



PATIENT

Samwise Carpenter

SPECIES

Feline

BREED

DMH

SEX

Male Neutered

AGE

5 y

WEIGHT

14.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr. Kellee Burns

INVOICE

12977

DATE

12/18/25

PRESENTING CLINICAL SIGNS

History: 5 yr MN DMH presented for 1 day history of acute vomiting; regular bowel/urinary movements, still interested in food P was seen on at another clinic on 11/6/25 for same presentation; BW and abdominal rads yielded no definitive answers at that visit (BW: wnl, rads: mild gas distention of stomach and SI) vomited partially digested kibble 6 times in less than 24 hrs no known toxin or foreign body ingestion tense and painful abdominal palpation; rest of PE was wnl Cerenia 1mg/kg injection + SQ fluids given last night not on any oral medications

Abnormal PE/Chem/CBC/UA Results: See attached labs: Pancreatic Lipase WNL

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. Primarily anechoic urine was present in the lumen. Mild, non-dependent particulate to hyperechoic sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Mildly enlarged renal size with asymmetrical margination was present in both kidneys. The renal cortex presented mild, non-homogeneous, thickened increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Indistinct loss of corticomedullary distinction was also present. No evidence of left or right retroperitoneal inflammation or effusion. The renal medullary volume was adequate and no evidence of pyelectasia. The left kidney measured 4.6 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm.

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

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

Regional, mildly thickened stomach wall exhibiting indistinct mural detail subjectively involving the caudal gastric body wall, caudal gastric body pylorus and potential pyloric duodenal junction wall. No



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definitive evidence of obstruction to pyloric outflow. Mildly thickened caudal gastric body wall measured 0.40 cm and pylorus wall measured 0.52 cm. No definitive evidence of obstruction to pyloric outflow.

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The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Small intestine wall measured up to 0.32 cm.

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

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Pancreas

SEX

The area of the pancreas was sonographically normal.

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Free Abdomen

Focal to intermittent, mildly enlarged gastric lymph nodes and mild peri gastric hyperechoic omentum present. No obvious visualized significant mid abdomen mesenteric lymphadenopathy or peritoneal effusion noted.

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ULTRASONOGRAPHIC FINDINGS

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- Mild retained non-shadowing gastric ingesta with regional mildly thickened gastric pyloric and potential pyloric duodenal junction wall
- Generalized intact thickened small intestinal wall
- Mild gastric lymphadenopathy
- Sonographically normal pancreas
- Bilateral interstitial nephrosis renal pattern with urine sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Considerations for the gastrointestinal appearance may include inflammatory, emerging neoplastic or granulomatous etiologies which may present sonographically similar. Definitive diagnosis would require gastrointestinal biopsies for histopathology. A full GI panel to include PLI/TLI/Cobalamin/Folate may be considered. Gastrointestinal support including consideration for dietary trial, gastro protectants, Cobalamin supplementation pending assessment of Cobalamin level with serial sonographic monitoring would be a more conservative approach. Urinary workup including urinalysis, +/- C/S or UPC level if non-inflammatory proteinuria is suggested.

