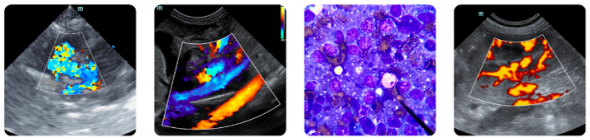

PATIENT

Mona Wooton

SPECIES

Feline

BREED

Maine Coon

SEX

Female Spayed

AGE

1y 5m

WEIGHT

15.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu VC

REFERRING VET

Dr. Mark Gardner

INVOICE

12785

DATE

11/7/25

PRESENTING CLINICAL SIGNS

History: P presented 10/7/25 for vomiting for 1 week- primarily food, bile, and hairballs. P is still eating and acting relatively normal. No changes to diet. Mild weight loss, but p has lost a little over 1 lb in the past month. P has a history of ingesting string. P came back for recheck on 11/4/25- still vomiting. BW had NSF.

Abnormal PE/Chem/CBC/UA Results: 11/4/25 Chem 17 and fPL- WNL Fecal- NPS

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 changes were noted.

Normal size and margination was 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. A thin, mildly hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.8 cm length. The right kidney measured 3.7 cm length.

Adrenal Glands

The area of the left and right adrenal glands were free of pathology.

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 1.0 cm width level of the mid spleen.

Liver

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. 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 intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without mechanical/metabolic ileus to the level of the colon. Gastric body wall measured 0.25 cm.

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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 ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed 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

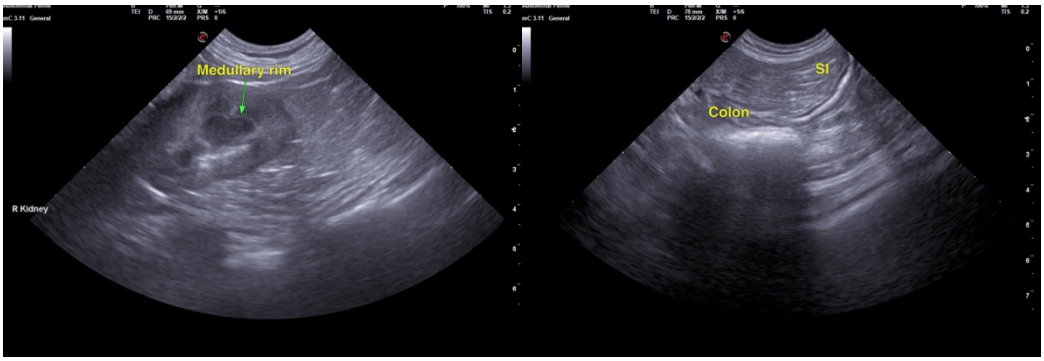
Solitary to possible intermittent mid abdomen, mildly enlarged, primarily homogeneous mesenteric lymph nodes were present with an example measuring 2.5 cm x 1.0 cm. No evidence of perilymphatic inflammation. No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal empty gastrointestinal tract, normal area of pancreas
- Nonspecific mid abdomen mesenteric lymphadenopathy – hyperplasia, inflammation, early granulomatous or less likely neoplastic/metastatic lymphadenopathy possible
- Nonspecific minor bilateral renal medullary rim sign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from the nonspecific mesenteric lymphadenopathy, no evidence of visceral, specifically gastrointestinal or pancreatic pathology. Evidence of mechanical/metabolic intestinal ileus or foreign material as an obvious cause of the patient's clinical signs and mild weight loss. Assuming normal clotting status and using 25-gauge needle, lymph node FNA cytology and +/- C/S, if clinically indicated, is recommended for further clarification. A Gi panel to include PLI/TLI/Cobalamin/Folate is recommended. Correlation of the nonspecific medullary rim sign with urinalysis recommended if not recently done. Gastrointetsinal support which may include novel protein, hydrolyzed diet trial, as needed gastro protectants and hair ball therapy with clinical monitoring is recommended. Sonographic reassessment indicated if continued or progressive gastrointestinal signs or weight loss.



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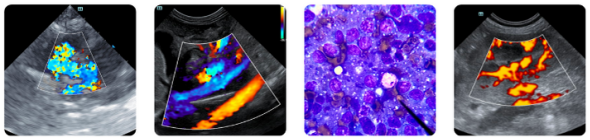

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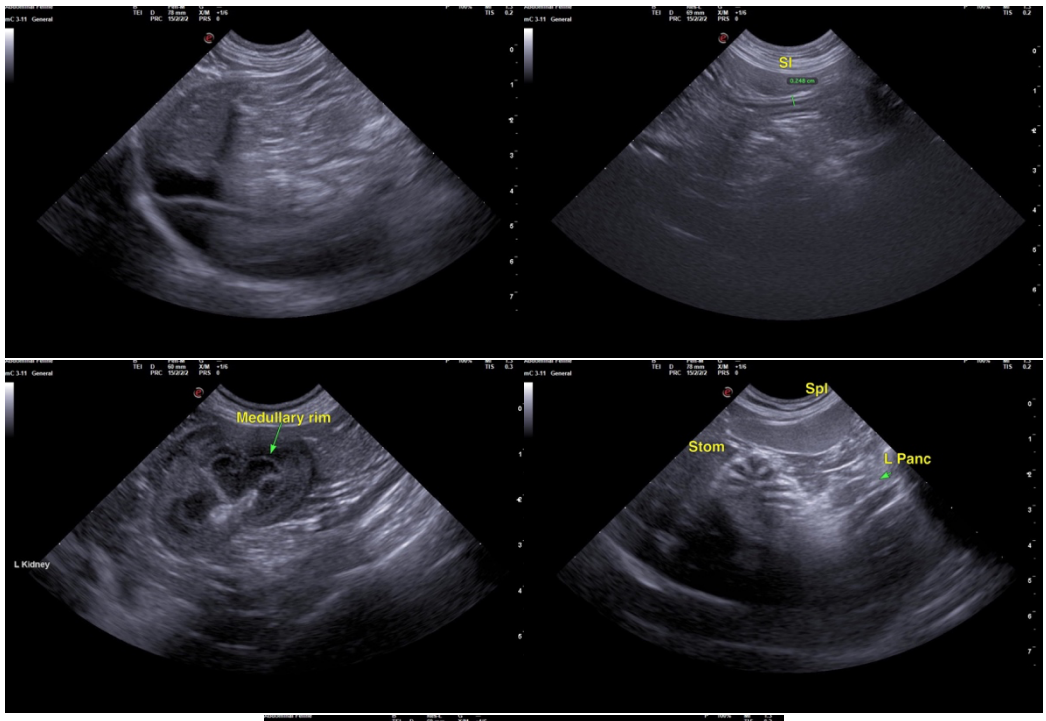

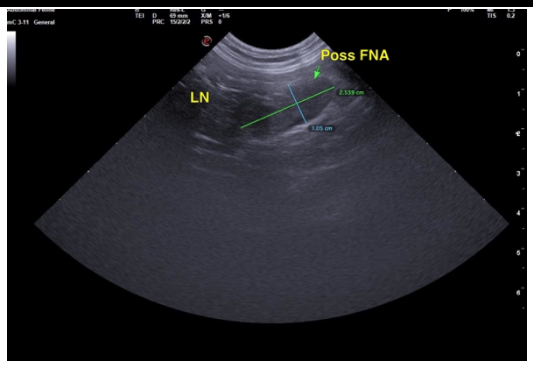

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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