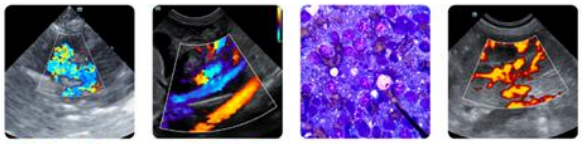


PATIENT

Rose Preston

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

8yr

WEIGHT

6.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary Clinic

REFERRING VET

Boules Maher

INVOICE
23701

DATE
01/29/2026

PRESENTING CLINICAL SIGNS

- Vomiting for 3 days, yesterday vomited bright red vomit. AUS recommended for upper GI investigation: Stomach ulcer, foreign body, pancreatitis, etc.

Abnormal PE/Chem/CBC/UA Results: CBC , chemistry, pancreatic lipase WNL, xrays sludge in gall bladder; otherwise 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.3 cm in length. The right kidney measured 3.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width.

Spleen

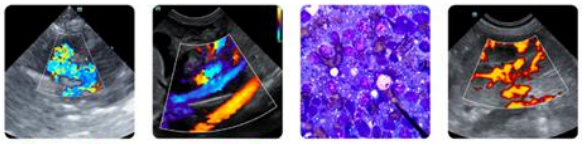
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 dependent lumen mineral. The proximal common bile duct was dilated and mildly tortuous without overt post hepatic obstruction.

Gastrointestinal

The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. The gastric body wall measured 0.33 cm width. The stomach contained a mild amount of anechoic fluid. No evidence of shadowing content or obstruction to pyloric outflow.



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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. Small intestine wall measured 0.27 to 0.28 cm wall width.

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

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild hypomotile gastritis
- Intact thickened small intestinal wall with empty small intestine lumen
- Sonographically normal pancreas
- Gallbladder mineral with non-obstructive proximal common bile duct dilation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstruction or foreign material. The small intestine suggests inflammatory criteria, i.e. non-specific enteritis, IBD or other inflammatory enteropathy. Potential for emerging to low-grade intestinal round cell neoplasia, such as lymphoma, may present in a similar sonographic manner.

The gallbladder mineral and non-obstructive proximal common bile duct dilation are non-specific given no reported hepatic enzyme elevations yet may be seen with cholangitis.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Gastrointestinal support including broad spectrum gastric protectants with clinical and sonographic monitoring is recommended. Intestinal biopsies are likely required for definitive diagnosis.

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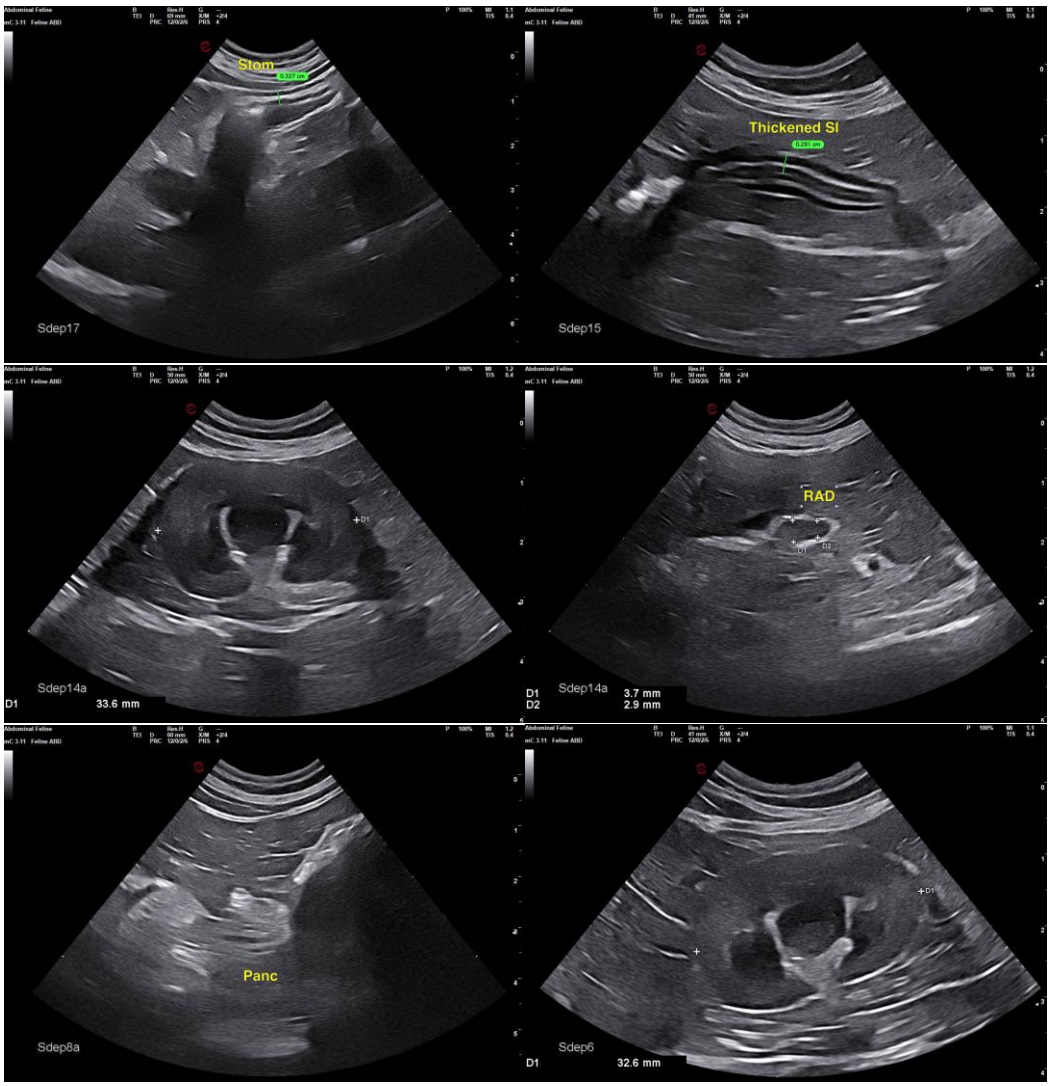

