



PATIENT

Lola Koreen

SPECIES

Feline

BREED

Sphynx

SEX

FS

AGE

6yr

WEIGHT

4.22kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Carlie Koltek RVT

HOSPITAL NAME

Oakbank Animal
Hospital

REFERRING VET

Dr Mayo

INVOICE

23005

DATE

11/21/2025

PRESENTING CLINICAL SIGNS

Not herself, stomach seems bloated. In the past shes had flare up for her stomach, came back from holidays shes had flare up of her not feeling herself. Sleeping more, not active. not noticing PU/PD as per client Discussed potential for iatrogenic cushings (Lola has been receiving 0.125 mg dexamethasone daily for months) Current meds: mirtazipine, buprenorphine, dexamethasone

Abnormal PE/Chem/CBC/UA Results: CBC: MCV 53.7 (35.9-53.1fL) MCH 18.1(11.8-17.3pg) CHEM/T4 WNL Previous AUS 2023 attached

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 4.0 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized, likely owing to subnormal size given historical steroid therapy. No overt pathology visualized.

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. The spleen measured 0.9 cm in width at the level of the mid spleen.

Liver/Gallbladder

The liver was subjectively mildly enlarged. 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 subjective mild thickened wall with mild retained anechoic gastric fluid. No evidence of foreign material or obstruction to pyloric outflow. The ventral gastric body wall measured 0.31 cm in width. The ventral pylorus wall measured 0.34 cm in width.



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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 0.26 cm width. The jejunum wall measured 0.25 cm width. The ileocolic wall measured 0.26 cm width.

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

Pancreas

BREED

Sphynx

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

SEX

FS

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

ULTRASONOGRAPHIC FINDINGS

Primary

AGE

6yr

- Mildly thickened hypomotile stomach
- Sonographically normal empty small intestine
- Normal area of pancreas.
- Subjective mild hepatomegaly-benign

WEIGHT

4.22kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach was non-specific, yet it may suggest mild chronic gastritis with emerging to occult infiltrative gastric neoplasia considered less likely. Possible suppression of gastrointestinal mural changes or lymphadenopathy owing to steroid therapy is possible. If available, upper gastrointestinal endoscopy with biopsies is recommended.

Correlation with a GI panel, if not recently to assess for non-structural intestinal disease or mild pancreatitis as a contributing factor is recommended. Smaller, more frequent feedings of canned hydrolyzed diet and as needed gastroprotectants may prove beneficial.

