



PATIENT

Lila Haskins

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10yr

WEIGHT

7.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Lydia Coogan

INVOICE

22905

DATE

11/10/2025

PRESENTING CLINICAL SIGNS

Presented Sunday 11/9 at 10:30P for vomiting blood. Pt usually vomits 8-10 times daily (per O always hairballs) for the past year, has been seen at the vet for it, bloodwork was done 6 months ago, all normal per O. Last Friday switched her to Purina senior indoor and got a cerenia shot at the vet which stopped the vomiting for 24hrs but just after the 24hr mark started vomiting again. Today vomited 8-10 times, when fed Pt vomited it right back up with a substantial amount of blood. PE: Oral Cavity: Mucous membranes pink/moist, could not perform full oral exam nor look in sublingual area Abdominal: Tense and reactive, unable to diagnostically palpate Integument: Severe generalized flaking Musculoskeletal: Ambulation not assessed; sternal and restrained for exam

Abnormal PE/Chem/CBC/UA Results: CBC: Eosinophils 0.09 (L) EPOC: Lactate 3.34 (H) Glu 163 (H) Chem15: BUN 15 (L) Pancreatic Lipase: 1.5 (WNL Rad Report- -No segmental distention of small intestines or gastric dilatation observed. Comments: Given the lack of segmental distention or gastric dilatation, infectious or inflammatory disease [gastroenteritis] is considered more likely. That there is a mild volume of occult foreign material acting as an irritant or causing partial obstruction cannot be completely excluded. Given the chronic nature, further assessment with endoscopy or ultrasound to assess for infiltrative disease, pyloric hypertrophy, mural neoplasia should be considered.

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 mild to moderate non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Borderline right renal size was present with normal margination. 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 4.0 cm in length. The right kidney measured 5.0 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 0.37 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 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



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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 variably thickened wall, exhibiting regional hypoechoic mural echogenicity and loss of gastric mural detail. Thickened hypoechoic stomach wall measured 1.1 cm in width. The stomach lumen was empty without foreign material, retained ingesta or fluid with mild lumen gas. The pylorus wall measured 0.55 cm in width. No obvious mechanical 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 no signs of mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.24 cm width. The jejunum wall measured 0.23 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 area of the pancreas was sonographically normal.

Free Abdomen

Regional mild perigastric hyperechoic omentum and intermittent indistinct perigastric omental lymphadenopathy were present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Variably thickened stomach exhibiting regional hypoechoic mural echogenicity and loss of mural detail
- Mild perigastric inflammation and indistinct lymphadenopathy
- Sonographically normal small intestine / area of pancreas
- Mild chronic renal changes with borderline right renomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding of the thickened stomach may indicate inflammatory or infectious etiologies with primary concern for infiltrative gastric neoplasia, i.e. lymphoma or other given loss of regional gastric mural detail and hypoechoic mural echogenicity. Gastric biopsies, either via endoscopy or laparotomy with histopathology for definitive diagnosis is recommended. Dietary trial, as needed gastric protectants +/- empirical helicobacter coverage with clinical and sonographic monitoring would be a more conservative approach.

No evidence of gastrointestinal obstructive pattern or foreign material. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.



