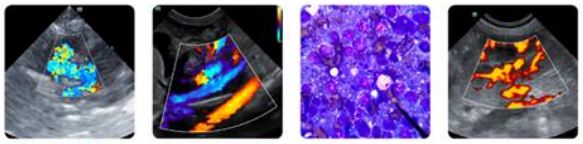


PATIENT

Ollie Bartel

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8yr

WEIGHT

15.9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse

HOSPITAL NAME

Animal General Hudson

REFERRING VET

Dr Hodges

INVOICE
23905

DATE
02/16/2026

PRESENTING CLINICAL SIGNS

- Vomiting recently multiple times per week, sometimes with blood
- Normal appetite
- labs WNL
- Current meds: Cerenia, sucralfate

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 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.

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 3.9 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 adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.3 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

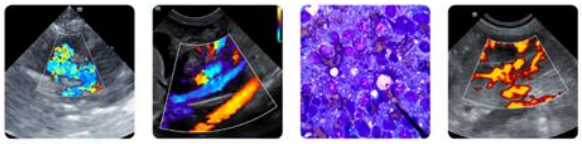
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

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 intact regional mild thickened wall noted in the ventral to caudal gastric body and pylorus. The stomach contained a mild amount of variable echogenic non-shadowing ingesta consistent with food echogenicity. Mildly thickened gastric body wall measured 0.46 cm in width; mildly thickened pylorus wall measured 0.47 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 0.22 cm width. The jejunum wall measured 0.20 cm width. No obvious visualized pathology level at the level of the ileocolic junction.

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

Pancreas

The left pancreas was normal in size contour with mild homogenous hypoechoic parenchyma compared to adjacent hyperechoic omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Subtle increased perigastric and omental echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary

- Regional mild intact thickened stomach wall with non-shadowing gastric ingesta- ingesta consistent with food echogenicity
- Sonographically normal empty small intestine
- Possible mild left limb pancreatitis

Secondary

- Mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild nonspecific gastritis in combination with possible mild pancreatitis favored as primary contributing factors. Correlation with assessment for cranial abdomen/subxiphoid discomfort on palpation and spec fPL suggested. Minor potential for emerging infiltrative gastric mural pathology, i.e. infectious / granulomatous disease or neoplasia cannot be definitively excluded. Dietary trial and as needed gastroprotectant omeprazole 1 mg/kg SID in conjunction with current gastrointestinal support with clinical and as needed sonographic monitoring may prove beneficial. If persistent or progressive vomiting, upper gastrointestinal endoscopy is likely indicated with potential for biopsies.

