



PATIENT

Kaylayni-Willow Basich

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9yr

WEIGHT

5.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Anthony Krawitz DVM

HOSPITAL NAME

Calusa Veterinary
Center

REFERRING VET

Anthony Krawitz DVM

INVOICE 23786

DATE
02/04/2026

PRESENTING CLINICAL SIGNS

- History of IBD controlled with Prednisolone and Cobalequin and sporadic Cerenia.
- Last night vomited 5 times in a row with food, bile and a little blood. No diarrhea. Decreased appetite. Did eat the other cats food which she is not allowed, and owner says she has been seen trying to eat thin foam packing material that was used to cover a computer and other plastic or garbage a week ago.

Abnormal PE/Chem/CBC/UA Results: On examination she is mildly dehydrated, overweight and uncomfortable on cranial abdominal palpation. She had not eaten for a while. Otherwise OK.

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 moderate 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 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 0.25 cm width. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

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 mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal



PATIENT Kaylayni-Willow Basich	The stomach exhibited regional to variably thickened hypoechoic wall with instinct to loss of gastric mural detail primarily involving the subjective ventral and caudal gastric body. Associated with this, a non-homogenous to hypoechoic mural lesion appearing to extend into the gastric lumen was present measuring 1.7 cm x 1.7 cm. An example of thickened gastric wall potentially measured 0.77 cm in width. The stomach contained a mild amount of retained non-shadowing ingesta and anechoic fluid extending into the pylorus. No overt obstruction to pyloric outflow. The pylorus wall measured 0.30 cm in width.
