



## PATIENT

Naevia Morrow

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

17 Years

## WEIGHT

3.4 kg

## INTERPRETED BY

Karen Ebersole, DVM,  
DABVP (Canine and  
Feline)

## IMAGING PERFORMED BY

Lindsay Powell, CVT

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Brittany Lang

## INVOICE

71820

## DATE

11/15/25

## PRESENTING CLINICAL SIGNS

Naevia presented on 11/4 evening for not eating and vomiting. She has a history of chronic intermittent vomiting that has gotten progressively worse in the past few days. She also has a history of chronic diarrhea. Her medical history is significant for hyperthyroidism for which she underwent radiation. She has a dental scheduled next week as her rDVM suspects her appetite issues have been secondary to severe dental disease.

Abnormal PE/Chem/CBC/UA Results: Oral Cavity: severe dental disease Cardiovascular: 1-2/6 parasternal murmur, pulses strong/synchronous Abdominal: Soft and compliant, intestines palpate thickened, gassy Bloodwork CBC: MCV 59.3, MONO 0.90 CHEM15/LYTES: K 3.0, Chol 56 Pancreatic lipase: WNL GI Panel sent to the lab Radiographs Thorax: unremarkable cardiac silhouette, Mild bronchial pulmonary pattern is present, which is within normal limits of age-related changes for the patient Abdomen: serosal detail is adequate, the stomach appears empty, the SI is diffusely thickened and is single population, the colon is markedly gas dilated, the liver, spleen, kidneys are WNL. The urinary bladder is markedly distended

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The bladder was mildly overdistended and rounded in shape. The bladder wall was normal in thickness. The urine was anechoic with minimal visible sediment. The trigone and visible urethra were normal in appearance.

The iliac trifurcation was normal in structure and volume. Normal appearing medial iliac lymph nodes. No evidence of thrombus formation on doppler exam.

Both kidneys were normal in size with a mildly irregular capsule contour. There was a moderate increase in cortical echogenicity. The corticomedullary junction was mildly indistinct. There were variably sized, non-obstructive medullary mineralization present without pelvic dilation. The left kidney measured 3.3 cm in length. The right kidney measured 3.5 cm in length.

### Adrenal Glands

Both adrenal glands were normal in size and shape. The parenchyma was homogeneous. Left measures 0.33 cm. Right measures 0.36 cm.

### Spleen

The spleen was subnormal in size, likely due to volume contraction. The parenchyma was normal in appearance with no evidence of nodules or masses.

### Liver

The liver was subjectively normal in size with a mild diffuse heterogeneous pattern without overt nodules or masses visible.

The gallbladder was mildly increased in size and rounded with a moderate amount of echogenic sludge. The common bile duct appeared mildly dilated, measuring 0.23 cm without evidence of bile duct obstruction. The duodenal papilla was clearly visualized.

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***Gastrointestinal***

The stomach was empty, with normal wall thickness and layering. The small intestine walls were mildly diffusely thickened with variable prominence of the muscularis layer. Wall layering was maintained throughout. The mucosal layer displayed mucosal fogging. The visible colon wall was normal in thickness and layering.

***Pancreas***

The pancreas was mildly to moderately enlarged in size. The capsule contour was mildly asymmetric and irregular. The parenchyma was hypoechoic to heterogeneous with mildly bright mesentery around it. There was no overt evidence of neoplasia.

***Free Abdomen***

Focally enlarged mesenteric lymph nodes were present. The lymph nodes were homogenous, mildly hypoechoic with a smooth capsule contour. A normal width: length ratio was maintained (<0.5). There was mild adjacent mesenteric inflammation.

**ULTRASONOGRAPHIC FINDINGS**

- IBD pattern in small intestines – potential for low-grade lymphoma.
- Low-grade pancreatitis, suspect chronic.
- Gallbladder sludge, moderate, no evidence of EHBDO.
- Mesenteric lymphadenopathy, mild.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the changes in the abdomen and the degree of hyporexia, I would recommend pursuing the intraabdominal changes before proceeding with the dental.