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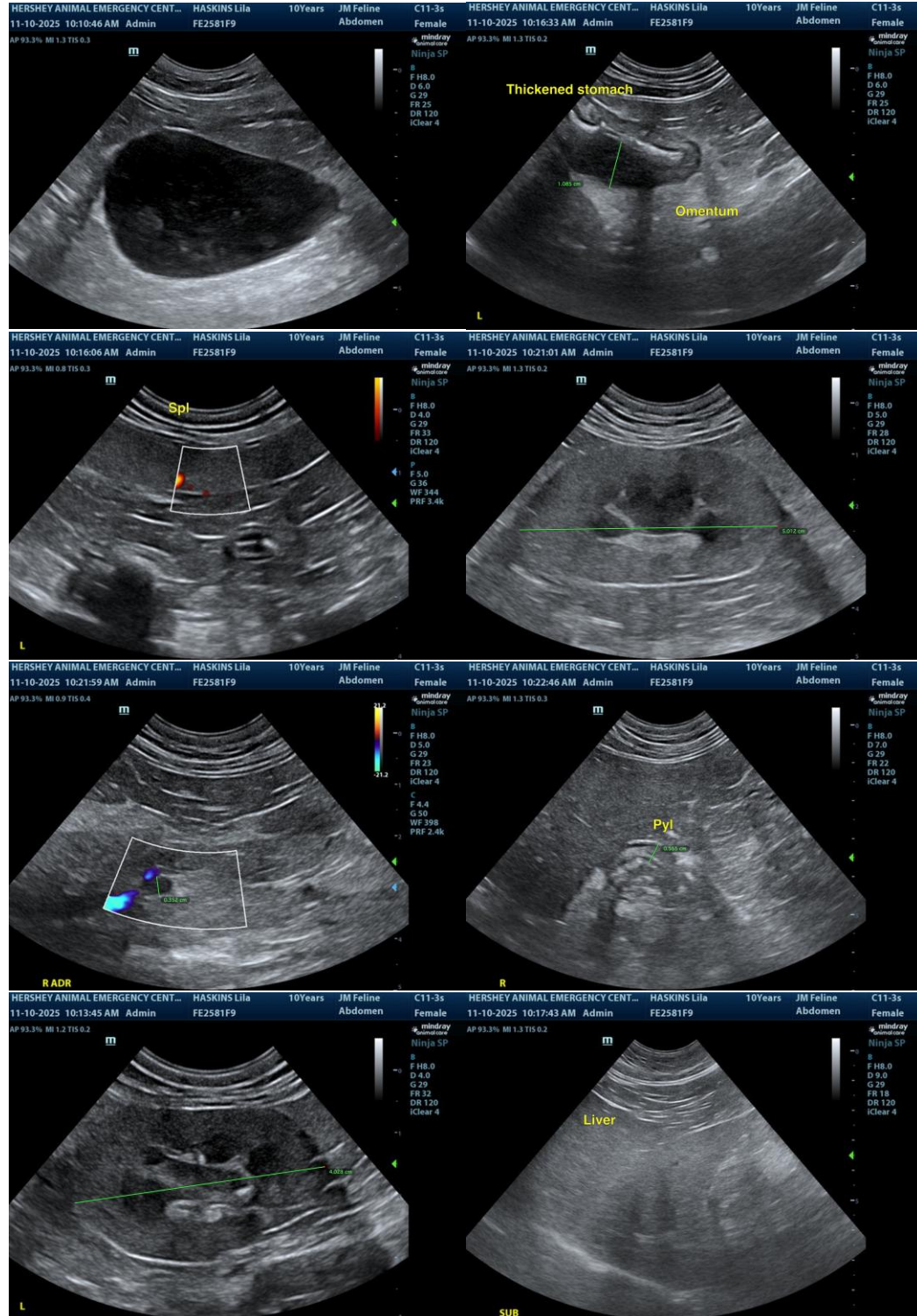
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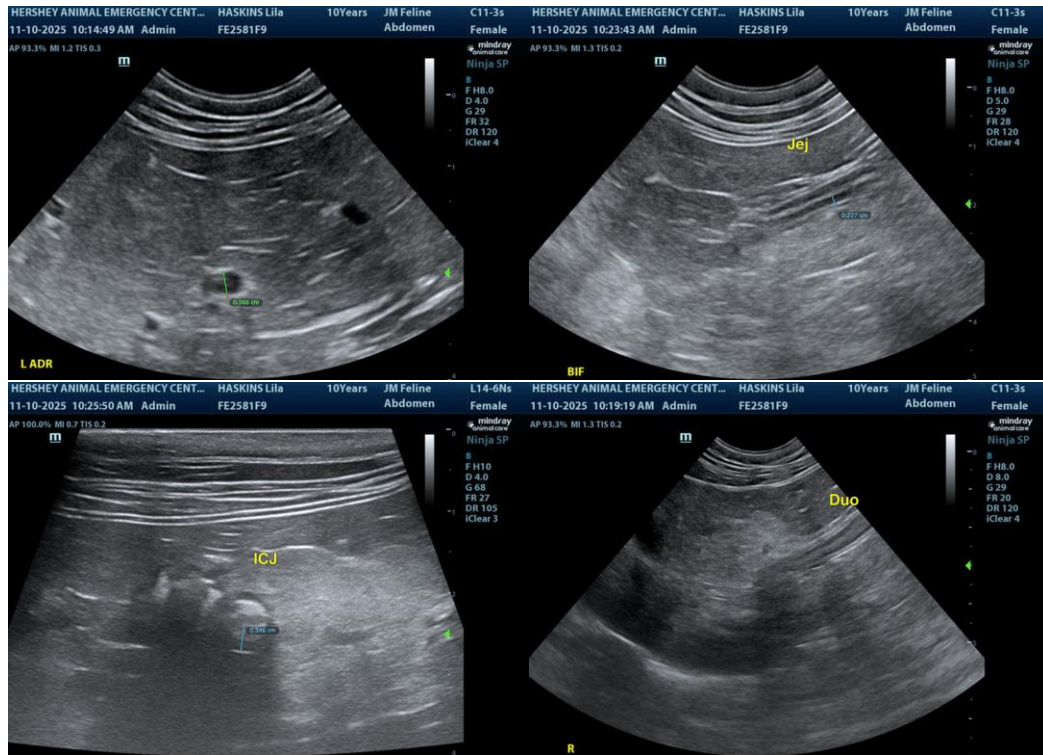
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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