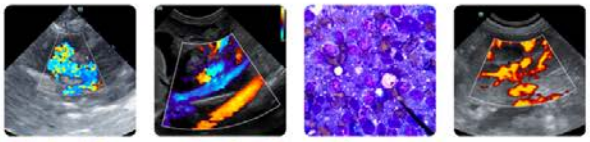

PATIENT

Ellie Poole

SPECIES

Feline

BREED

DSH

SEX

Intact Female

AGE

10 Months

WEIGHT

3.7 kg

INTERPRETED BY

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Nicole DeFalco

HOSPITAL NAME

PetMedic Urgent Care (Westborough)

REFERRING VET

Dr. Suzanne Taylor

INVOICE

72146

DATE

1/12/26

PRESENTING CLINICAL SIGNS

Ellie, a 10-month-old intact female Domestic Shorthair, presented on 01/11 for evaluation of chronic, near-daily vomiting. The patient has a 2-3 month history of chronic vomiting, which has recently increased in frequency. Approximately two months prior to presentation, she had an episode of diarrhea with urgency, at which time she was dewormed, had a negative fecal test, and reportedly normal blood work. Her appetite and drinking habits are reported as normal, and she is not on any medications. On 01/11, an examination with Dr. Suzanne Taylor was unremarkable. Abdominal radiographs revealed a significant amount of food in the stomach, which precluded a full evaluation, along with a mix of formed and unformed stool in the colon. While no definitive foreign material or obstructive pattern was seen, a foreign body could not be ruled out.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. Left kidney measures 3.09 cm. Right kidney measures 3.8 cm.

The ovaries and uterus are not discretely visualized on this study.

Adrenal Glands

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left measures 0.43 cm. Right measures 0.52 cm.

Spleen

The spleen measures 0.75 cm at the hilus. It is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

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Gastrointestinal

The stomach is minimally distended with echogenic fluid and a mild amount of shadowing contents within the pylorus. The pyloroduodenal junction appears patent and there is no discrete evidence of a pyloric outflow obstruction noted. The small intestine is multifocally distended with echogenic contents. There is no shadowing foreign material or evidence of small intestinal mechanical obstruction. The gastrointestinal walls measure within normal limits and maintain normal wall layering. The colon contains normal shadowing feces.

Pancreas

The visible pancreas is isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

Free Abdomen

There are several prominent iliac and mesenteric lymph nodes with normal length to width ratio and isoechoic parenchymal detail. There is no free peritoneal effusion noted.

ULTRASONOGRAPHIC FINDINGS

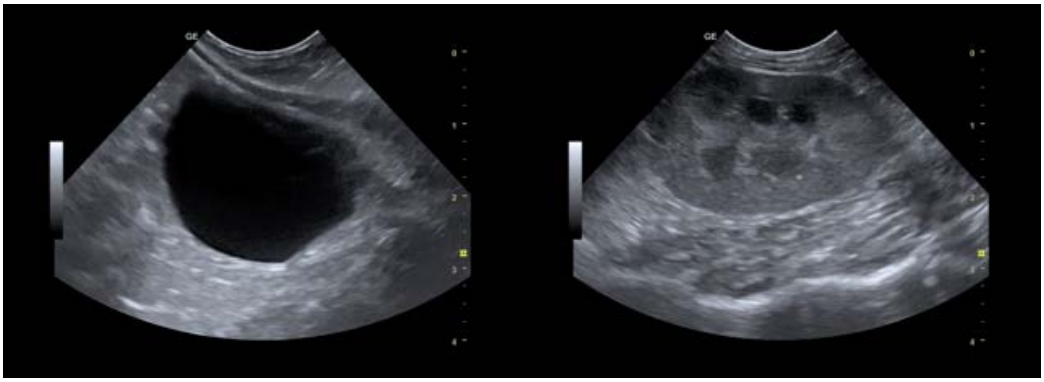
- The gastrointestinal changes are non-specific and may represent a chronic gastroenteritis or early infiltrative disease such as inflammatory bowel disease or other chronic enteropathy. An occult gastrointestinal mechanical obstruction cannot be definitively excluded but is not highly suspected based on this study.
- The slightly prominent mesenteric and iliac lymph nodes display no loss of parenchymal detail or change in echogenicity. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection.

A gastrointestinal panel (TLI, PLI, B12, folate) via Texas A&M gastrointestinal laboratory is indicated to further evaluate for potential chronic enteropathy. Ultimately, gastrointestinal biopsies may be required for a definitive diagnosis.

Consider an fPLI to investigate for evidence of occult pancreatic inflammation or pancreatitis.



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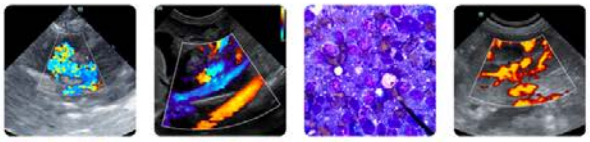

