



PATIENT

Kate Reina

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

8.15

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Ackmann

HOSPITAL NAME

Buffalo Veterinary
Clinic

REFERRING VET

Dr. Cocker

INVOICE

13347

DATE

01/23/26

PRESENTING CLINICAL SIGNS

- History of chronic vomiting that has progressively worsened over the past 4-5 months. Currently vomiting multiple times per day. Episode of vomiting pink-tinged bile with some blood earlier this month. Currently fed RC rabbit and Fancy feast but has tried multiple diets that patient will not eat. Currently on Mirtazapine transdermal 1 inch ribbon SID, Pepcid 2.5 mg PO SID, Sucralfate PO BID, Cerenia 4 mg PO SID, and vitamin B12 injections once weekly.

PE: WNL Diagnostics 12/22/25: TT4/SDMA WNL Radiographs (2-view abdomen, 3-view chest): - The chest is clear with no evidence of metastatic disease or megaesophagus. - The abdomen shows a large amount of mineral-opaque material distributed throughout the stomach and colon. This is consistent with ingestion of a non-digestible material, such as gravel or cat litter. Owners found particles in the diet since the rads were done and has since then switched diets. - There are no signs of a foreign body obstruction. Organ size and shape appear within normal limits. - CBC: WNL - Chemistry panel: kidney values normal, liver values normal, electrolytes normal except *potassium mildly low, mildly low phosphorus*

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 3.5 cm in length. The right kidney measured 3.3 cm in length.

Adrenal Glands

No obvious pathology in the areas of the left and right adrenal glands.

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. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

Regional mild to moderate gastric wall thickening exhibiting mural hypoechogenicity and loss of gastric mural detail primarily in the gastric body and subjectively extending into the area of the pylorus without overt obstruction to pyloric outflow. Intact stomach wall present in the fundus and left gastric body. The thickened stomach wall measured 0.86 cm wall width. By comparison, the intact nonthickened stomach wall measured 0.28 cm wall width. Mild retained gastric fluid was present.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.32 cm width. The jejunum wall measured 0.24 cm width.

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

Pancreas

The left pancreas presented normal in size with symmetrical contour and mild nonhomogenous hypochoic parenchyma with mildly prominent left limb pancreatic duct.

Free Abdomen

Mild perigastric hyperechoic omentum and intermittent mildly swollen perigastric omental lymph nodes were visualized with an example measuring 1.1 cm in diameter. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Stomach mass with mild nonobstructive gastric hypomotility.
- Normal small intestine.
- Possible concurrent mild left limb chronic pancreatitis.
- Associated mild perigastric lymphadenopathy.

Secondary Findings

- Mild chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the stomach mass is highly suggestive of neoplastic criteria i.e. lymphoma or other significant gastric inflammation, infectious or granulomatous disease thought less likely. FNA cytology of thickened stomach wall +/- accessible lymph node could be considered for initial clarification. Biopsies are likely required for definitive diagnosis. Non-obvious or micro ulceration associated with gastric mural pathology is suspected.



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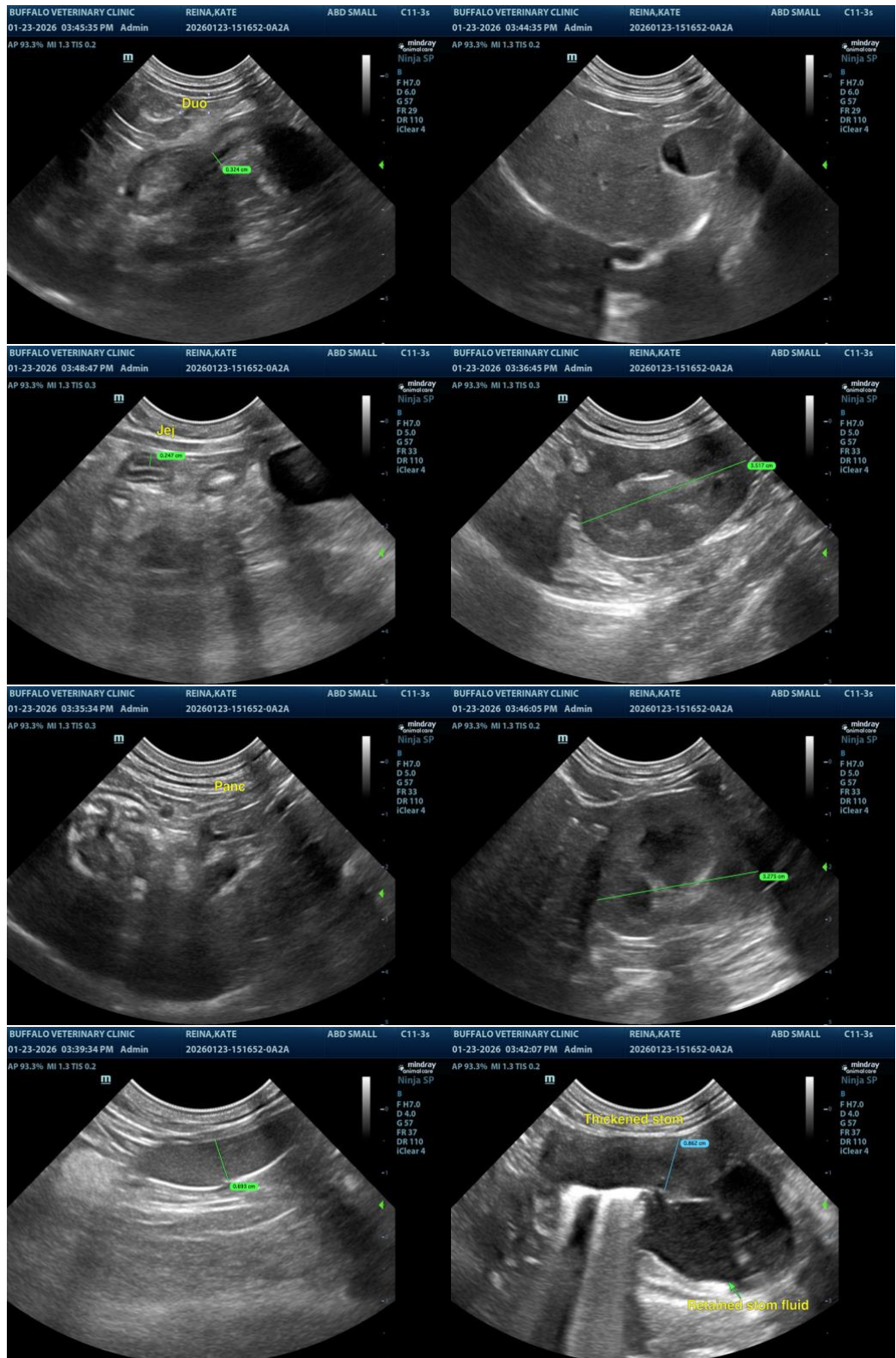
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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