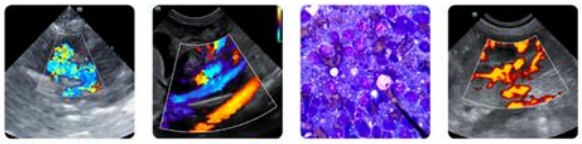


PATIENT
Sparkle Farrell

SPECIES
Feline

BREED
DSH

SEX
MN

AGE
2yr

WEIGHT
14.2lb

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

IMAGING PERFORMED BY
Dr Sookhoo

HOSPITAL NAME
Calusa Veterinary Center

REFERRING VET
Dr Glotzer

INVOICE
23478

DATE
01/07/2026

PRESENTING CLINICAL SIGNS

Sparkle presents with an acute onset of lethargy and vomiting accompanied by hematemesis, having experienced 3–4 vomiting episodes with increasing amounts of bright red blood beginning about 90 minutes before presentation, despite eating and drinking normally beforehand. She is an indoor/outdoor cat with recent outdoor access and no coughing, sneezing, or diarrhea. She is up to date on Revolution and has a history of severe vaccine reaction but no other known preexisting conditions. There is potential exposure to toxic plants (bulbs observed but no lilies or poinsettias and bulbs were elevated) and possible environmental toxins, with no known ingestion of human medications. Sparkle was previously feral and was neutered at approximately 9 months of age.

Abnormal PE/Chem/CBC/UA Results: ALT 753 U/L, AMYL 1537 U/L PCV54% TS 7.0 g/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 4.1 cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

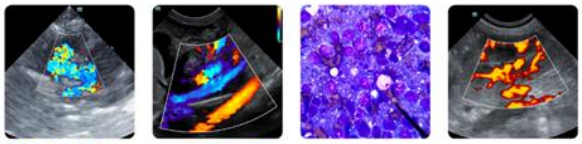
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

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

Possible borderline hepatomegaly. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The



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gallbladder was non-distended in size with primarily anechoic luminal content. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

The stomach presented intact mild to variable thickened pylorus wall with retained mild anechoic pyloric fluid and gas. The pylorus wall measured 0.5 cm in width. No obvious obstruction to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with minor segmental gas and no signs of mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hypomotile gastritis exhibiting retained gastric fluid / gas.
- Sonographically unremarkable empty small intestine.
- Normal area of pancreas.
- Suspect acute hepatopathy
- Sonographically normal gallbladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hypomotile gastritis and acute hepatopathy, potentially secondary to dietary indiscretion or toxic insult in conjunction with ALT elevation is of primary suspicion. No evidence of mechanical gastrointestinal obstruction or foreign material. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology may be considered primarily to assess for inflammatory cell type. Hepatogastrointestinal support is indicated with clinical monitoring.

Sonographic reassessment is recommended if non-responsive or progressive gastrointestinal signs or progressive hepatopathy.

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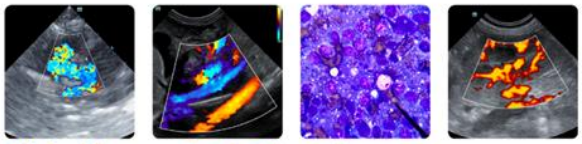

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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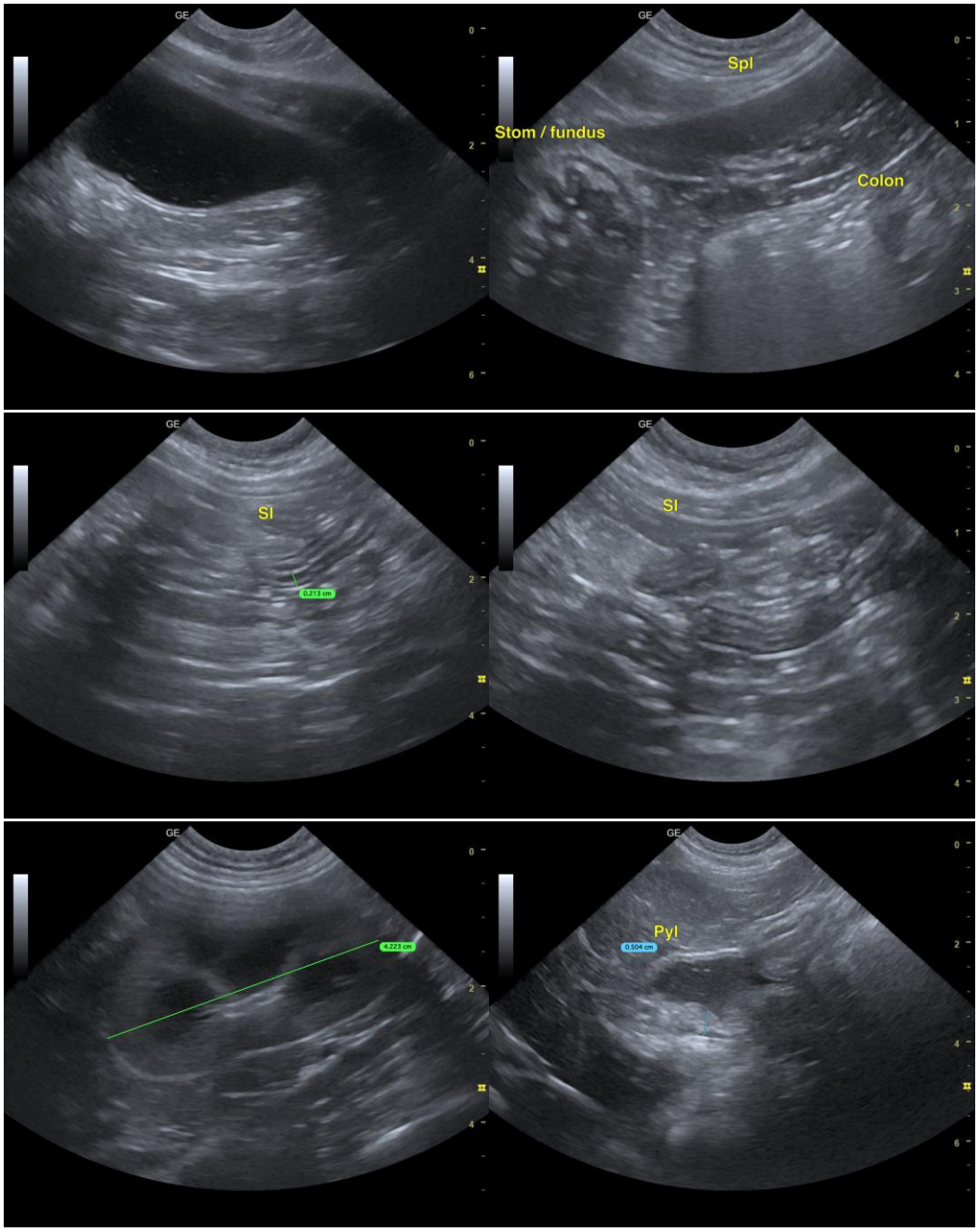

