

PATIENT

Belle Kubovick

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3 Years

WEIGHT

4.25 kg

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

Renee Trionfetti VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Heatherlynn
McFarlane DVM,
DACVIM (Internal
Med)

INVOICE

15349

DATE

04/22/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate chronic, intermittent vomiting (occurring every 4-8 weeks), persistent hypokalemia. Began vomiting around 1 years old. Initially was vomiting daily and always occurring 10-15 minutes after eating. Transitioned to Hill's Z/D which helped improved the vomiting as it now occurs every 4-8 weeks with no known trigger. During episodes of vomiting, appetite is decreased. No diarrhea. No significant or sustained weight loss. Signs improve with or without supportive care (unable to medication at home, will receive one injection of DexSP (prev inj was 2 weeks ago), Vitamin B12, and Cerenia).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses. The urine was found to have an anechoic background but contained a small amount of hypoechoic gravity dependent debris. 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 measured 3.16 cm in length. The right kidney measured 3.61 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 measured 1.11 cm 0.30 cm x 0.25 cm. The right adrenal gland measured 1.52 cm x 0.31 cm x 0.35 cm.

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.

Gastrointestinal

The **gastrointestinal tract** revealed a stomach 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 a jejunum with normal wall layering and overall normal wall width with an average measurement of 0.24 cm. The muscularis layer throughout the jejunum



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was approaching a 1:1 ratio with the mucosa but did not show overall increased widening. There were no regions with loss of normal wall layering and no discrete masses throughout the jejunum. Evaluation of the ileocecolic junction showed a normal ileal wall. However, the tip of the cecum did have focal thickening with a hypoechoic appearance. The wall width in this region was 0.26 cm. There was no evidence of localized hypoechoic omentum or effusion present. The ileocecolic junction lymph node was mildly enlarged and hypoechoic measuring 0.93 by 0.37 cm. The colon remained normal in width measuring 0.12 cm. There was no evidence of free abdominal effusion.

Pancreas

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

Free Abdomen

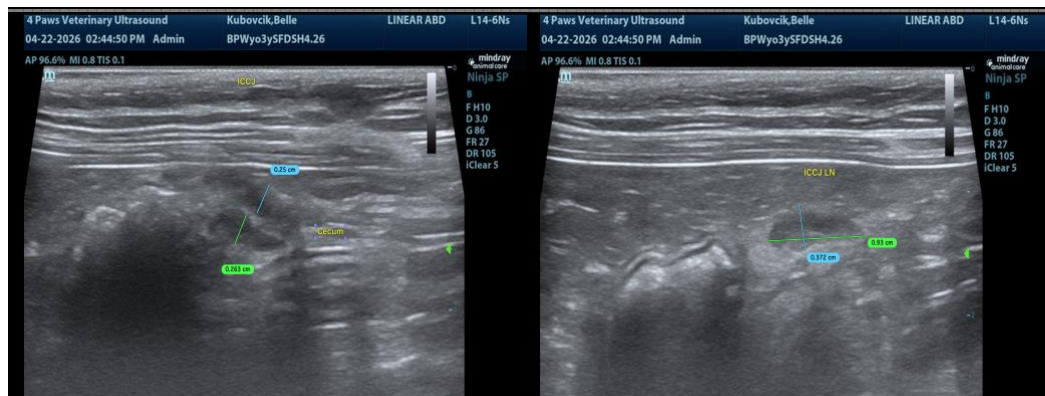
The mesenteric lymph nodes remained normal in size, echogenicity, and contour.

ULTRASONOGRAPHIC FINDINGS

- Thickened hypoechoic focal region in the cecal wall.
- Jejunum muscularis emerging increased thickness.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient was found to have a very mild increased thickness of the muscularis layer throughout the jejunum with an overall normal width, but the ratio of the muscularis to mucosa approaching a 1:1 ratio. The caudal tip of the cecum showed a focal hypoechoic increased thickness without appearing to be a discrete mass. It is felt that this patient should undergo biopsies in order to better characterize the underlying pathology. Colonoscopy would be able to reach the increased thickened region of the cecal wall. If a surgical approach is elected, then full thickness intestinal biopsies of the jejunum would also be able to be obtained. It is recommended to continue with a hypogenic diet, daily probiotics, and generalized symptomatic support. The adrenal glands were normal in size, shape, and character and unlikely to represent underlying hyperaldosteronism.