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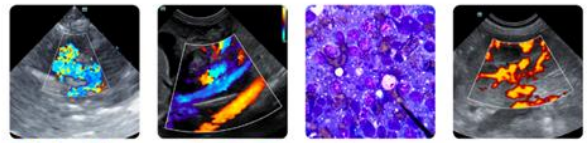
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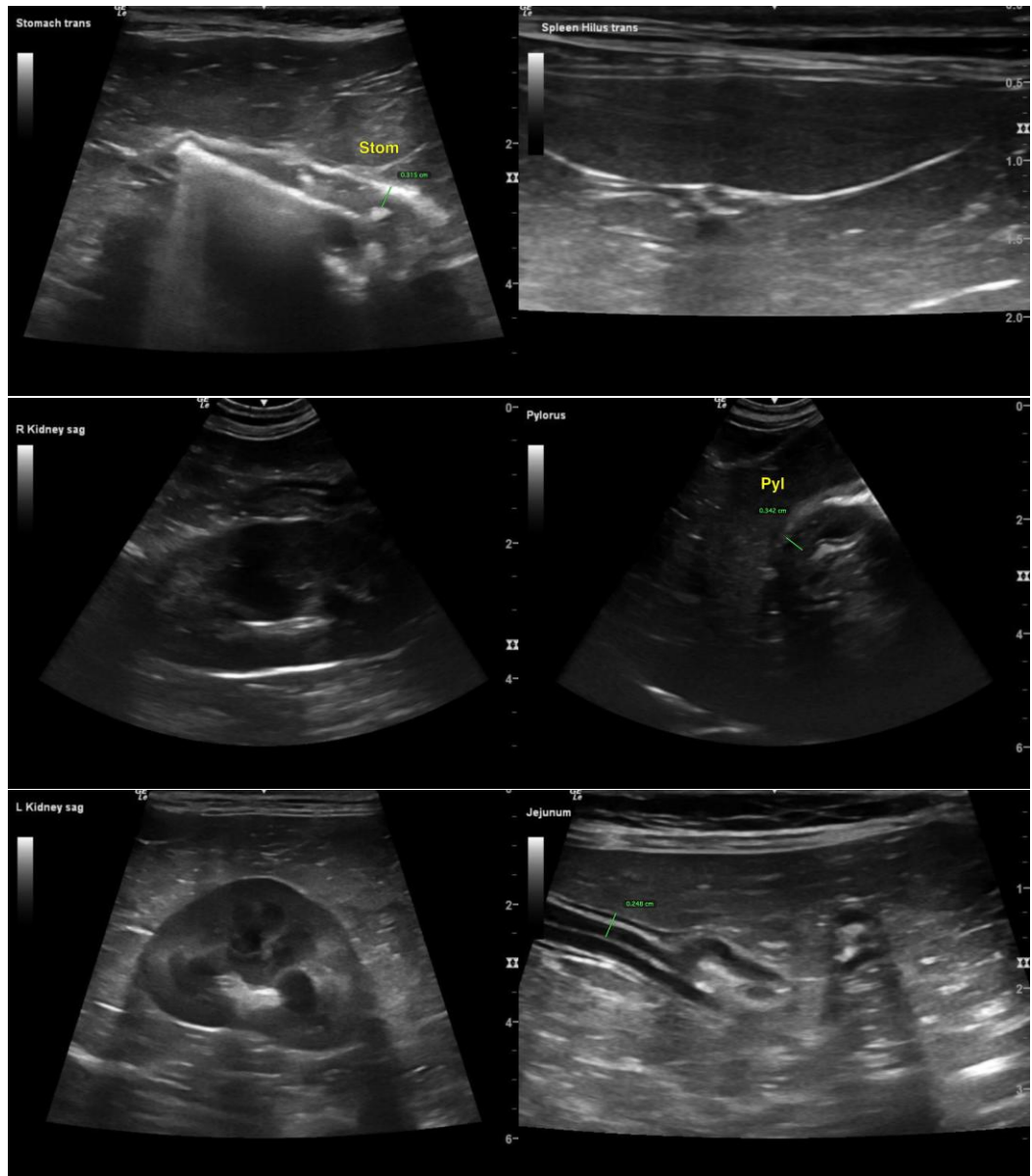
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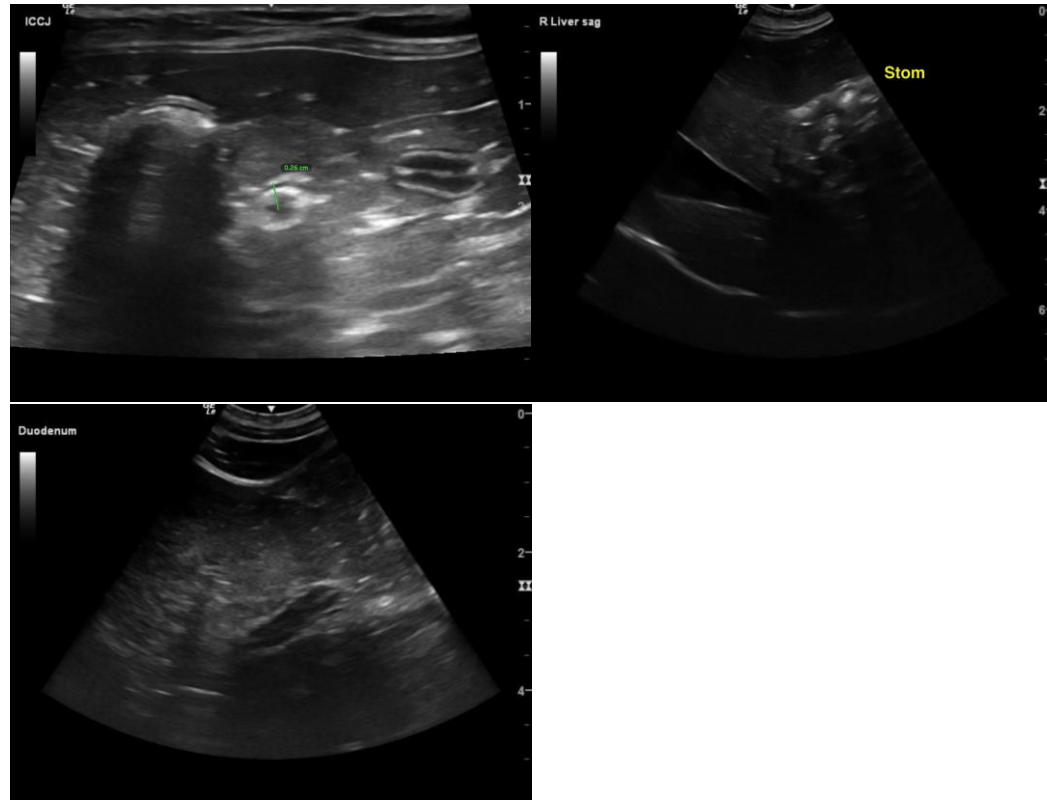
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com