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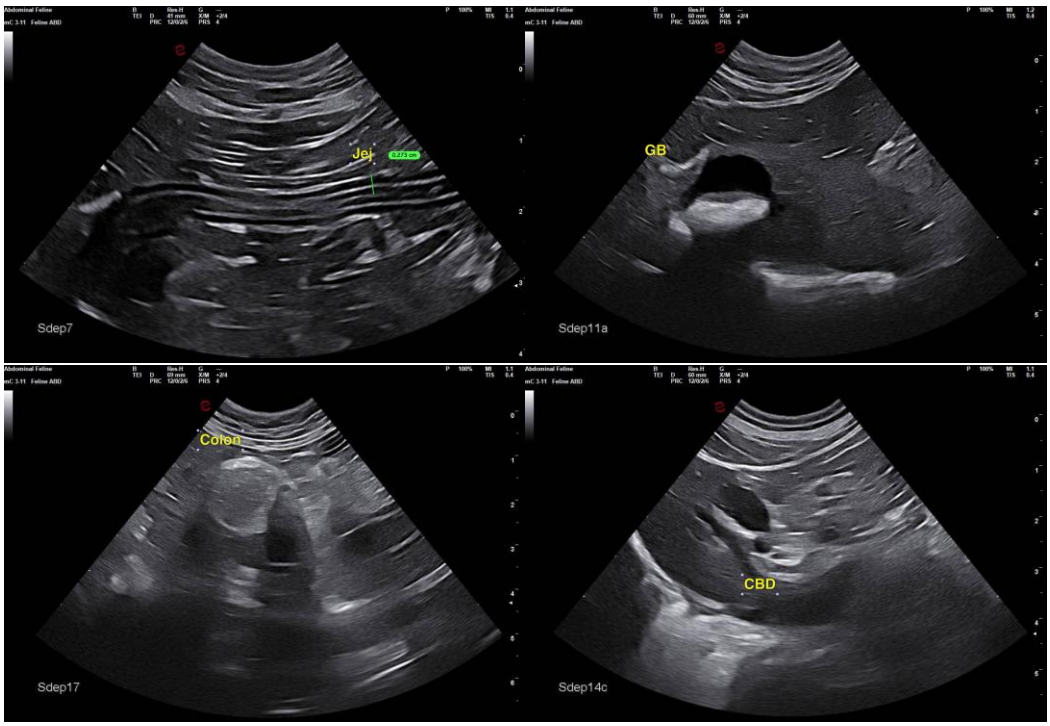

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com