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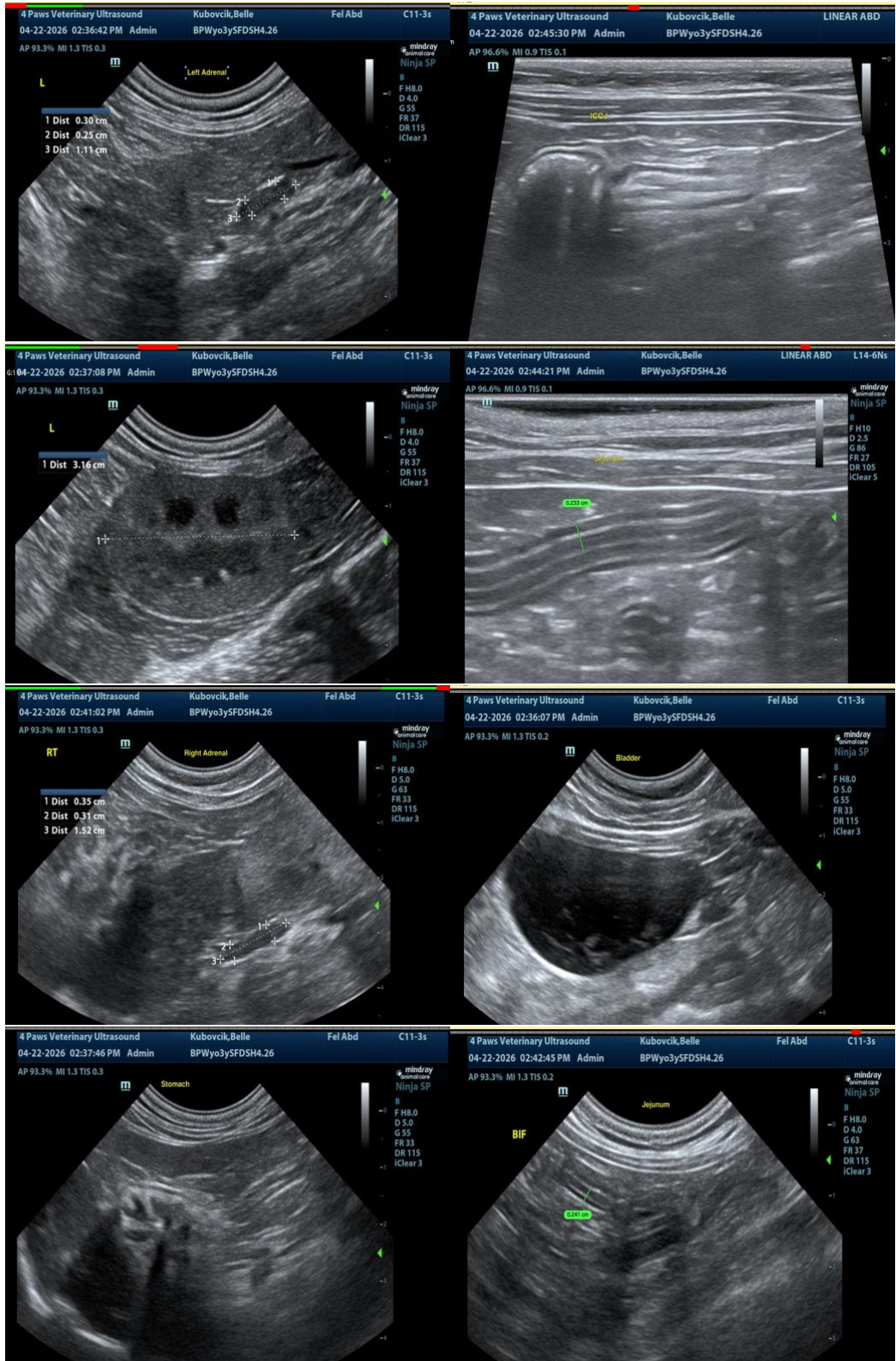
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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