



## PATIENT

Lobby Turner

## SPECIES

Feline

## BREED

DLH

## SEX

FS

## AGE

8yr

## WEIGHT

6.5lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Mark Schlimgen

## HOSPITAL NAME

Sherwood Family Pet  
Clinic

## REFERRING VET

Mark Schlimgen

## INVOICE 23912

DATE  
02/19/2026

## PRESENTING CLINICAL SIGNS

- Presented 48 hrs ago for vomiting 3-4 days with no known cause. Indoor only with catio.
- Flash ultrasound Abdomen - Suspicious change found that seems to be extending from the lining or next to the lumens somewhere in the transition between pylorus and duodenum. Minimal intestinal motility observed. Liver, gallbladder, kidneys, urinary bladder appear normal, no free fluid or other changes observed.
- Cerenia, no vomiting in 48 hours. Still not eating more than a couple bites. Lethargic. Passed 2 very small firm stool pellets.
- Sedated for ultrasound
- Abnormal PE/Chem/CBC/UA Results: CBC wnl CHI 112 -minimally low AST 70 - minimally high CK 3192 - mild elevation Spec fPL 5.2 0.0 - 4.4 µg/L Pro BNP, normal USG 1.044 pH 6.5 2+ protein - high no other changes on UA

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 was present in the kidneys. A normal 1:3 cortex / medulla ratio and enhanced corticomedullary definition were maintained. The cortex was hyperechoic. A 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 with interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 4.3 cm in length. The right kidney measured 4.3 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 0.37 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 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



## PATIENT

Lobby Turner

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.

## SPECIES

Feline

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic non-shadowing ingesta/chyme primarily in the antrum and pylorus. No evidence of obstructive pyloric mural pathology. The pylorus wall measured 0.25 cm in width.

## BREED

DLH

The small intestine presented overall intact wall layering with 1:3 muscularis/mucosa ratio. At the level of the pyloroduodenal junction and upper duodenum, a solitary fluid filled lesion appearing to involve the pyloroduodenal junction to upper duodenum wall was visualized measuring ~ 2 cm in diameter. Colored Doppler assessment of the lesion was not utilized. However, mild subjective anechoic fluid present within the lesion. The duodenum wall measured 0.27 cm width. The jejunum wall measured 0.24 cm width.

## SEX

FS

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

## AGE

8yr

### **Pancreas**

The left pancreatic limb was sonographically normal.

### **Free Abdomen**

## WEIGHT

6.5lb

No peritoneal effusion was present.

Solitary mildly prominent to pancreaticoduodenal lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No additional omental lymphadenopathy. The lymph node measured 0.3 cm in diameter.

## INTERPRETED BY

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

## ULTRASONOGRAPHIC FINDINGS

### **Primary**

- Fluid filled lesion level of the pyloroduodenal junction / upper duodenum
- Overall sonographically normal stomach and small intestine with mild retained non-shadowing pyloric ingesta and empty intestinal lumen
- Sonographically unremarkable area of left pancreas

## HOSPITAL NAME

Sherwood Family Pet  
Clinic

### **Secondary**

- Bilateral non-specific renal medullary rim

## REFERRING VET

Mark Schlimgen

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The fluid filled lesion appears to involve the pyloroduodenal junction or upper duodenal wall and does not appear to be completely obstructive to pyloric outflow although some degree of delayed gastric emptying given retained non-shadowing pyloric ingesta is possible. Upper gastrointestinal mural cyst, abscess, necrosis, fluid filled mass all potentials with non-obvious pancreas or pancreatic duct

