



PATIENT

Tom Zhang

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

12.6

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

Dr. Shen Li

HOSPITAL NAME

Dr. Shen Li Veterinary
Service

REFERRING VET

Dr. Shen Li

INVOICE

75441

DATE

5/26/26

PRESENTING CLINICAL SIGNS

Tom is a 9-year-old neutered male gray domestic shorthair presented for evaluation of chronic intermittent vomiting. Owner reports:

- Vomiting approximately once every 1–2 weeks for a prolonged period
- Vomiting frequency appears to have increased over the past 6 months
- Possible mild weight loss noted at home
- Indoor-only cat living with Darien

Tom was fasted prior to today's visit for bloodwork and GI testing.

Abnormal PE/Chem/CBC/UA Results: mild hemoconcentration, renal values, liver values, and electrolytes are within normal limits. The USG is 1.034, T4 is normal, and the GI panel is pending.

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 or dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. Left kidney measured 4.24 cm. Right kidney measured 4.07 cm.

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. Left measured 1.02 cm x 0.31 cm. Right measured 0.94 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.

There was a whisp of anechoic effusion noted cranial to the spleen.

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 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



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lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted, and the abdomen was free of gastrointestinal masses and pathological fluid.

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.

ULTRASONOGRAPHIC FINDINGS

- Whisp of anechoic effusion cranial to the spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient did not have any evidence of dramatic changes within the abdomen to explain the chronic vomiting. There were only a few images provided of the jejunum, but in this image set there was no evidence of a thickened muscularis layer in the bowel wall. The average wall width was 0.26 cm. Differentials for chronic vomiting can still include a chronic enteropathy such as inflammatory bowel disease despite the lack of ultrasound changes. An exploratory surgery allowing full thickness intestinal biopsies would be required for definitive diagnosis.

Prior to obtaining biopsies, starting a hypoallergenic diet with daily probiotics and Vitamin B12 supplementation can be considered.

The addition of Prednisolone as a steroid trial can be considered if there continues to be chronic intermittent vomiting. Prior to initiating steroid therapy, it would be ideal to obtain biopsies for histopathologic diagnosis.

The whisp of effusion noted cranial to the spleen could ben an incidental finding but may indicate an underlying inflammatory process.





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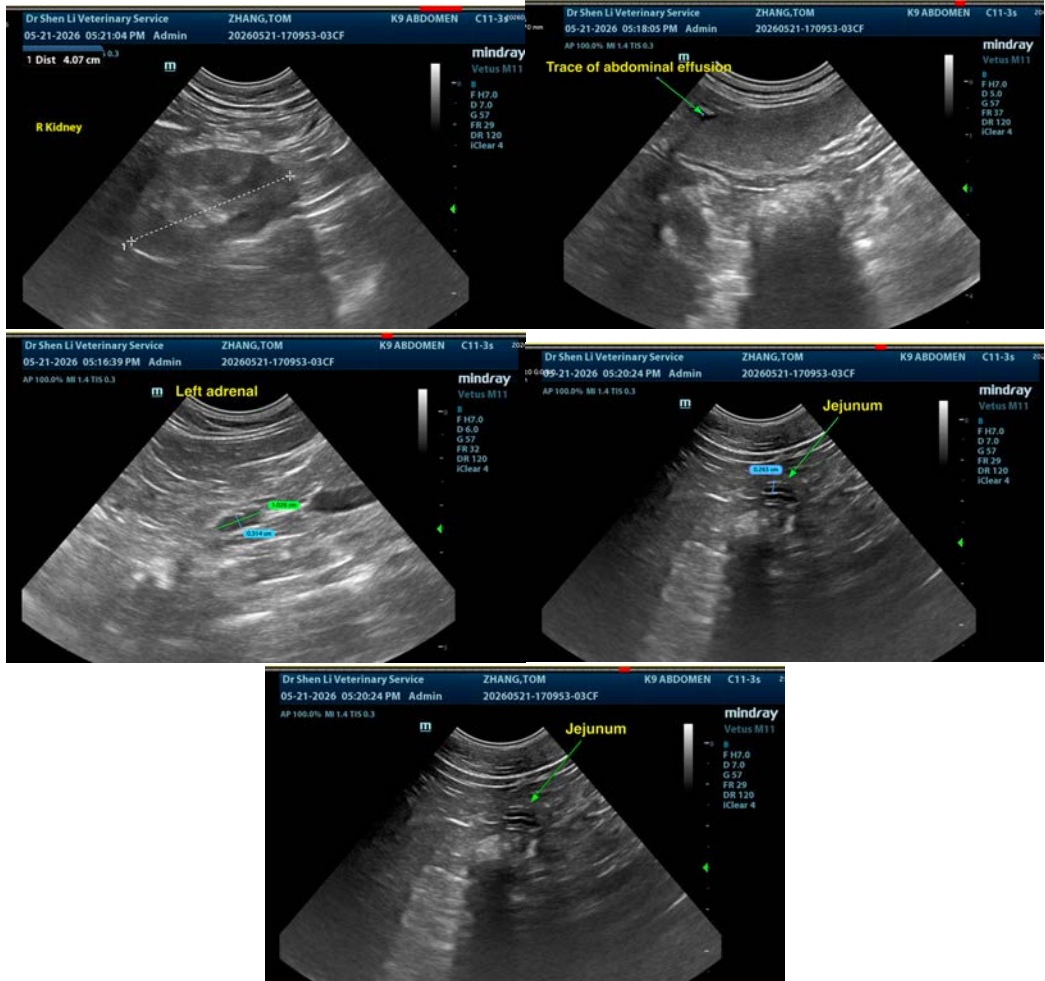
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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