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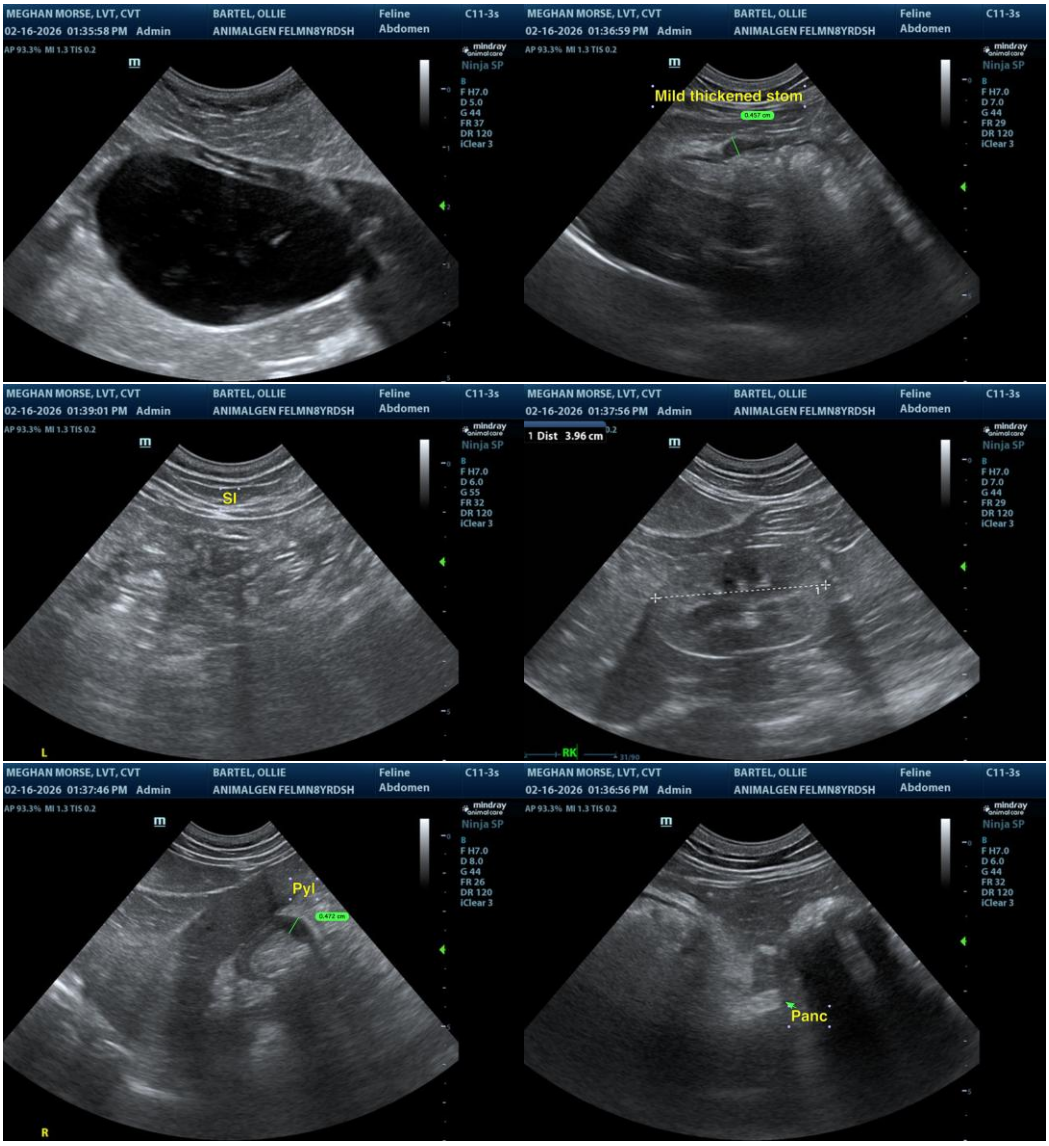

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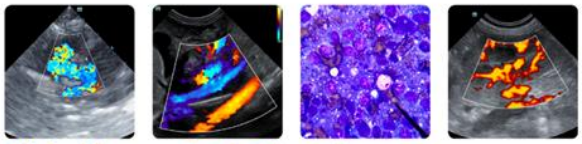

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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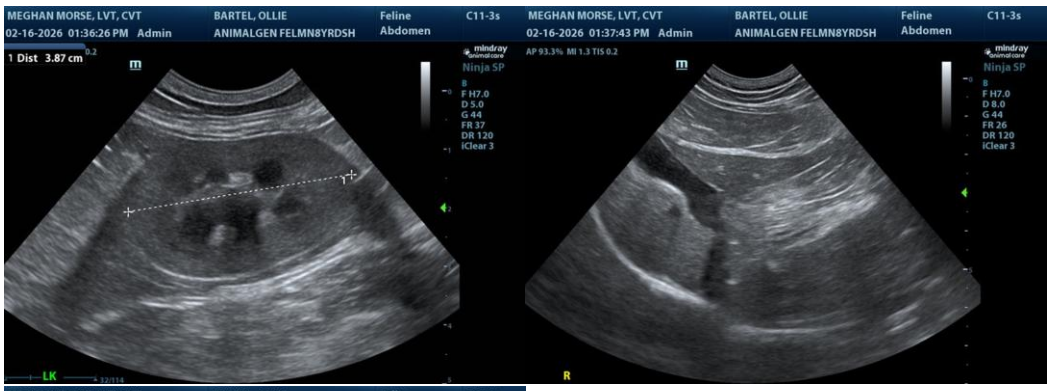

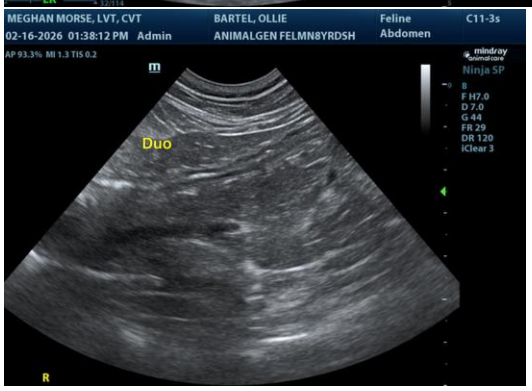

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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