



PATIENT

Willow Baker

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4 Years 11 Months

WEIGHT

6 kg

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Nicole DeFalco

HOSPITAL NAME

PetMedic Urgent Care-
Westborough

REFERRING VET

Dr. Katie Sakakeeny

INVOICE

16250

DATE

06/02/26

PRESENTING CLINICAL SIGNS

Vomited ribbon this morning with 1 additional episode of vomiting, poss plication in right middle abdomen

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 left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 4.0 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 3.7 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.1 mm width.

The right adrenal gland was not seen.

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

Colon contains normal contents with normal wall thickness. Diffusely, the gastric wall has loss of wall layering and is mildly thickened at 3.6 mm in width. The gastric lumen contains a small amount of hypoechoic fluid. No obstructive lesion is seen within the gastric lumen. The visible small bowel on this exam appears normal. No evidence of mechanical obstruction is seen on this exam. No evidence of intestinal plication is seen on this exam.

Pancreas

The visible pancreas is mildly hypoechoic with mild surrounding hyperechoic fat.

Free Abdomen



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

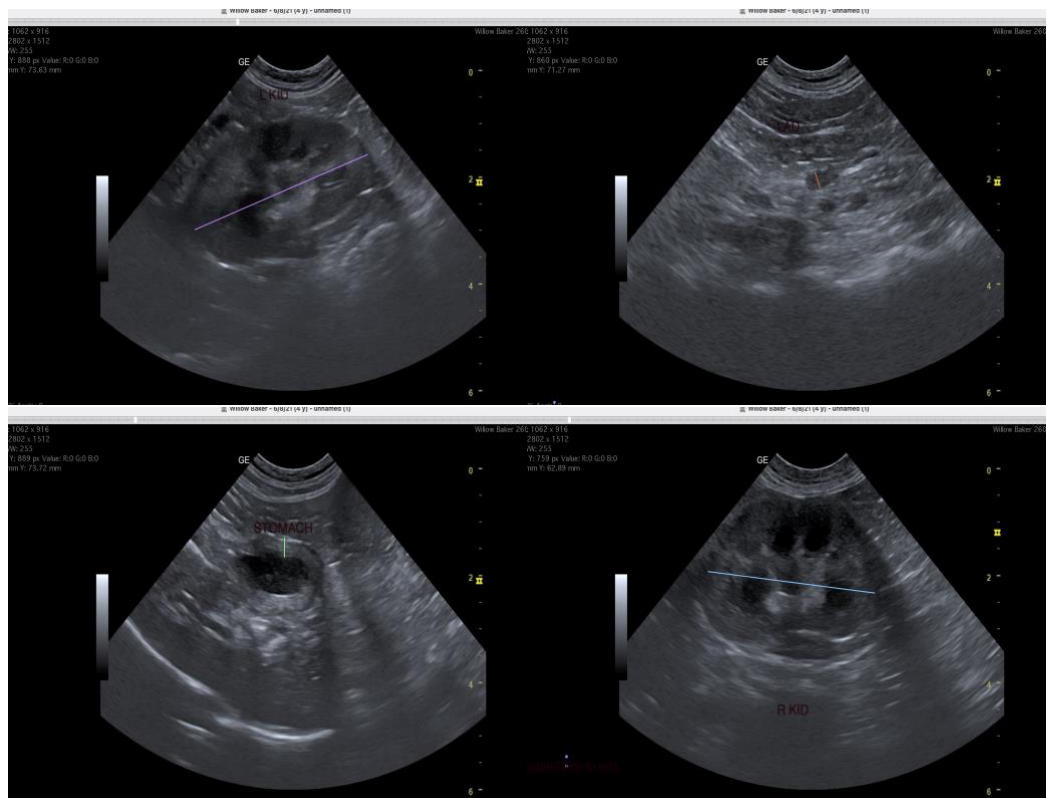
ULTRASONOGRAPHIC FINDINGS

- Possible diffuse gastritis.
- Hypoechoic pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the gastric wall is consistent with diffuse gastritis. Recommend treating supportively with antiemetics/prokinetics. If patient does not improve, then consider gastric biopsies either surgically or endoscopically to rule out inflammatory disease such as inflammatory bowel disease or neoplastic disease such as lymphoma or mast cell disease.

The patient may have clinically significant pancreatitis which could potentially be the cause of the patient's suspected gastritis. If not already performed, recommend submitting an fPLI to evaluate the patient further for clinically significant pancreatic inflammation.





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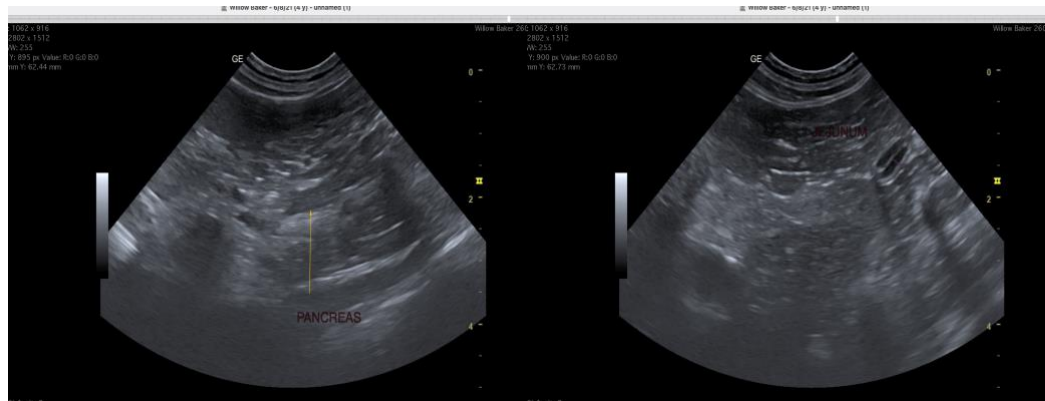
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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