



## PATIENT

Gracie Skarie

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

5.4 lbs

## INTERPRETED BY

Brad Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

## IMAGING PERFORMED BY

Quinn Robinson, RVT

## HOSPITAL NAME

Hess Ridge Animal  
Hospital

## REFERRING VET

Michael Skarie, DVM

## INVOICE

72463

## DATE

1/25/26

## PRESENTING CLINICAL SIGNS

Dental performed on 1/6/2026 where extractions were performed. Patient did great first week post op.

Stopped eating and became lethargic 4 days ago. Patient lost 0.7lbs (6.17 to 5.48lbs) in this time. Have attempted supportive care with SQ fluids, maropitant, mirtazapine and convenia injection with no benefit. Patient has remained completely anorexic despite treatment. Patient's HCT dropped from 46.1% on 1/3/26 to 32.8% on 1/25/26. No regeneration. 4 hours ago, was able to give 15mls of CN via syringe.

Abnormal PE/Chem/CBC/UA Results: HCT: 32.8% - was 46.1% on 1/3/26 WBC: 30.45 K/uL was 13.1 Neutrophils 25.47 K/uL was 7.45 Monocytes 1.39 K/uL was 0.131 Globulins 6.2 g/dL was 5.2 UA: Bacteriuria (cocci) no WBC seen Everything else, including renal values and pancreatic lipase, WNL.

## 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 3.39 cm. Right kidney measures 3.33 cm.

### Adrenal Glands

The right adrenal gland is visualized and has 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. The right adrenal gland measures 0.31 cm.

The left adrenal gland is not visualized.

### Spleen

The spleen measures 0.96 cm. 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.



## PATIENT

Gracie Skarie

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

5.4 lbs

## INTERPRETED BY

Brad Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

## IMAGING PERFORMED BY

Quinn Robinson, RVT

## HOSPITAL NAME

Hess Ridge Animal  
Hospital

## REFERRING VET

Michael Skarie, DVM

## INVOICE

72463

## DATE

1/25/26

## *Gastrointestinal*

The stomach is severely distended with echogenic fluid as well as hyperechoic, irregularly rounded shadowing material. This may represent normal ingesta, however appears atypical for this appearance. The large volume of gastric fluid that is also present is concerning for a potential gastric or pyloric outflow obstruction. The pylorus and pyloroduodenal junction appear patent at this time. However, intermittent obstruction can't be definitively excluded. The small intestine has focal regions with a prominent muscularis layer that distorts the normal 1:3 muscularis to mucosa ratio. There is no significant small intestinal dilation, and no shadowing foreign material is noted within the small intestine. There is no evidence of mechanical small intestinal obstruction. The colon contains normal shadowing feces.

## *Pancreas*

The base and limbs of the pancreas are 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*

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Severe gastric dilation with shadowing material that may represent gastric foreign material. A pyloric outflow obstruction can't be definitively excluded.
- Thickened small intestinal muscularis may represent infiltrative disease such as chronic enteropathy or round cell neoplasia.
- There is no evidence of intraabdominal hemorrhage to explain the progressive decrease in packed cell volume or hematocrit.

## 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.

If there is history or concern for potential pyloric outflow obstruction, then exploratory laparotomy should be considered. Additionally, a repeat CBC with pathology review of the blood smear should be considered to further evaluate the anemia. An alternative to surgery would be hospitalization with a nasogastric feeding tube to attempt to suction the fluid content from the stomach and provide relief. You could also consider prokinetics such as Metoclopramide, given the lack of evidence at this time for pyloric outflow obstruction. However, serial imaging should be performed, especially if the patient decompensates or does not dramatically improve in 12-24 hours.