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SEX FS	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.
AGE 9yr	Free Abdomen No overt lymphadenopathy or peritoneal effusion was present.
WEIGHT 5.6kg	Mild perigastric hyperechoic omentum.
INTERPRETED BY R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	ULTRASONOGRAPHIC FINDINGS Primary <ul style="list-style-type: none">• Regional to variably thickened stomach wall with mural lesion appearing to extend into gastric lumen, mild retained non-shadowing gastric ingesta and fluid.• Sonographically unremarkable visualized small intestine with mild segmental gas.• Mild gallbladder debris. Secondary <ul style="list-style-type: none">• Mild age-related renal changes.• Moderate urine sediment.
IMAGING PERFORMED BY Anthony Krawitz DVM	
HOSPITAL NAME Calusa Veterinary Center	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS Considerations for the variably thickened stomach wall and mural lesion may include inflammatory, infectious or neoplastic etiologies, potential gastric polyp and non-obvious ulceration. Associated mild metabolic gastric stasis probable as the retained gastric ingesta and fluid not consistent with foreign material and without evidence of overt pyloric or small intestine obstructive criteria. Gastric biopsy is required for definitive diagnosis.
REFERRING VET Anthony Krawitz DVM	Hospitalization with gastrointestinal support, documented 12 hour fast and sonographic reassessment of the stomach for evidence of persistent retained ingesta could be considered.
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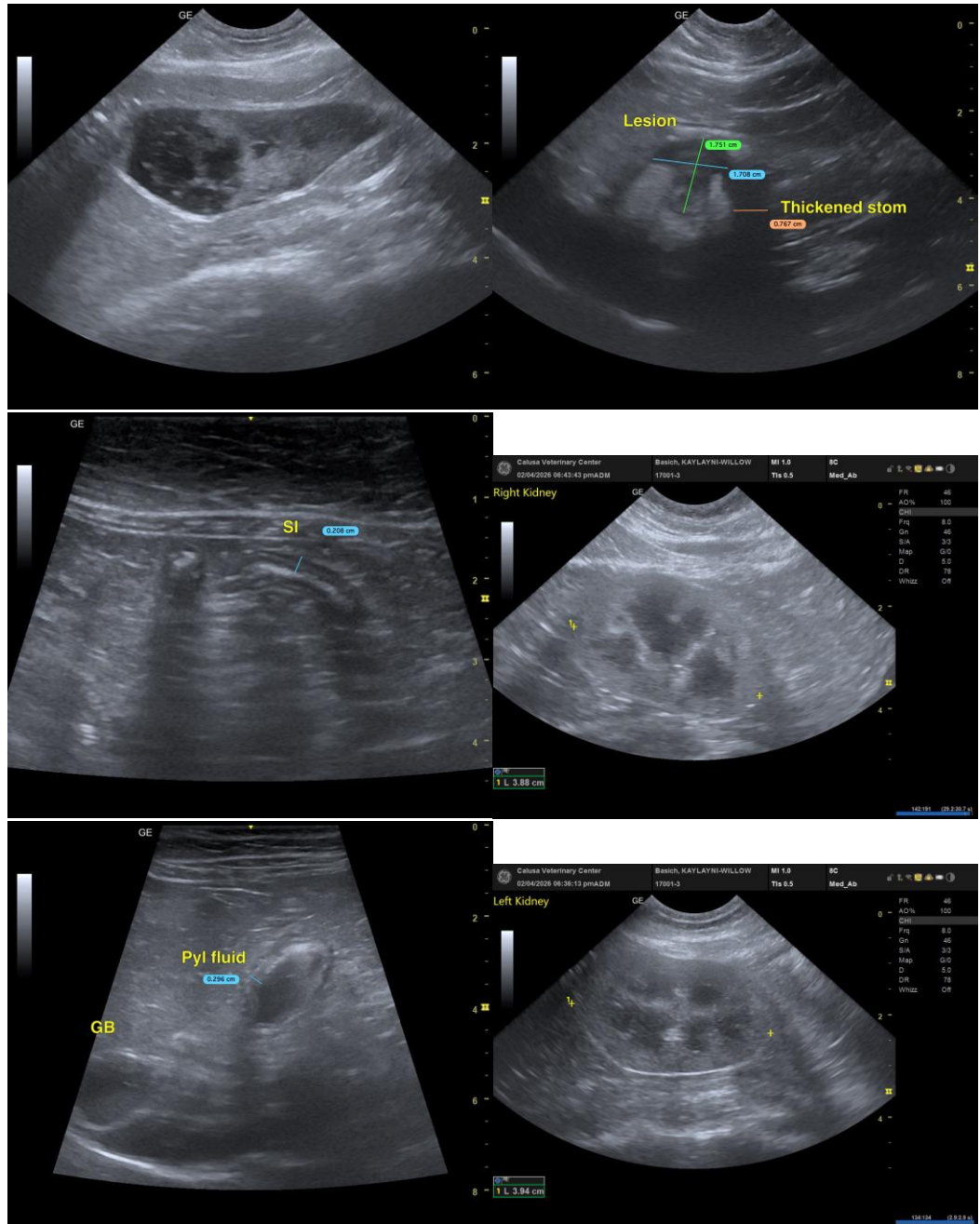
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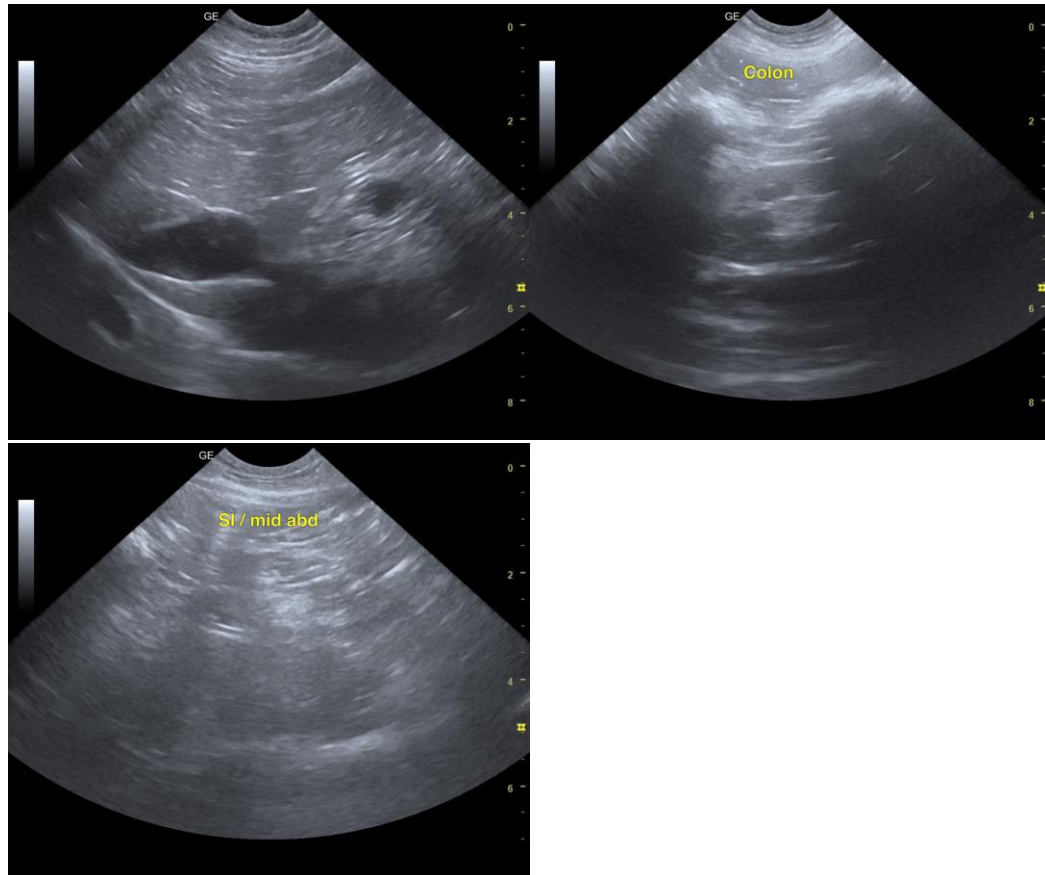
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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