjectively involving the jejunum with intact to segmental indistinct to emerging loss of jejunal wall layering
- Sonographically normal empty stomach with mild lumen gas
- Mid abdomen primarily peri-intestinal hyperechoic omentum and scant effusion
- Mildly prominent hypoechoic left pancreas

### Secondary

- Urinary bladder sediment

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Inflammatory, infectious, or possible emerging neoplastic intestinal etiologies possible. No evidence of mechanical gastrointestinal obstruction or overt foreign material. Assessment for evidence of cranial abdomen/subxiphoid discomfort on palpation related to the small intestine or which may potentially suggest emerging to low grade pancreatitis is recommended.

Laparotomy with gross inspection of the gastrointestinal tract, intestinal biopsies with potential resection/anastomosis of gross intestinal segmental pathology is recommended for further clarification.

Gastrointestinal support with clinical and serial sonographic monitoring would be more conservative.

UA is recommended if not done.



## PATIENT

Kyoto Long

## SPECIES

Feline

## BREED

Sphynx

## SEX

MN

## AGE

4yr

## WEIGHT

4.25kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Ebert

## HOSPITAL NAME

Wilvet Salem

## REFERRING VET

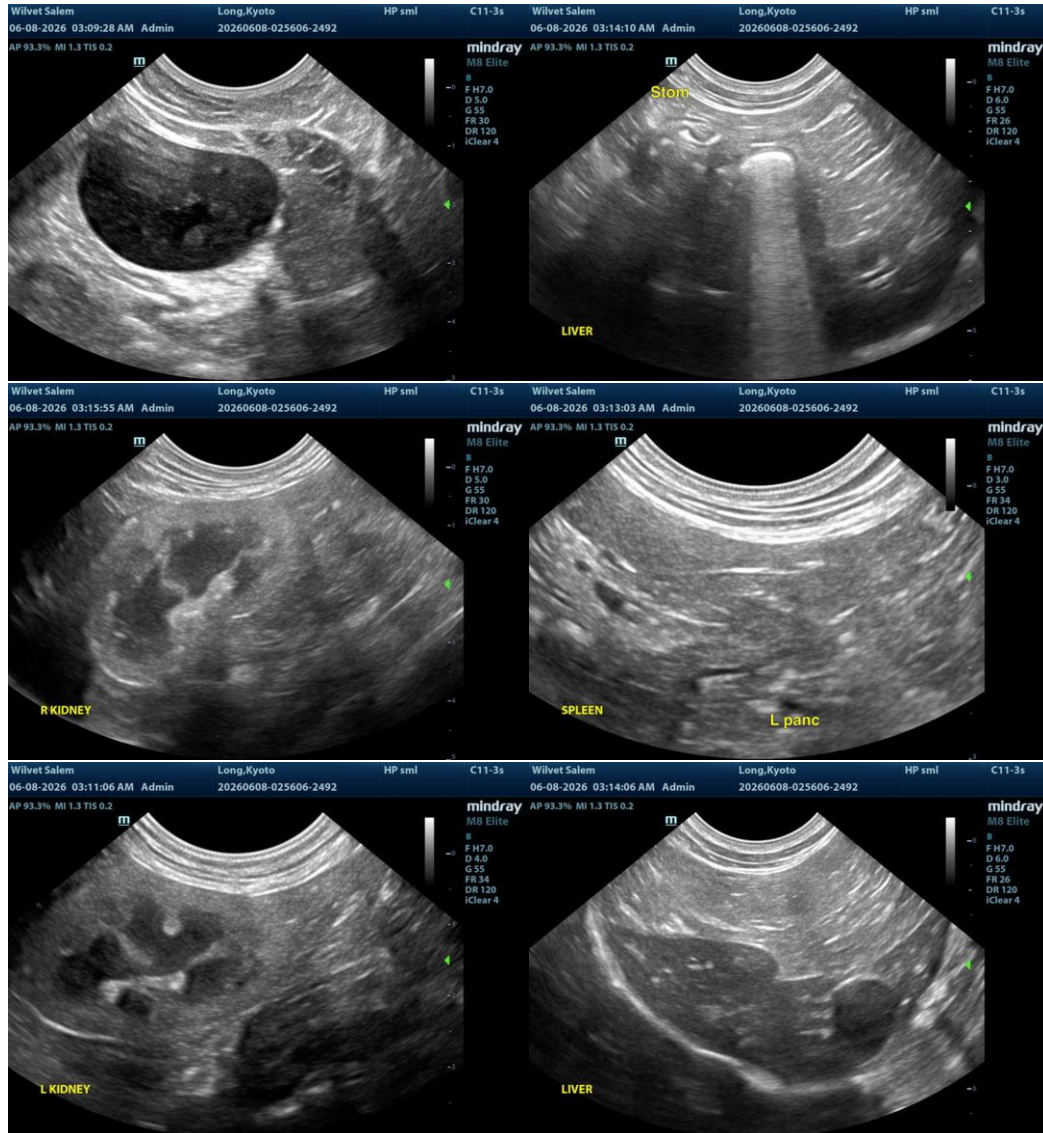
Ebert

## INVOICE

25022

## DATE

06/08/2026





**PATIENT**

Kyoto Long

**SPECIES**

Feline

**BREED**

Sphynx

**SEX**

MN

**AGE**

4yr

**WEIGHT**

4.25kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Ebert

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

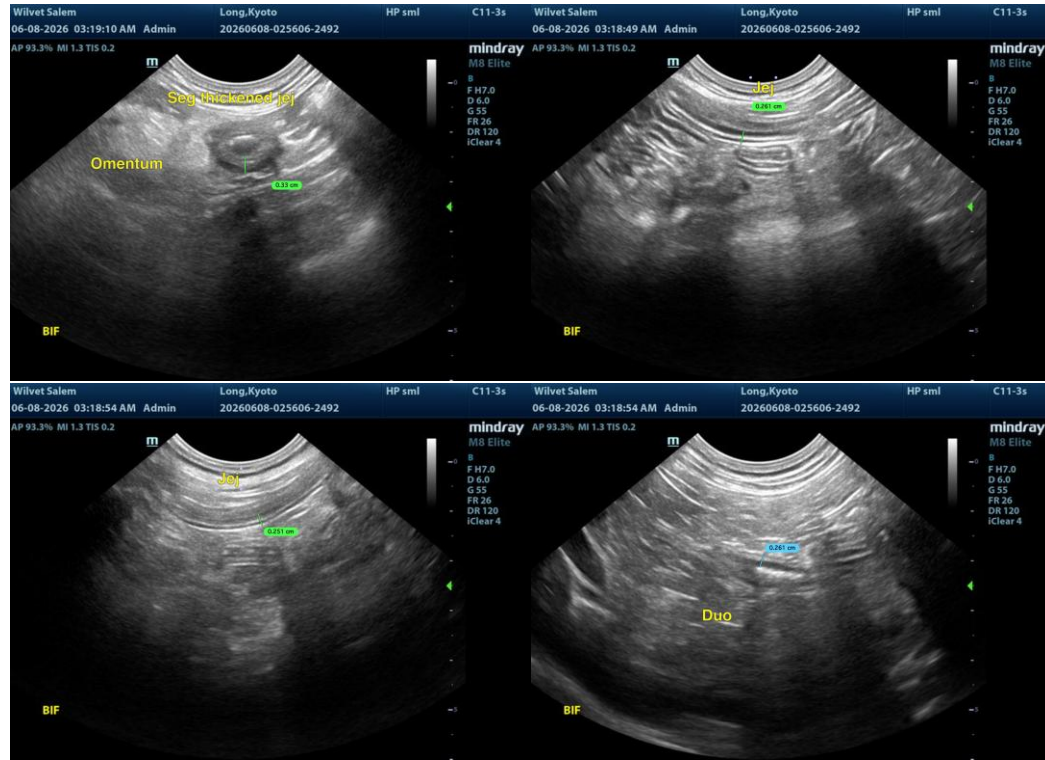
Ebert

**INVOICE**

25022

**DATE**

06/08/2026



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](mailto:info@sonopath.com)