This clinical and sonographic presentation is most consistent with Triaditis. However, low-grade GI lymphoma can present similarly.

Full thickness biopsies or multiple endoscopic biopsies (if jejunum can be accessed with the scope) would be required for diagnosis.

Given the patient's age and significant weight loss I am concerned for possible LGAL. However, there is a lot of overlap between IBD and LGAL, with no proven clinical or sonographic distinguishing features. Chronic inflammation promotes oncogenesis, and it is now thought that IBD and LGAL are two ends of a continuum of disease, rather than two separate entities. This cat may have been a chronic IBD cat that is now potentially transitioning over to lymphoma.

If biopsies are not pursued, treatment for severe IBD is reasonable and monitor clinical response. Treatment may include any or all of the following:

- Hydration support.
- GI support as needed (Cerenia, Miratzipine, etc)
- Prednisolone 1-2 mg/kg per day or Budesonide 0.5 - 0.75 mg/cat PO SID (not per mg/kg)
- Hydrolyzed diet trial
- Cobalamin supplementation (0.25 mg/250mcg SQ q 7 days x 4 weeks)
- High potency probiotics (Visbiome or Fortiflora SA).



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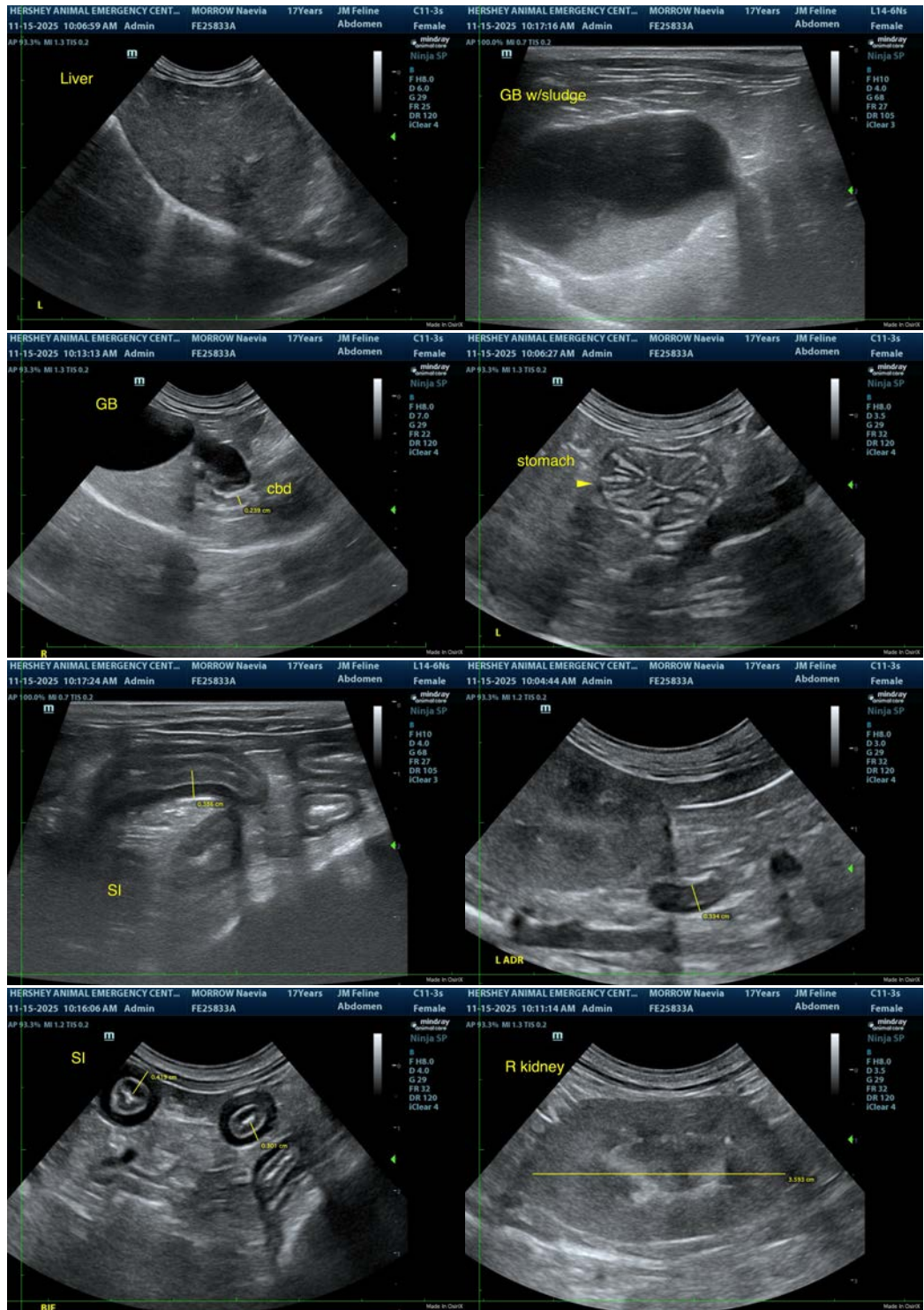
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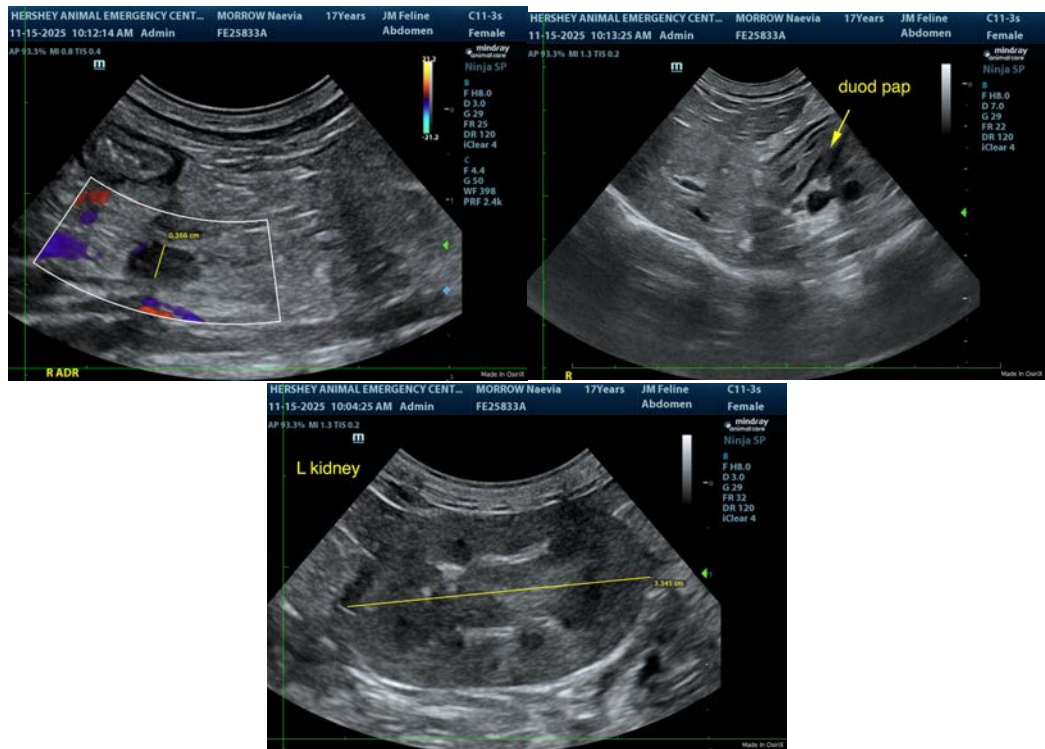
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)  
info@SonoPath.com