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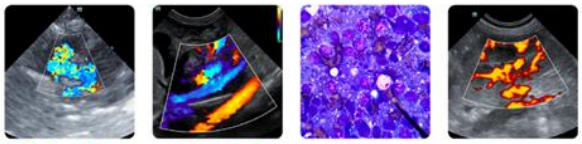

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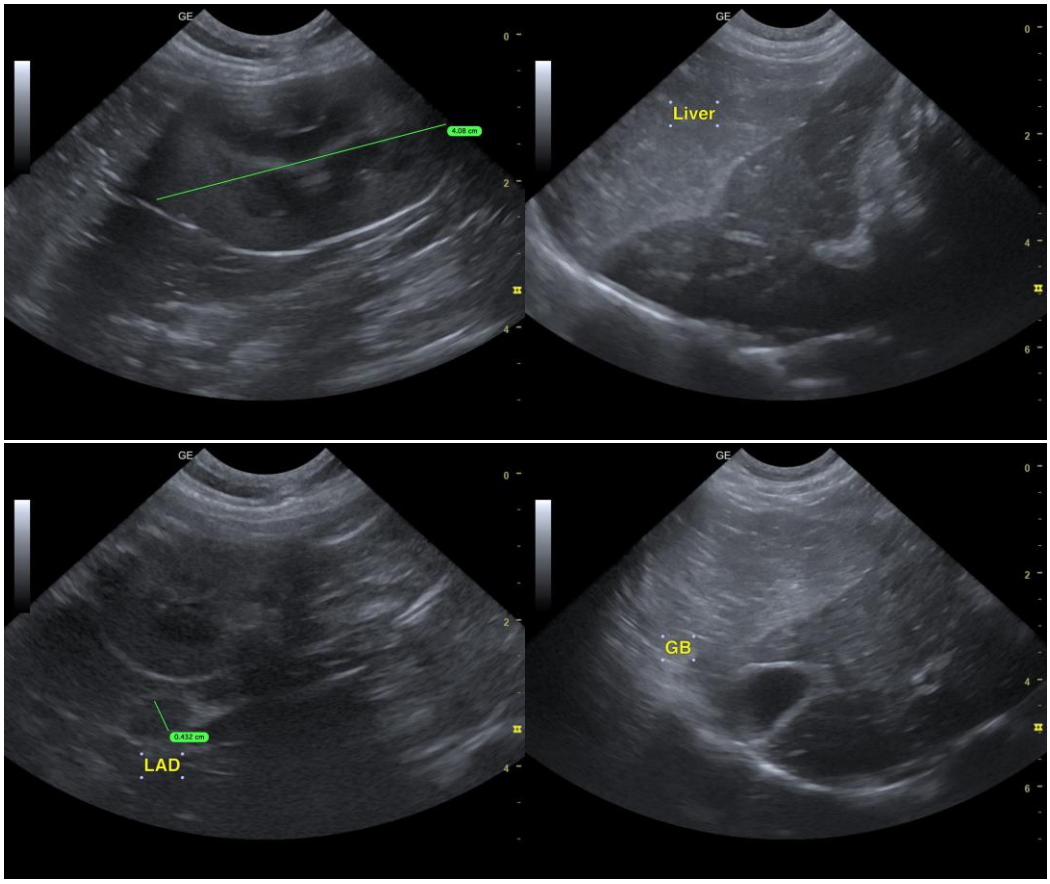

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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