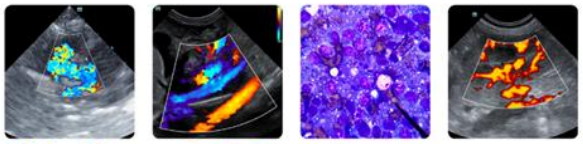


PATIENT

Zoe Ware

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10yr

WEIGHT

3.73kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

East Bradford Veterinary Hospital

REFERRING VET

Meghan McGrath, DVM

INVOICE
23578

DATE
01/16/2026

PRESENTING CLINICAL SIGNS

AUS to further evaluate chronic vomiting and weight loss (~ 1 lbs) with muscle atrophy. Vomiting has increased over the past few months to vomiting daily- furball, bile/food mixture. Still report to be E/D.

Abnormal PE/Chem/CBC/UA Results: Nov 2025: - CBC: Hct 44%, Plgts 82-clumping, est adequate, remainder NSF - Chem: Alb 3.7-n, normal LES, normal renal values, NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.31 width, and the right adrenal gland measured 0.31 width.

Spleen

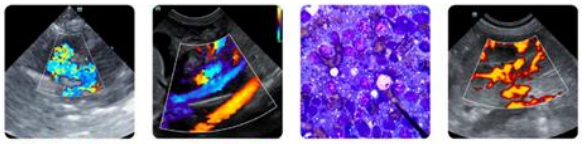
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.



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The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The duodenum wall measured 0.3 cm width. The jejunum wall measured up to 0.39 cm width. The ileocolic wall measured 0.35 cm width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with hypoechoic heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mildly prominent left limb pancreatic duct was present.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal empty stomach
- Intact thickened small intestinal wall - consistent with IBD pattern, potential for emerging to occult intestinal round cell neoplasia such as lymphoma not definitively excluded
- Possible mild chronic left limb pancreatitis
- Mild age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A definitive diagnosis would require intestinal biopsies for histopathology. Gastrointestinal support and consideration for empirical IBD therapy with clinical and as needed sonographic monitoring if progressive gastrointestinal signs or weight loss would be reasonable.

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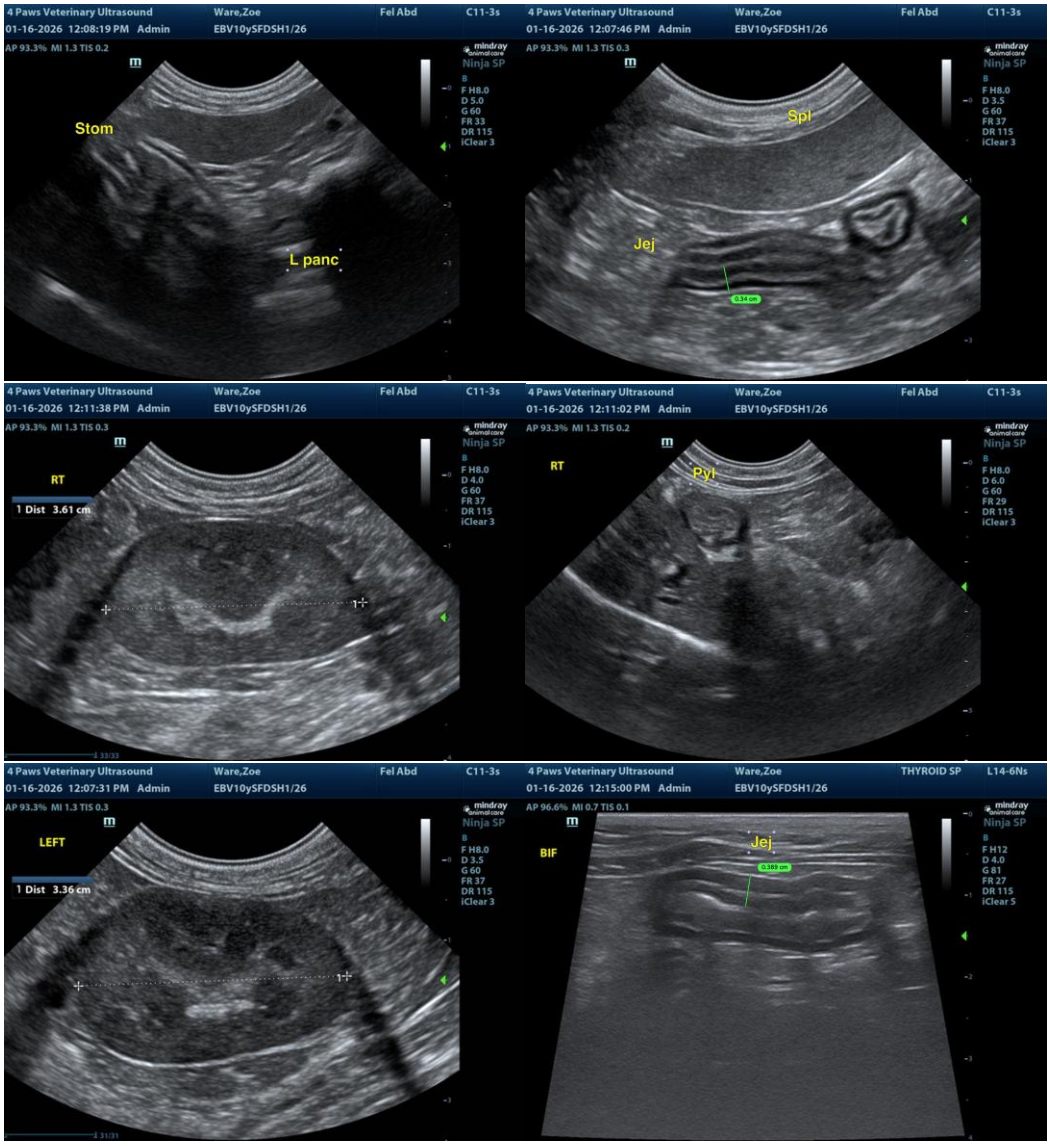

