

PATIENT

Juniper Cat Coalition

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

1 year

WEIGHT

8.4 lbs

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

Anshu Gupta

HOSPITAL NAME

Liverpool Village AH

REFERRING VET

Schrank

INVOICE

73891

DATE

3/30/26

PRESENTING CLINICAL SIGNS

- Presented 1 month ago for vomiting blood. Hematemesis resolved with symptomatic therapy and diet change (HA)
- WBCs have remained elevated
- Still vomiting undigested food intermittently, losing weight
- Weight loss on PE 2/20/26 - hypoalbuminemia - resolved 3/13/26- leukocytosis characterized by mild monocytosis and moderate eosinophilia, normal Chem

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney was 3.23 cm and the right kidney was 3.39 cm in length.

Adrenal Glands

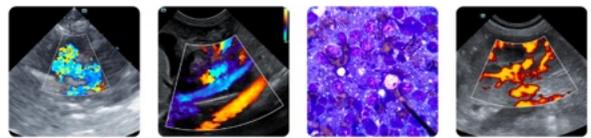
The regions of the **adrenal glands** were evaluated and were free of any pathology, but were not specifically identified in the images provided.

Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis. The splenic lymph node was enlarged and hypoechoic in appearance measuring 0.84 x 0.53 cm in size.

Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.



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Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. Evaluation of the small intestinal tract revealed mild increased thickness of the muscularis layer with the average width of the jejunum measuring 0.32 cm. There were no discrete masses or regions with loss of normal wall layering and no foreign bodies present. There was mild to moderate mesenteric lymphadenomegaly present with the largest mesenteric lymph node measuring 2.54 x 0.8 cm in size. There was no free abdominal effusion noted.

Pancreas

The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour were acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

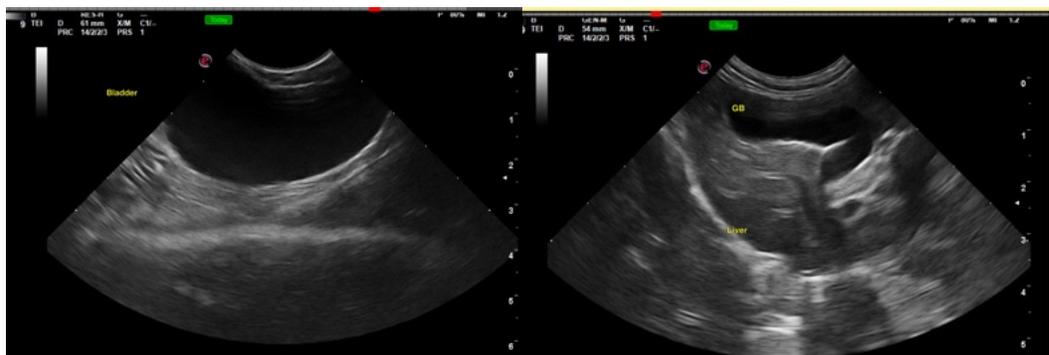
ULTRASONOGRAPHIC FINDINGS

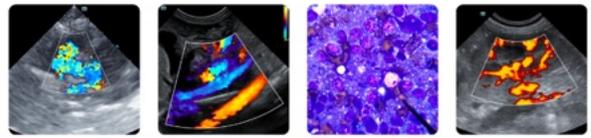
Mesenteric lymphadenomegaly.

Mild increased thickness of the muscularis layer of the small intestinal tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes present in this patient were mild, but may still be associated with the presenting complaints of vomiting, weight loss and chronically elevated WBC. The primary differentials would include inflammatory bowel disease, GI lymphoma or dry FIP. It is important to ensure that this patient has a negative FeLV and FIV status. A definitive diagnosis would require surgical exploratory allowing full thickness intestinal biopsies and biopsies of the mesenteric lymph nodes. A FNA of the mesenteric lymph nodes for cytology and possible PARR testing can be considered prior to electing a more aggressive option such as a surgical exploratory procedure. Empirical treatment could include continuing feeding the hypoallergenic diet and giving daily probiotics. Vitamin B12 supplementation may also be of benefit. If the rescue is unable to pursue definitive biopsies then a trial treatment with Prednisolone can be considered with close monitoring of this patient for response to therapy. Since there is a moderate elevation of the eosinophil count on blood work it is important to ensure that this patient has been thoroughly dewormed.





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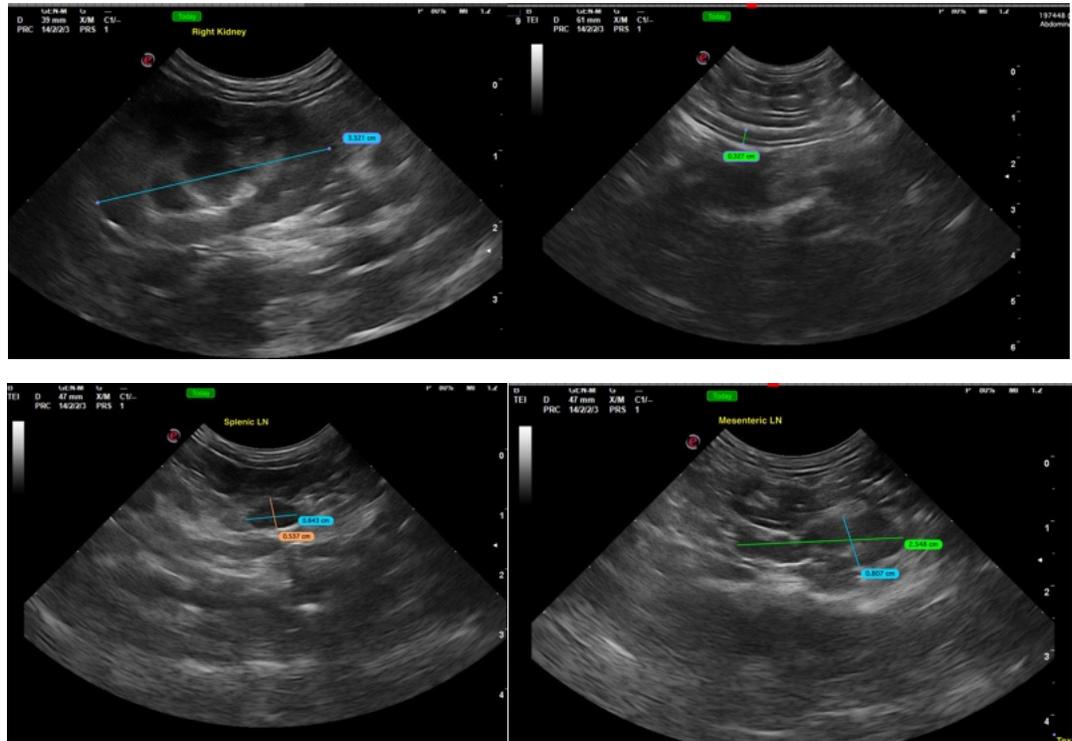
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com