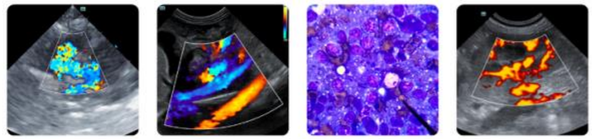


PATIENT
Penelope Pelowski

SPECIES
Feline

BREED
Himalayan

SEX
Spayed Female

AGE
12 Years

WEIGHT
8.2 Pounds

INTERPRETED BY
Bradley Harris, DVM, DACVECC, DACVIM (Cardiology)

IMAGING PERFORMED BY
Dr. Andrea Nason

HOSPITAL NAME
Caravan Vet

REFERRING VET
Dr. Andrea Nason

INVOICE
35057

DATE
12/23/25

PRESENTING CLINICAL SIGNS

History: Penelope was diagnosed with lung carcinoma in March of this year, had it surgically removed and has been clinically doing well. She presented last night for acute vomiting right after eating. She appears otherwise normal - wanting to eat, drinking normally, normal energy/behavior. She normally vomits up hairballs on a very regular basis (weekly to every other week) and hasn't in a month. Abdominal scan to evaluate for partial blockage from a hairball vs other causes of acute vomiting.
Abnormal PE/Chem/CBC/UA Results: CBC, Chemistry, UA unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine and contains a mild amount of suspended echogenic mobile debris. The bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size. The cortices are hyperechoic with a loss of corticomedullary distinction. There is no significant pyelectasis or pelvic dilation and the cortex to medulla ratio is appropriate. The renal capsules are mildly irregular bilaterally. The left kidney measures 3.35 cm. The right kidney measures 3.33 cm.

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. The left adrenal gland measures 0.37 cm. The right adrenal gland measures 0.25 cm.

Spleen

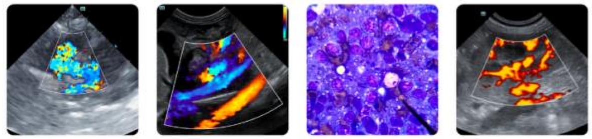
The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measures 0.66 cm at the hilus.

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.

Gastrointestinal

The stomach is mild to moderately distended with echogenic ingesta, as well as gas and shadowing material that extends into the pylorus, however, the pyloroduodenal junction appears patent and there



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is no discrete evidence of pyloric outflow obstruction identified. The gastric all is normal in thickness with maintenance of normal wall layering and the mucosa is minimally irregular. The small intestine is multifocally minimally distended with echogenic ingesta. The small intestinal wall is slightly thickened with a prominent muscularis layer that distorts the normal 1:3 muscularis to mucosal ratio. The submucosa is also prominent, slightly irregular, and hyperechoic. The ileocecocolic junction is patent. The colon contains normal shadowing feces.

Pancreas

The visible 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

There is no overt lymphadenopathy or free fluid.

ULTRASONOGRAPHIC FINDINGS

- The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.

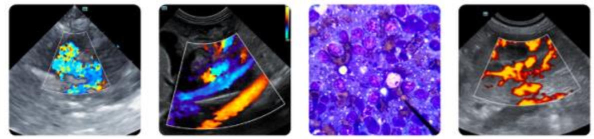
- The kidneys are relatively normal in size and structure, and cortex:medulla ratio (cortex 1/3 of medulla) is essentially maintained. There is age-related loss of the normal smooth capsular contour and C/M junction definition. The cortices are largely uniform in texture with mild hyperechogenicity expected for this patient’s age. There is no evidence of pelvic dilation present.

- The intestinal submucosa is slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. There is mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. This is most consistent with chronic enteropathy. No concerning lymphadenopathy or evidence of mechanical obstruction is present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma.

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.



