



## PATIENT

Sam AKA Booboo Saba

## SPECIES

Feline

## BREED

Domestic Medium Hair

## SEX

Neutered male

## AGE

12 years

## WEIGHT

4.3 kg

## INTERPRETED BY

Kim Radway, DVM,  
DABVP (Canine/  
Feline)

## IMAGING PERFORMED BY

Ryan Bergner LVT

## HOSPITAL NAME

Waterville VC

## REFERRING VET

Dr. Duh

## INVOICE

78376

## DATE

3/30/26

## PRESENTING CLINICAL SIGNS

- Presented to Waterville for vomiting on 3/19/26. He vomits a large amount at least 1x a week, and has lost 1 lb.
- P still seems to have an appetite and energy level is normal.
- O gives him cerenia after he vomits, which helps him for a couple days.
- r/o chronic enteropathy vs chronic gastroenteritis vs chronic panc vs triaditis vs other
- p is currently on I/D food, B12, and probiotics (started these about 2 weeks ago). owner has not appreciated a difference since starting these therapies and mentioned that, if anything, he seems to vomit more
- CBC/Chem normal

## 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 3.9 cm and the right kidney was 3.82 cm in length.

### Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The left adrenal gland was 0.64 cm by 0.4 cm and the right adrenal gland was 0.77 cm by 0.35 cm in size.

### 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.

### 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. There was no evidence of increased thickness of the muscularis layer and the average bowel wall width was 0.23 cm. No abnormal lymphatic activity was noted and the abdomen was free of gastrointestinal masses and pathological fluid. A mesenteric lymph node was measured to be normal in size at 2.2 x 0.6 cm in size.

## Pancreas

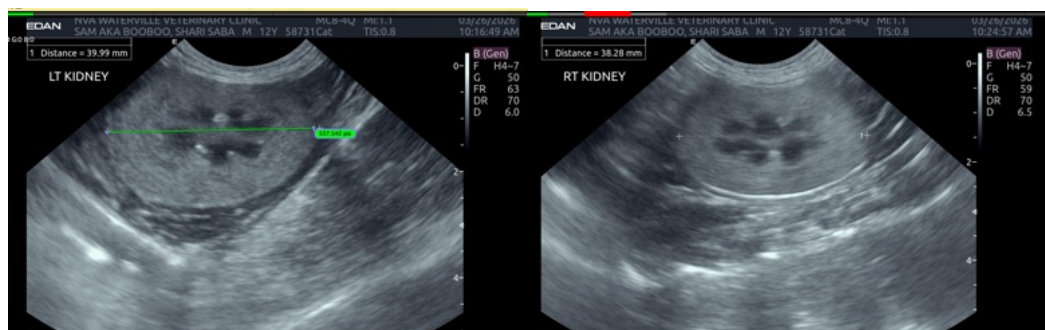
The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour were acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

Normal abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient had a normal abdomen with no evidence of a foreign body pattern, discrete masses or increased thickness of the intestinal wall. There was also no evidence of acute pancreatitis in the images provided. Since there has only been a temporary improvement clinically with this patient being fed an I/D diet, it is recommended to consider changing to a hypoallergenic, diet for a minimum of 2-4 weeks. Continuing Vitamin B12 supplementation, probiotics and Cerenia would be strongly recommended. If this patient continues to be symptomatic despite a hypoallergenic diet trial and supportive therapies, then obtaining intestinal biopsies for histopathology to further rule out the presence of the underlying differentials such as inflammatory bowel disease and less likely intestinal lymphoma would be recommended. Biopsies can be obtained either full thickness through surgical approach or mucosal biopsies with endoscopy.





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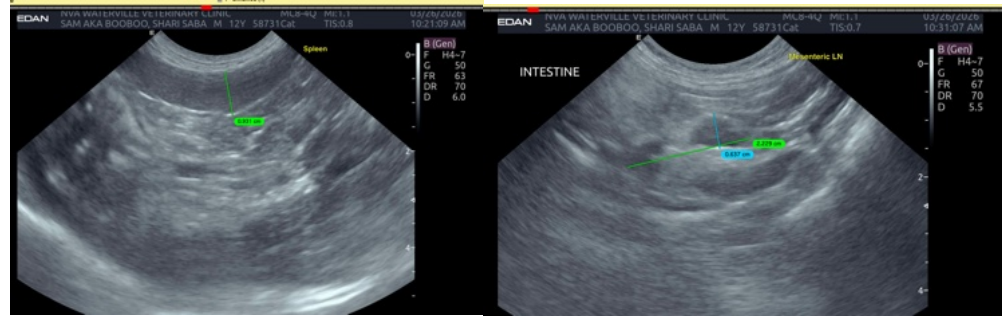
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)