## INVOICE

23912

## DATE

02/19/2026



**PATIENT**

Lobby Turner

**SPECIES**

Feline

**BREED**

DLH

**SEX**

FS

**AGE**

8yr

**WEIGHT**

6.5lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Mark Schlimgen

**HOSPITAL NAME**

Sherwood Family Pet  
Clinic

**REFERRING VET**

Mark Schlimgen

**INVOICE**

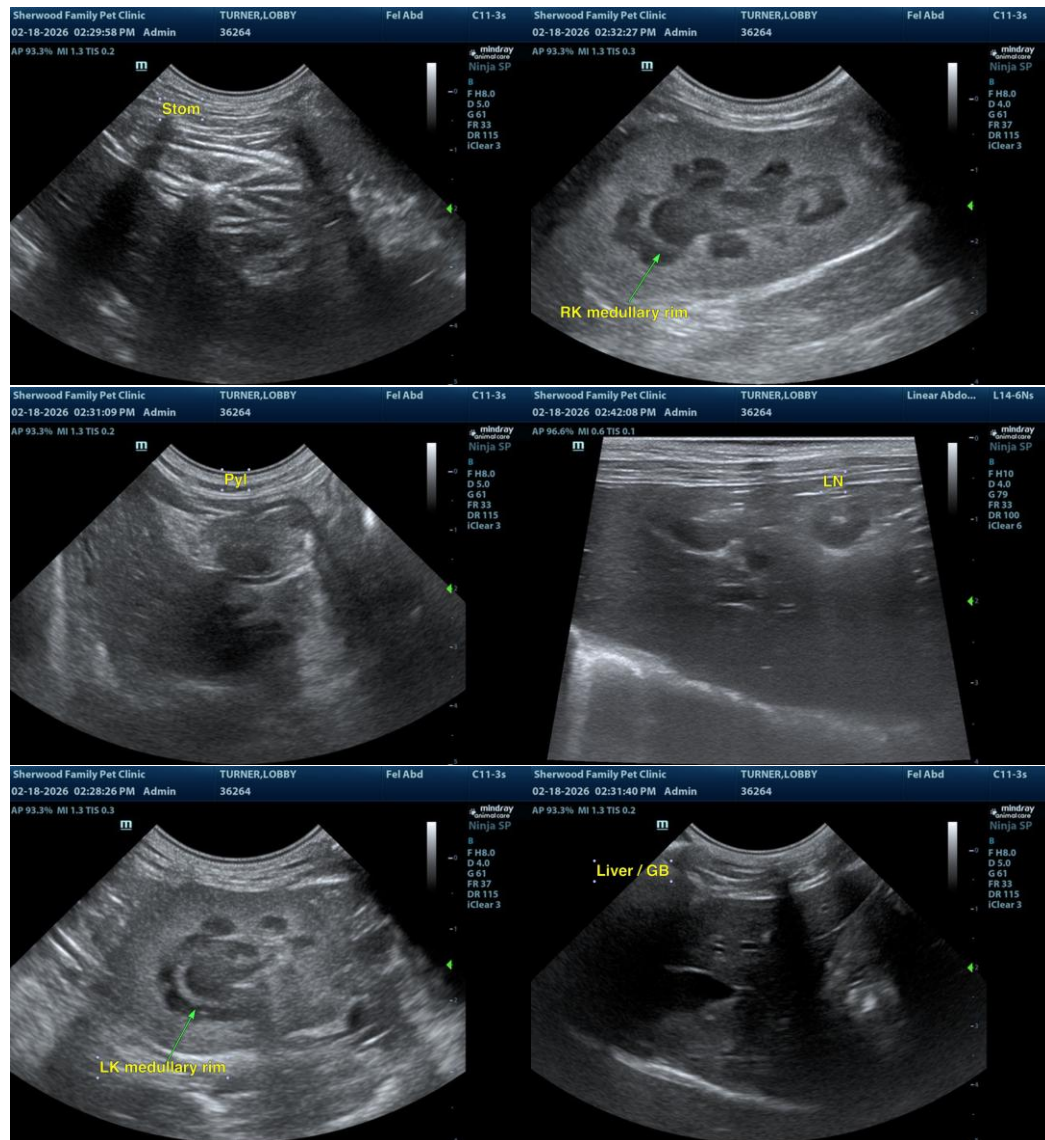
23912

**DATE**

02/19/2026

involvement not definitively excluded. No evidence of post-hepatic obstruction. Abdominal CT with surgical consult would be ideal as surgical intervention is likely indicated.

Smaller more frequent feedings of canned novel protein or hydrolyzed diet with as needed gastro protectants and sonographic monitoring would be more conservative. A spec FPL to assess for evidence of mild pancreatitis may be considered.





**PATIENT**

Lobby Turner

**SPECIES**

Feline

**BREED**

DLH

**SEX**

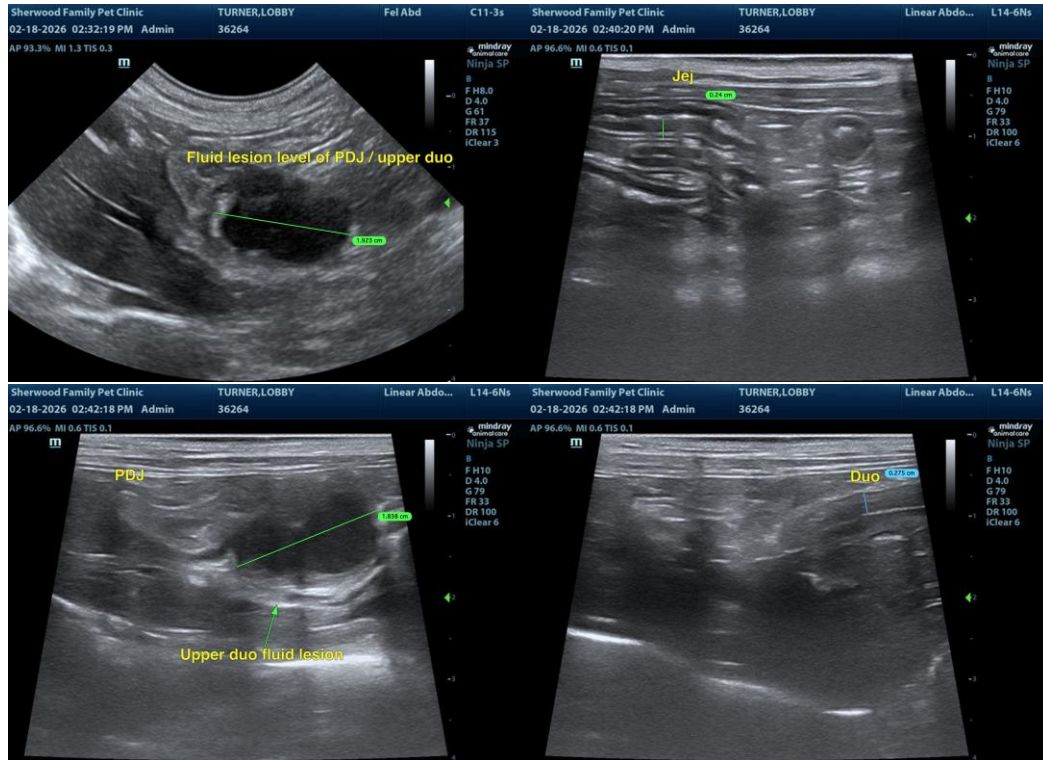
FS

**AGE**

8yr

**WEIGHT**

6.5lb



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.

**INTERPRETED BY**

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

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.

**IMAGING PERFORMED BY**

Mark Schlimgen

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)

**HOSPITAL NAME**

Sherwood Family Pet  
Clinic

**REFERRING VET**

Mark Schlimgen

**INVOICE**  
23912

**DATE**  
02/19/2026