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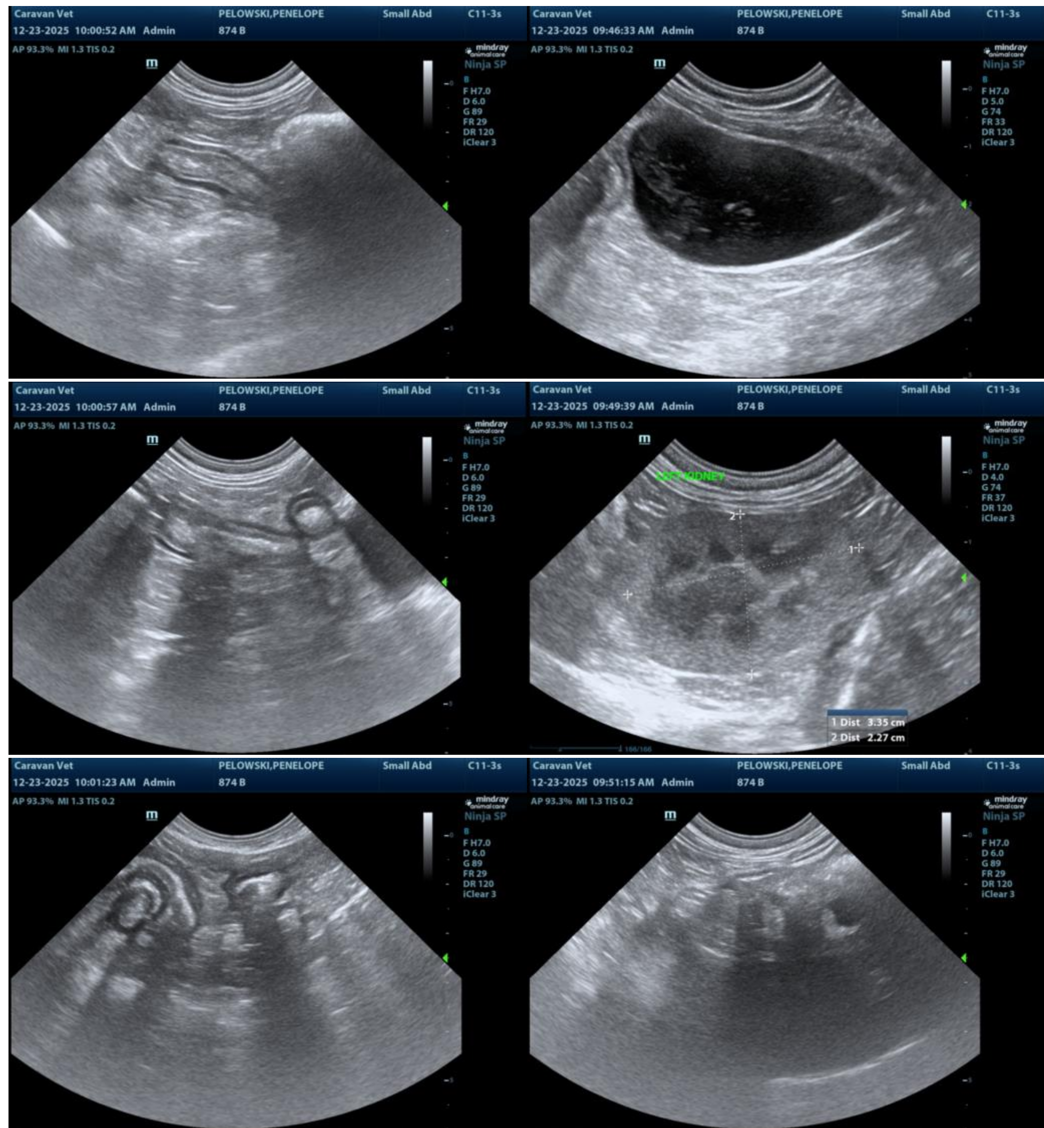

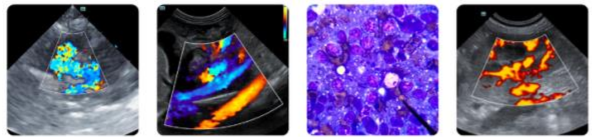

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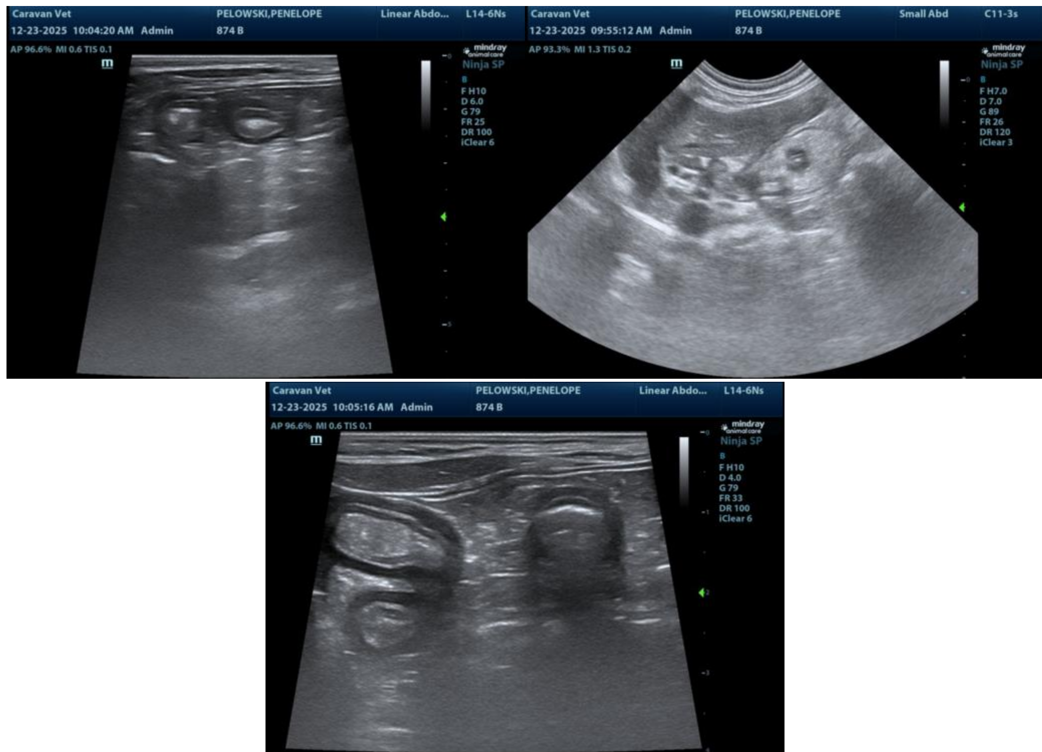

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (Cardiology)

info@SonoPath.com