



PATIENT

Kat Lazar

PRESENTING CLINICAL SIGNS

Vet visit on Tuesday for blood draw, ate three Churu treats. Not eating or drinking since (5 days). Vomiting 2-3 times daily since Tuesday. Lethargic.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Gassy on small intestine palpation, not overtly painful
Generalized muscle atrophy CBC: Unremarkable Chem: Globulin 5.1, otherwise unremarkable EPOC:
BE -7.8 L CPL: 1.8 TT4: 7.0 UA: USG >1.050, Protein 3+, Blood 4+,

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH

Urinary System

SEX

FS

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 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.

AGE

15yr

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 3.4 cm in length. The right kidney measured 3.6 cm in length.

WEIGHT

3.75kg

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.3 width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width.

IMAGING PERFORMED BY

Lindsay Powell, CVT

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.

HOSPITAL NAME

Hershey Animal
Emergency Center

Liver/Gallbladder

REFERRING VET

Dr. Leann Murphy

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.

INVOICE
24043

Gastrointestinal

DATE
03/01/2026



PATIENT

Kat Lazar

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

SPECIES

Feline

The small intestine presented borderline thickened wall measuring 0.25 cm in width. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.28 cm width. The ileocolic wall measured 0.32 cm width.

BREED

DSH

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.

SEX

FS

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

AGE

15yr

ULTRASONOGRAPHIC FINDINGS

Primary

- Empty gastrointestinal tract, intact normal to borderline thickened small intestine wall
- Normal pancreas
- Mild age related changes

WEIGHT

3.75kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

No signs of gastrointestinal obstruction, foreign material or neoplasia. The borderline thickened small intestine wall may indicate patient variant or mild inflammation, emerging to mild IBD or other mild enteropathy. No suspicion of intestinal neoplastic criteria (thought less likely). Gastrointestinal support is recommended with sonographic monitoring if persistent gastrointestinal signs or weight loss. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Leann Murphy