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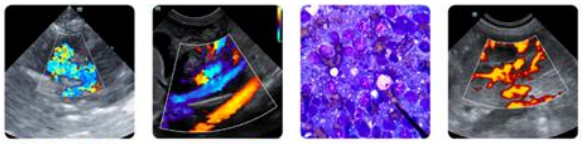

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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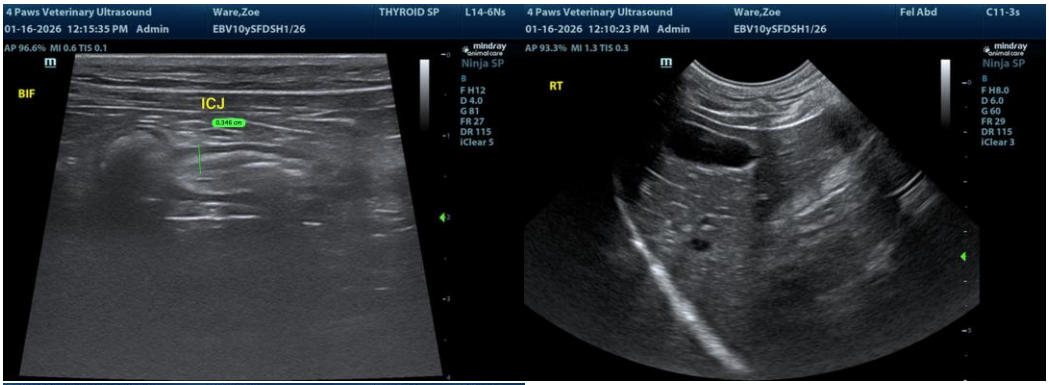

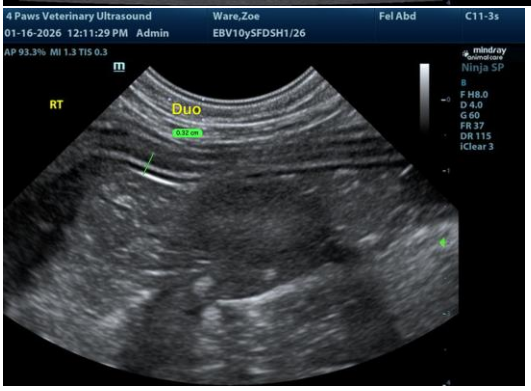

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com