



**PATIENT**

Kori Murphy

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

3.72 kg

**INTERPRETED BY**

Dr Brittany Sinclair,  
 BVSc(hons), DACVECC

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Steeltown Cat Hospital

**REFERRING VET**

Dr. Hall

**INVOICE**

15877

**DATE**

05/07/26

**PRESENTING CLINICAL SIGNS**

HX since Sunday of inappetence and lethargy. HX of UBD and bladder stones. Has been managed with fluids, Cerenia, and Mirataz. Slight improvement but today's rads show constipation, gas and food in stomach. Concern for possible gastric FB. Current Medications Potassium supplement, Mirataz, Cerenia.

Abnormal PE/Chem/CBC/UA Results: Low potassium, slightly elevated Creatinine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys measure bilaterally on the small side of normal with normal structure and with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The left kidney measured 3.01 cm in length. The right kidney measured 3.25 cm in length.

**Adrenal Glands**

Adrenal glands are visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. The left adrenal gland measured 0.54 cm in thickness. The right adrenal gland measured 0.29 cm in thickness.

**Spleen**

The spleen was normal with age-appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

**Liver**

The liver is subjectively normal in size with normal contours and structure. There is age-appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

**Gastrointestinal**

The stomach contains a moderate amount of hyperechoic non-shadowing amorphous material, most consistent with ingesta. There is also some gas shadowing which partially obstructs visualization. There is no material with complete acoustic dropout. No evidence of foreign material is visible in the gastric lumen. Wall thickness appears normal with normal wall layering.



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There are multiple loops of small intestine with a mild volume of fluid, though no loops appear significantly distended. There's also gas shadowing noted throughout small intestinal tract. There is no appreciable foreign material visualized within the small intestine.

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The ileocecal junction was not visualized. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

**BREED**

*Pancreas*

DLH

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

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*Lymph Nodes*

No clinically significant lymphadenopathy or abnormalities noted.

*Free Abdomen*

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No masses or free fluid were noted.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

3.72 kg

- There is no overt gastric foreign material.
- Fluid throughout small intestinal tract with no significant distention.

**INTERPRETED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

GI changes are consistent with nonobstructive gastroenteritis and in the absence of chronic GI signs, acute gastroenteritis is most likely. While the pancreas appeared sonographically normal, pancreatitis cannot be definitively ruled out. Consideration for dietary indiscretion, food sensitivity/allergy, toxin, infectious (bacterial, viral, parasitic) or mild inflammatory bowel disease is reasonable. Treatment is supportive and involves fluid support, GI support (anti-nausea, appetite stimulant), analgesia and enteral nutrition as needed. Antibiotics are generally not warranted. Serial imaging is indicated if clinical signs are not resolving. Current chem/lytes/CBC, GI panel (TLI/PLI/cobalamin/folate), fecal pathogen PCR, and empiric broad spectrum deworming and treatment with probiotics should be considered as clinically warranted. Ultimately GI biopsy may be required for more definitive diagnosis.

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Empiric treatment for gastroenteritis includes maintenance of hydration with fluid support and GI support as needed (anti-nausea, appetite stimulant, analgesics if indicated).

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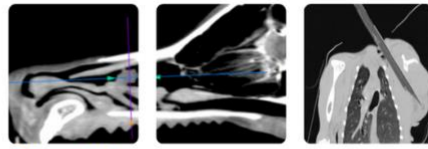
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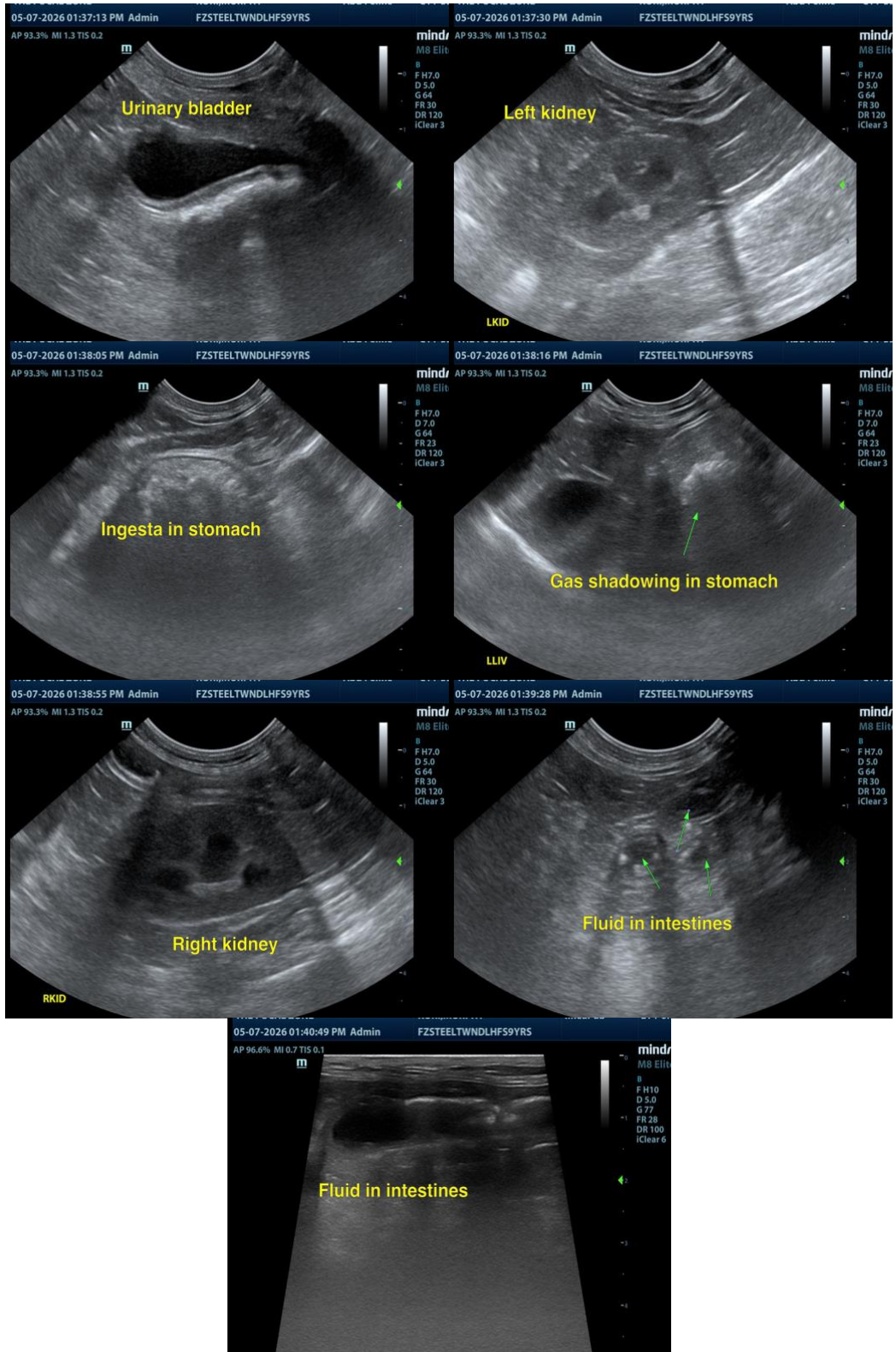
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

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