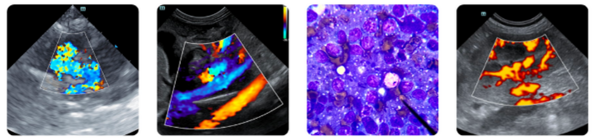


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Elfy Zhang

SPECIES

Feline

BREED

Devon Rex

SEX

MN

AGE

1.5 years old

WEIGHT

11.4

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Shen Li

HOSPITAL NAME

Dr. Shen Li Veterinary Service

REFERRING VET

Dr. Shen Li

INVOICE

11425

DATE

3/5/2026

PRESENTING CLINICAL SIGNS

- Acute vomit yesterday
- Dry heave for two days
- Owner changed diet to wet 3 days ago and reduce feeding volume for 3 days.
- Fasted for 8 hours.

Abnormal PE/Chem/CBC/UA Results: Normal oral exam, no painful on abdomen palpation. Sensitive on neck palpation. Seems nausea.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine that contains a moderate amount of suspended echogenic debris. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen. Ureteral papillae is not visualized.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 4.4 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 4.3 cm in length.

Adrenal Glands

The left adrenal gland was not clearly visualized.

The right adrenal gland was not clearly visualized.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

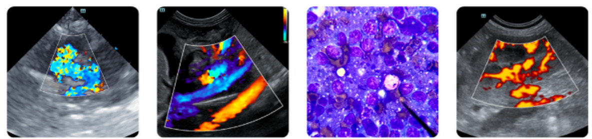
Liver

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 is empty, other than a small amount of gas and mild amount of retained fluid. No pyloric outflow tract obstruction is visualized. The gastric wall appears normal in thickness and layering, measuring 2.0 mm in width. The small intestines also has normal wall layering and thickness, measuring approximately 2.2 mm in width. There are several segments of small bowel that contain a mild amount



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of retained fluid. No evidence of a mechanical obstruction is visualized. A GI foreign body is not suspected based on today's exam. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Moderate amount of suspended echogenic debris in the urinary bladder.
- Functional gastroenteritis. – Mild retained fluid within the stomach and segments of small intestine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend a urinalysis (if not already performed) and recommend urine culture if clinically indicated from results of the urinalysis.

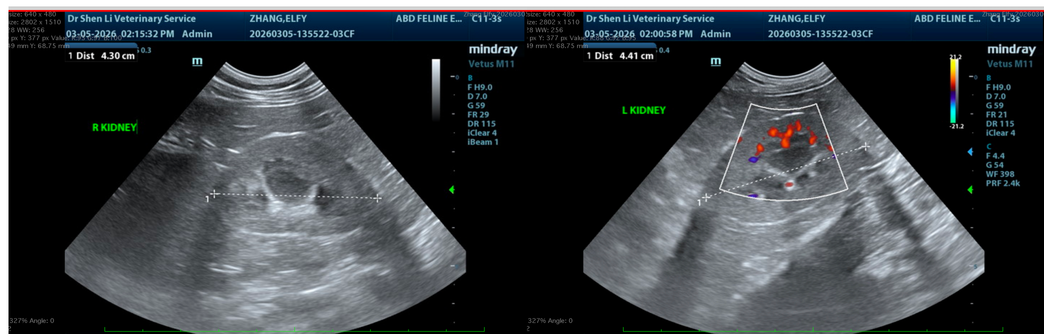
Recommend continued supportive care treatment for gastroenteritis. Recommend antinausea meds such as cerenia, and prokinetic medications (either erythromycin at a prokinetic dose of 0.5 to 1.0 mg/kg, given by mouth every 8 hours or possibly metoclopramide) would be recommended.

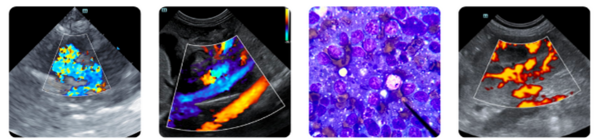
Consider screening for parasites via a fecal PCR. Additionally, a GI Panel to Texas A&M to screen for possibility of chronic gastrointestinal disease, and occult pancreatic disease is also recommended (Pancreatitis not seen on this exam).

If no obvious cause if found for the patient's vomiting, and it persists despite aggressive supportive care, then I recommend GI biopsies either surgically or endoscopically for histopathology to determine the etiology for vomiting, and to formulate optimal treatment plan.

Prior to pursuing GI biopsies, it would be recommended to further evaluate the patient for the reported neck pain via additional imaging (radiographs), or referral to a veterinary Neurologist for MRI, and CSF tap. If neck pain is ruled out as a cause of patient's vomiting (as neurologic diseases is one of the potential causes for vomiting), then proceeding with GI biopsies would be recommended.

Prognosis at this time appears fair to good.





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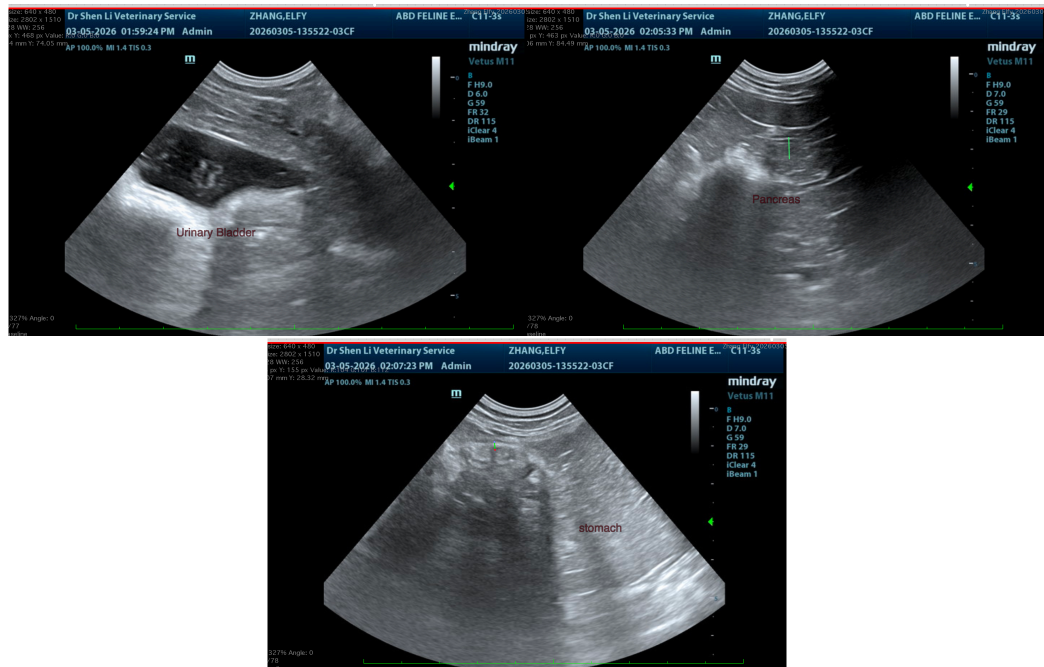

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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