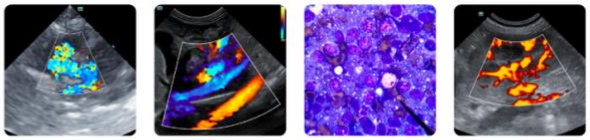


PATIENT

Lola Murphy

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

11.35 Pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Amanda Olsen, VMD

HOSPITAL NAME

Limestone VH

REFERRING VET

Katherine Williams, DVM

INVOICE

35907

DATE

2/20/26

PRESENTING CLINICAL SIGNS

Lola, 8 yr FS DSH, presented for an ultrasound for chronic vomiting. Vomits about 3x a week, mostly after eating. Had ventral abdomen hair barbering that responded to Solenisa but then started to self-mutilate face. P was placed on a 12-day course of prednisolone on 1/9/26 to decrease inflammation and irritation secondary to self-mutilation. P was placed on Convenia as well and dermatologic lesions resolved. BW was performed 1/12/16, results below. Doing well since.

Abnormal PE/Chem/CBC/UA Results: Eosinophils 1416 (0-1000); USG: 1.064 (1.015-1.060); Protein: 2+; UPCR: 0.1 <0.5, otherwise NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended. The urinary bladder wall is thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no sonographic evidence of inflammatory or neoplastic changes.

Both Kidneys: The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. A mild medullary rim sign is present. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. The left kidney measures 3.04 x 1.87 cm in the sagittal plane. Cortical thickness measures 0.30 cm. The right kidney measures 3.41 x 1.93 cm in the sagittal plane. Cortical thickness measures 0.25 cm.

Adrenal Glands

Both adrenal glands have normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.28 cm at the cranial pole and 0.30 cm at the caudal pole. The right adrenal gland measures 0.29 cm at the cranial pole and 0.28 cm at the caudal pole.

Spleen

Splenic thickness is 0.71 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

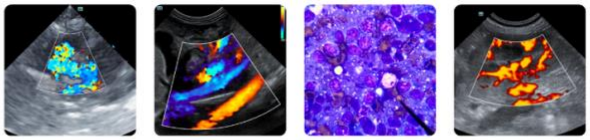
Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma is uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin, and the contents are primarily anechoic with a small amount of biliary sludge. The common bile duct measures 1.99 mm.

Gastrointestinal

The stomach is empty, containing a minimal amount of echogenic material that may represent small amounts of hair; however, no discrete trichobezoar is identified. Mural thickness measures 0.91 mm with preserved wall layering.



PATIENT

Lola Murphy

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

11.35 Pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Amanda Olsen, VMD

HOSPITAL NAME

Limestone VH

REFERRING VET

Katherine Williams, DVM

INVOICE

35907

DATE

2/20/26

The pylorus measures 3.39 mm, with a minimal amount of fluid present in the pyloric region.
Duodenum: 1.88 mm.
Jejunum: 2.16 mm. Layer measurements: Mucosa: 0.97 mm. Submucosa: 0.38 mm. Muscularis propria: 0.29 mm
Ileum: 1.44 mm.

Wall layering is preserved throughout. The ileocecal junction was not clearly visualized. No signs of inflammation, ileus, trichobezoar, or foreign material are identified.

Colon: 0.91 mm, with a small amount of formed feces in the descending segment; the remainder of the colon appears empty.

Pancreas

The evaluated pancreatic regions do not show ultrasonographic evidence of overt inflammation.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or abdominal lymphadenomegaly is identified. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Mild bilateral medullary rim sign
- Small amount of biliary sludge

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography is largely unremarkable. Gastrointestinal wall thicknesses are within normal feline reference ranges with preserved wall layering.

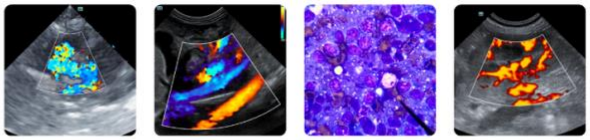
A mild medullary rim sign is present bilaterally. In cats, this can be an incidental finding and is not, in this case, associated with structural renal disease.

No structural ultrasonographic explanation for the chronic vomiting is identified. However, the combination of chronic vomiting, peripheral eosinophilia, and a history of dermatologic hypersensitivity supports consideration of an underlying inflammatory or hypersensitivity-associated gastrointestinal disorder (eosinophilic or food-responsive enteropathy), which may not be sonographically apparent.

Recommendations:

- Dietary trial with a strict novel or hydrolyzed protein diet if not already performed.
- Serum cobalamin and folate assessment may be considered in light of chronic vomiting.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Lola Murphy

