



PATIENT

Ella Ramai

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4 Years

WEIGHT

12.5 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Jeremiah Gabriel

HOSPITAL NAME

Samuel Gabriel

REFERRING VET

Dr. Jeremiah Gabriel

INVOICE

14338

DATE

03/15/26

PRESENTING CLINICAL SIGNS

- still vomiting every day once she stopped the Cerenia tab
- owner wants to follow up with the initial ultrasound

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen. The urethra was normal. No ureteral papilla was seen.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 3.4 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 3.0 cm in length.

Adrenal Glands

The left and right adrenal gland were not seen with no abnormalities noted.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. The spleen measured 6.8 mm. The previously seen enlarged spleen that was seen on an ultrasound performed 2-15-2026 is not seen on this exam.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach and small bowel both contain moderate amounts of ingesta. No pyloric outflow tract obstruction or mechanical obstruction is seen within the GI tract. Colon contains normal contents with normal wall thickness.

Pancreas

The left limb of the pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen



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The previously seen enlarged mesenteric lymph nodes are not seen on this exam. They may not be present, which appears to be most likely the cause. However, given the large amount of food found diffusely through the GI tract, may also not have seen the lymph nodes due to shadowing caused by the food and gas within the small intestines and stomach.

ULTRASONOGRAPHIC FINDINGS

- GI ingesta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ingesta throughout the stomach and small intestine may be present for two reasons.

First, may be present because the patient has not been fasted for at least 12-15 hours prior to the exam. If the owners are certain the patient has not eaten in the previous 12-15 hours, then consider the patient has significant delayed gastric emptying and small intestinal functional ileus. Because of the amount of ingesta within the small intestines, they could not be accurately measured or evaluated on this exam.

It did appear that the small intestines diffusely had normal layering but could not make evaluations as to the thickness of the muscularis on this exam. Since the patient continues to vomit after stopping anti-emetics, recommendation at this time would be to follow the recommendations discussed in the ultrasound from 2-15-2026. If these diagnostics and recommendations do not resolve the patient's vomiting, then at this time it would make most sense to consider GI biopsies either surgically or endoscopically. Endoscopically would be preferred as it is more minimally invasive.

The previous exam was suspicious for thickened intestine with differentials being inflammatory bowel disease and less likely round cell neoplasia such as lymphoma. If diseases such as histoplasmosis are considered endemic to the patient's geographic region where they live, then recommend histoplasmosis testing prior to considering GI biopsies as well. If histoplasmosis is not endemic to the geographic region, then this testing is not considered necessary.



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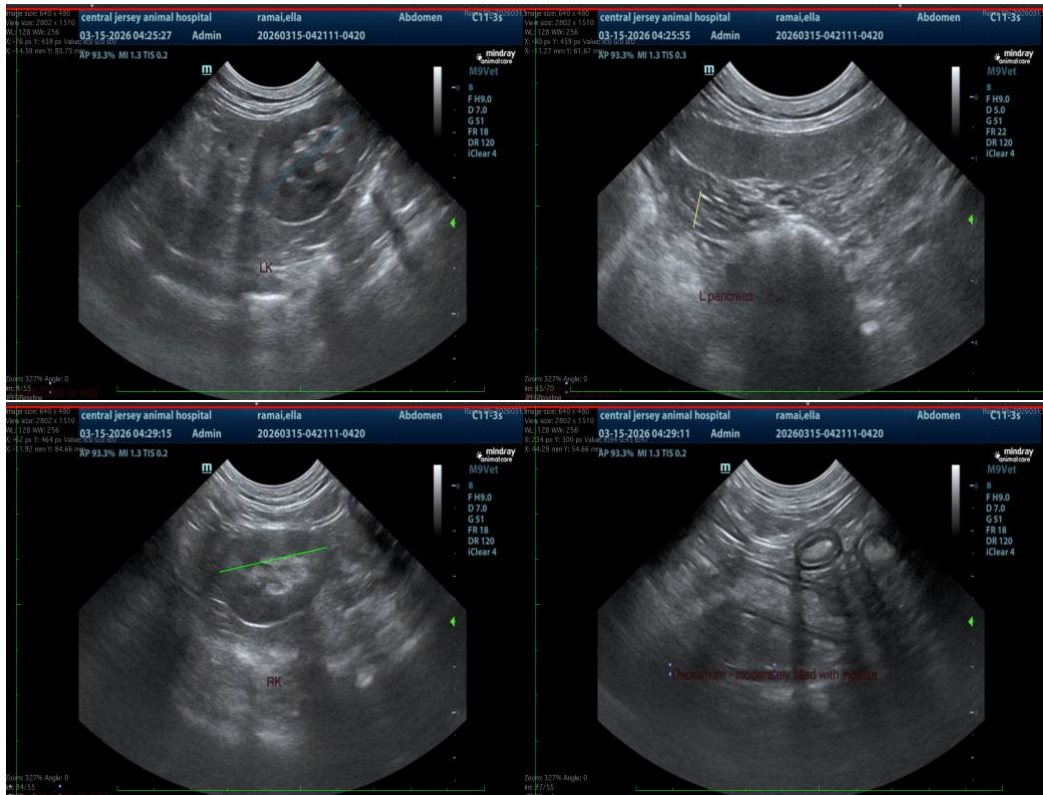
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)
Veterinary Internal Medicine Specialist
info@SonoPath.com