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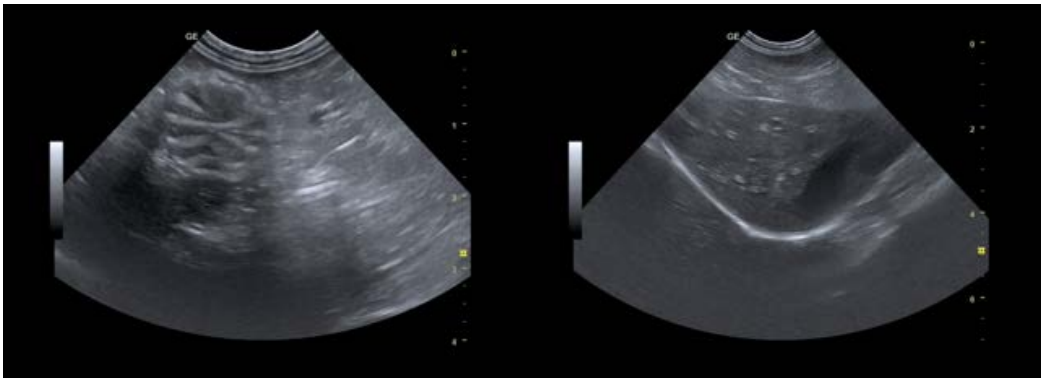

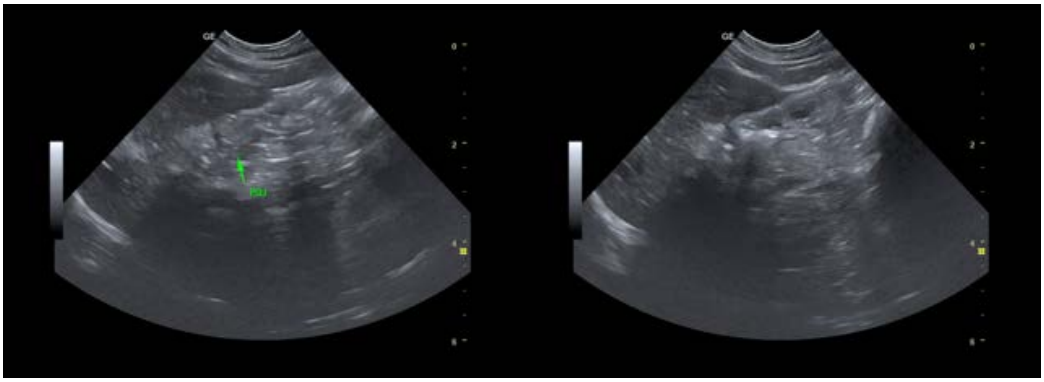

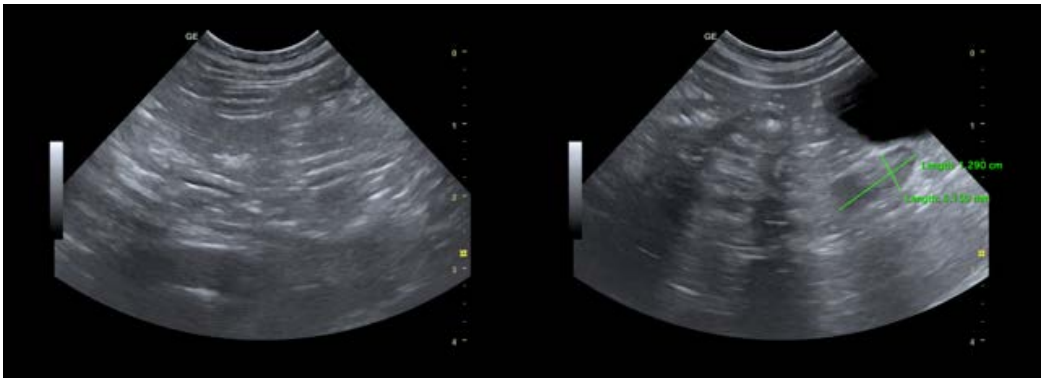

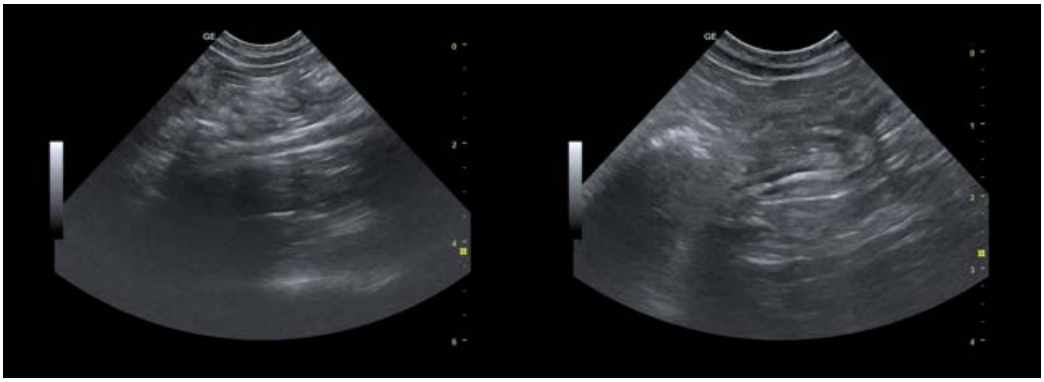

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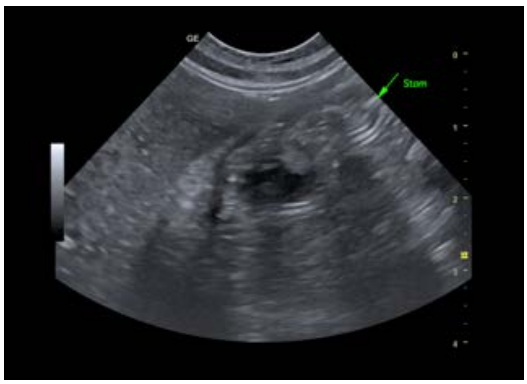

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com