



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Lexi Foreman	She has a chronic history of vomiting hairballs that is typically managed with cat laxative and cat grass. For the past 2-3 weeks, Lexi has been having soft stool in the litter box and is vomiting more frequently. The vomit is different from her "normal" hairball vomiting and typically consists of whole and partially digested food. Lexi is also more vocal than usual and possibly more hungry.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: PE on 12/10/25 showed stable weight. Overall PE normal except for a new 2/6 heart murmur heard on sternum. Lab work submitted 12/10 was normal. Fecal was negative, T4 was 3.0, liver and kidney values were normal and proBNP was normal at 43. see attached labs
Feline	
<b>BREED</b>	
Domestic Long Hair	
<b>SEX</b>	
Female Spayed	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>AGE</b>	<b>Urinary System</b>
12 years	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 evidence of urine or 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.
<b>WEIGHT</b>	No evidence of pathology in the area of the aortic trifurcation.
9.1 lbs.	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 3.8 cm in length. The right kidney measured 3.7 cm in length.
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width and the right adrenal gland measured 0.57 cm width.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Dr. Megan Bray	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 0.72 cm width at the level of the mid spleen.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Taylorville Veterinary Clinic	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
<b>REFERRING VET</b>	
Dr. Elixabeth Stiefvater	
<b>INVOICE</b>	
10482	
<b>DATE</b>	
12/18/25	



## PATIENT

Lexi Foreman

## SPECIES

Feline

## BREED

Domestic Long Hair

## SEX

Female Spayed

## AGE

12 years

## WEIGHT

9.1 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Megan Bray

## HOSPITAL NAME

Taylorsville  
Veterinary Clinic

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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 evidence of retained ingesta, fluid, or foreign material.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The duodenum wall measured 0.29 cm width. The jejunum wall measured 0.31 cm width. The ileocolic wall measured 0.45 cm width.

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

### ***Pancreas***

The pancreas was normal in size and contour with isoechoic to heterogeneous, mild remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

### ***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

## **ULTRASONOGRAPHIC FINDINGS**

- Intact thickened small intestinal wall
- Normal empty stomach
- Mild heterogeneous remodeled pancreas

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

IBD or other inflammatory enteropathy is suspected with minor potential for early to emerging intestinal round cell neoplasia, i.e., lymphoma. Spec cPL is suggested, as well as to assess for possible concurrent chronic pancreatitis. There is no evidence of current gastrointestinal hairballs or obstructive pattern. Gastrointestinal support with concurrent as-needed hairball therapy and consideration for empirical IBD protocol is recommended. Definitive diagnosis would require intestinal biopsies for histopathology.



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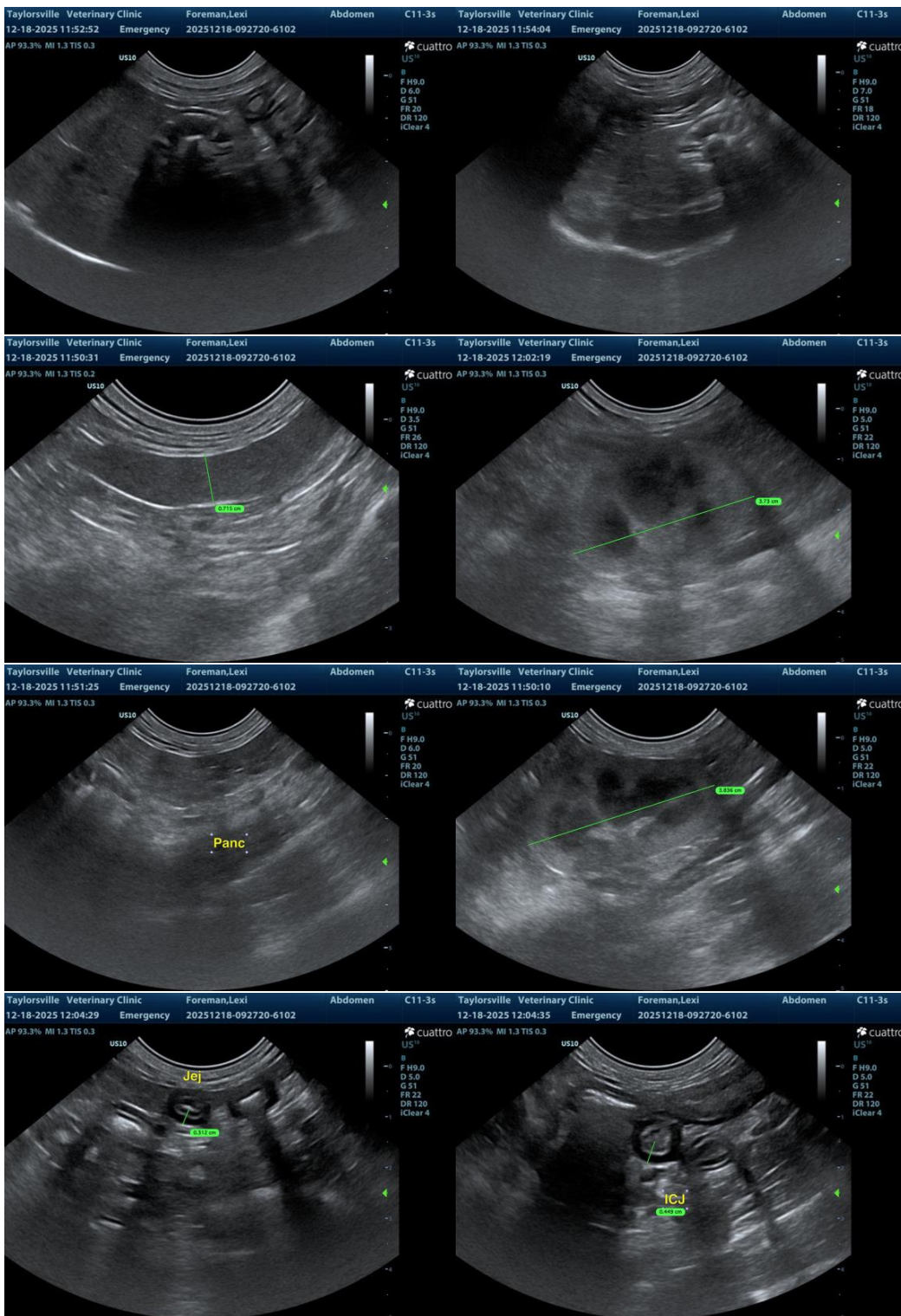
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)