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

11.35 Pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Amanda Olsen, VMD

HOSPITAL NAME

Limestone VH

REFERRING VET

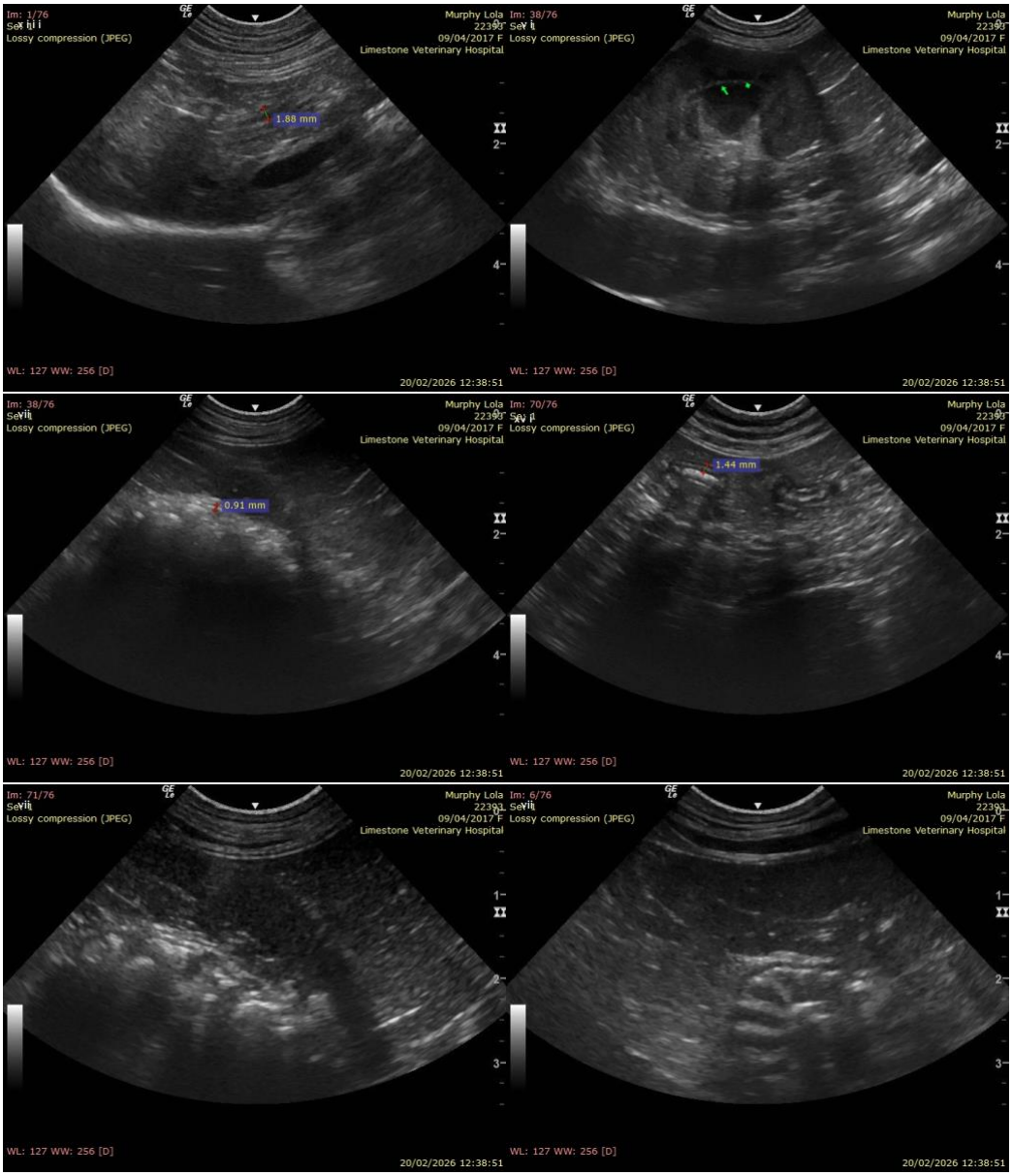
Katherine Williams, DVM

INVOICE

35907

DATE

2/20/26



PATIENT

Lola Murphy

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

11.35 Pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Amanda Olsen, VMD

HOSPITAL NAME

Limestone VH

REFERRING VET

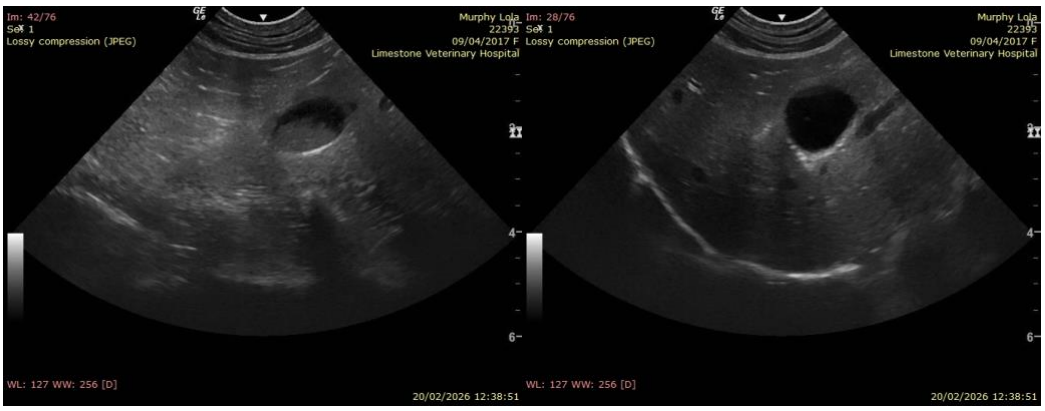
Katherine Williams, DVM

INVOICE

35907

DATE

2/20/26



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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com