**PATIENT**

Gracie Skarie

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

5.4 lbs

**INTERPRETED BY**

Brad Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

**IMAGING PERFORMED BY**

Quinn Robinson, RVT

**HOSPITAL NAME**

Hess Ridge Animal Hospital

**REFERRING VET**

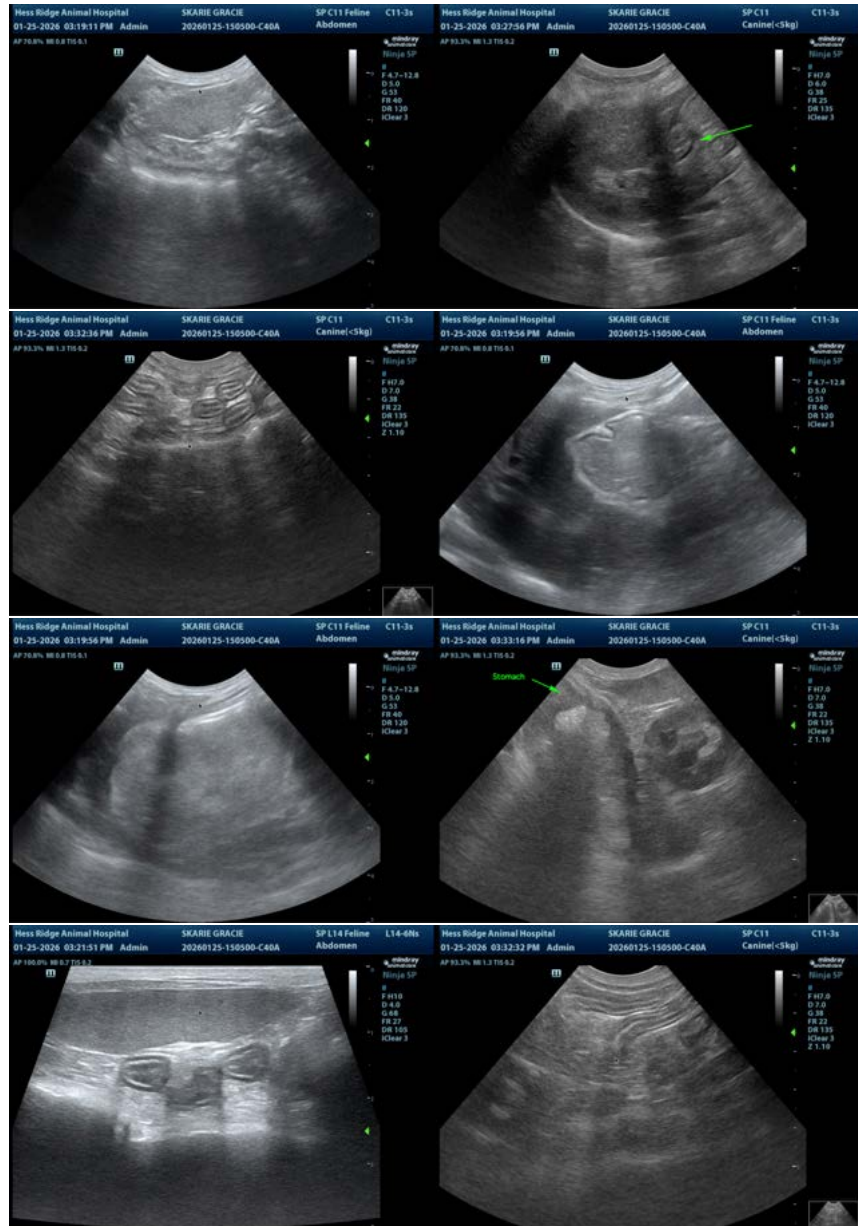
Michael Skarie, DVM

**INVOICE**

72463

**DATE**

1/25/26





## PATIENT

Gracie Skarie

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

5.4 lbs

## INTERPRETED BY

Brad Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

## IMAGING PERFORMED BY

Quinn Robinson, RVT

## HOSPITAL NAME

Hess Ridge Animal  
Hospital

## REFERRING VET

Michael Skarie, DVM

## INVOICE

72463

## DATE

1/25/26



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.

**Brad Harris, DVM, DACVECC, DACVIM (cardiology)**

[info@SonoPath.com](mailto:info@SonoPath.com)