INVOICE

24043

DATE

03/01/2026



PATIENT

Kat Lazar

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

15yr

WEIGHT

3.75kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

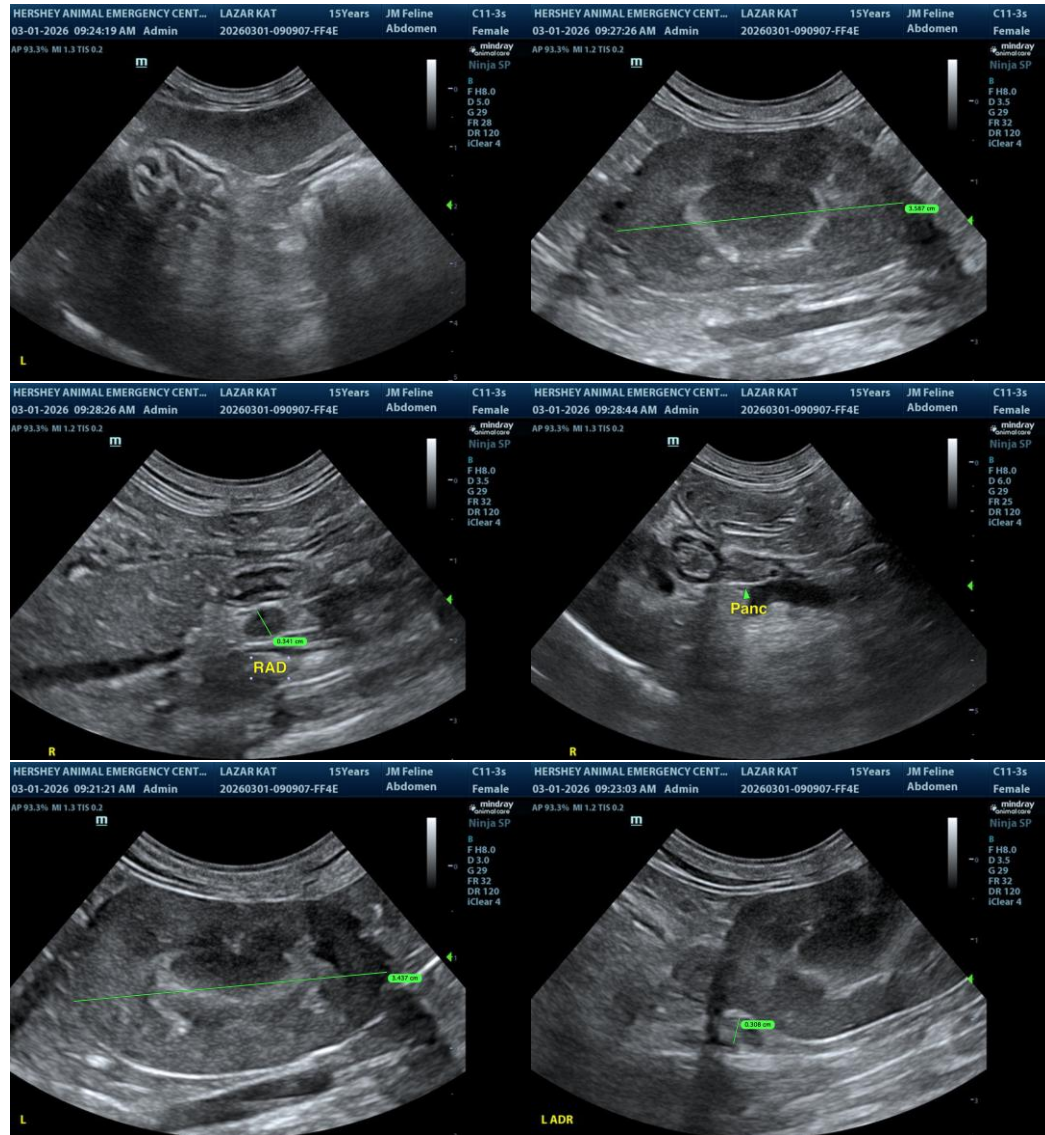
Dr. Leann Murphy

INVOICE

24043

DATE

03/01/2026





PATIENT

Kat Lazar

SPECIES

Feline

BREED

DSH

SEX

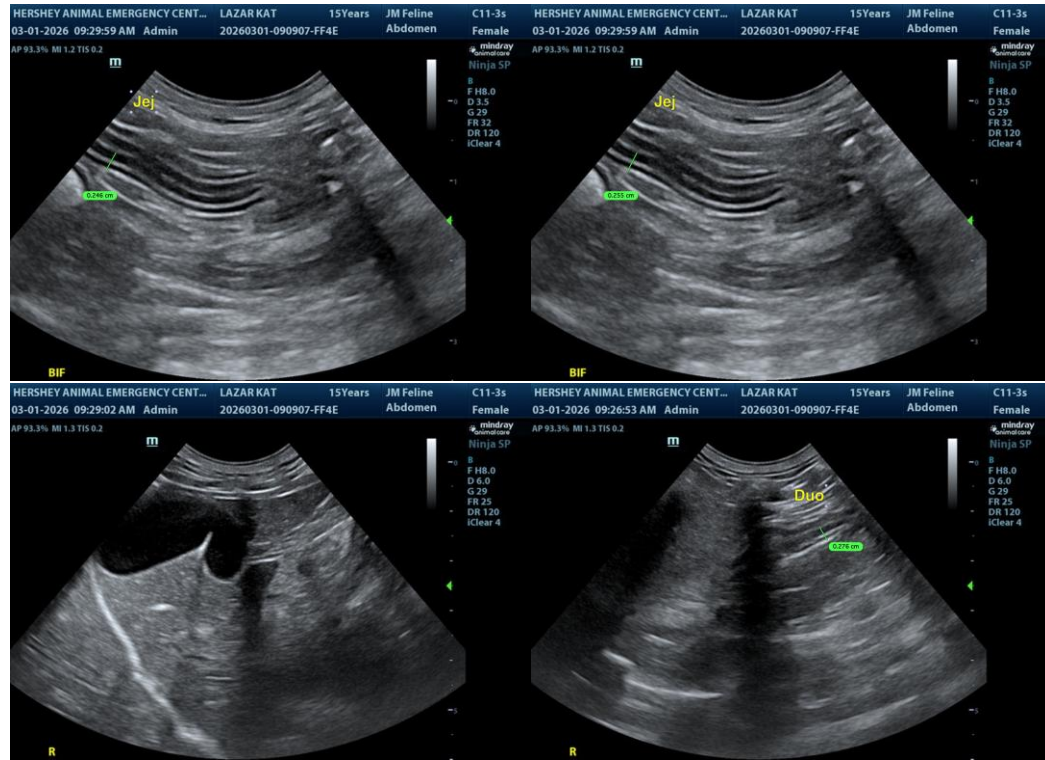
FS

AGE

15yr

WEIGHT

3.75kg



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

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

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Leann Murphy

INVOICE
24043

DATE
03/01/2026