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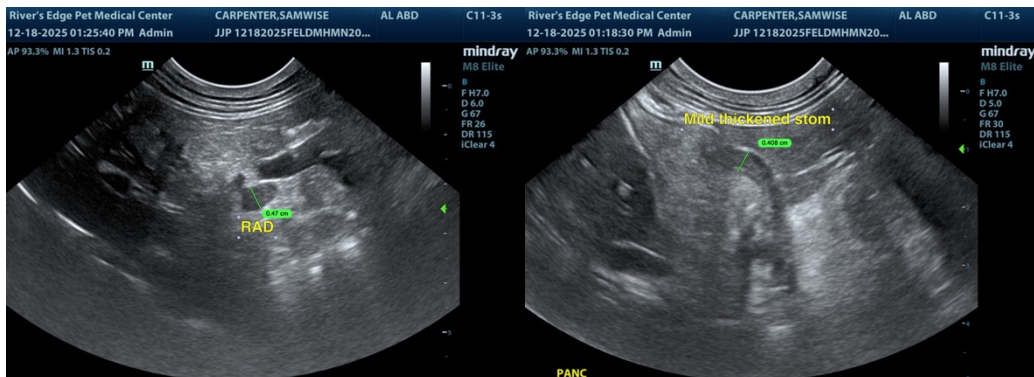
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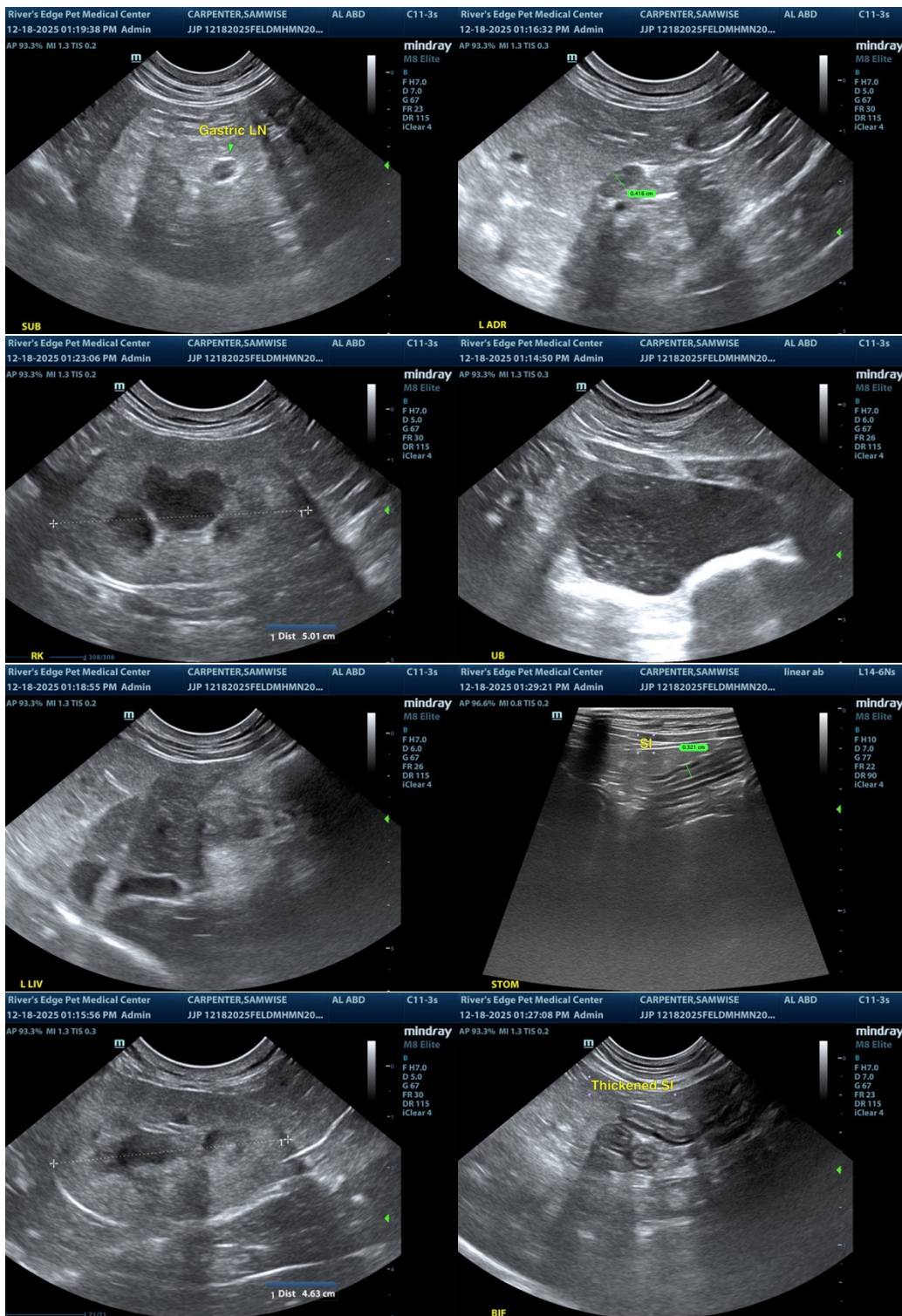
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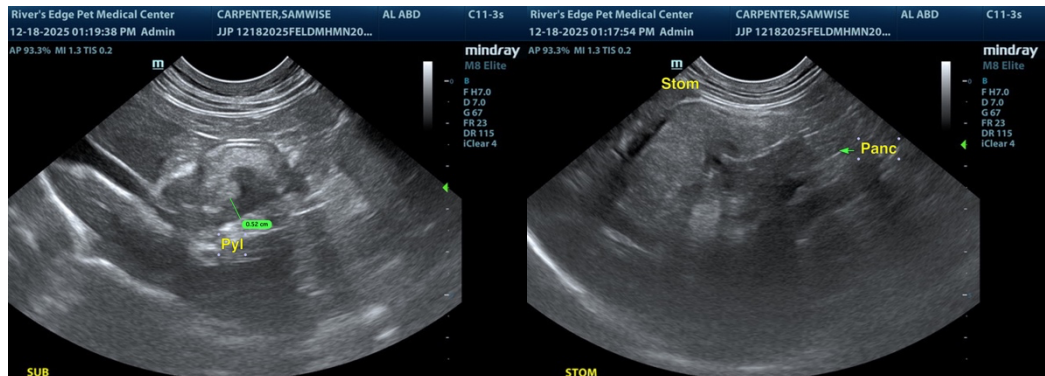
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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