



PATIENT

Pippa Brent

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

10y

WEIGHT

13.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meaghan Godwin

HOSPITAL NAME

Wellesley AH

REFERRING VET

Dr. Meaghan Godwin

INVOICE

13276

DATE

3/12/26

PRESENTING CLINICAL SIGNS

History:

- Hematemesis late Monday night (3/9) into Tuesday (~1am). Went to ER vet- received Cerenia injection and SQ fluids. Appetite did not return but no vomiting on Tuesday. Vomited again yesterday and this morning but no blood present. Acting lethargic. Still d/u/d normally. History of eating and chewing on Pothos plants in house. Eating a small amount of boiled chicken.

Abnormal PE/Chem/CBC/UA Results: BAR, unremarkable PA CBC/chem/T4/UA results pending

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, echogenic to particulate non-dependent 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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 4.0 cm in length. The right kidney measured 4.2 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 0.28 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 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 mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and the proximal common bile duct were mildly dilated and tortuous without post hepatic obstruction.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach exhibited mild retained pyloric fluid without obstruction to the pyloric outflow.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Mild ileal corrugation was noted. Duodenum wall measured 0.27 cm, jejunum wall measured 0.30 cm, and ileocolic wall measured 0.31 cm.

Normal visible colon wall layers were present with apparent semi-formed to soft feces in lumen.

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.

Free Abdomen

No visualized significant mesenteric lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal stomach with mild retained gastric fluid
- IBD intestinal pattern with mild ileal corrugation
- Normal area of pancreas
- Mild gallbladder debris with mild, non-obstructive cystic and proximal common bile duct dilation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for emerging low-grade to occult intestinal round cell neoplasia, i.e. lymphoma can't be definitively excluded yet thought less likely. Correlation with pending lab work and urinalysis is recommended. Urine C/S suggested if inflammatory sediment on urinalysis. Triaditis could be a consideration if evidence of hepatopathy given mild gallbladder debris and potential low-grade cholangitis. No evidence of mechanical gastrointestinal support. Consideration for empirical IBD protocol with clinical analysis and sonographic monitoring if persistent or progressive gastrointestinal signs or weight loss is recommended.



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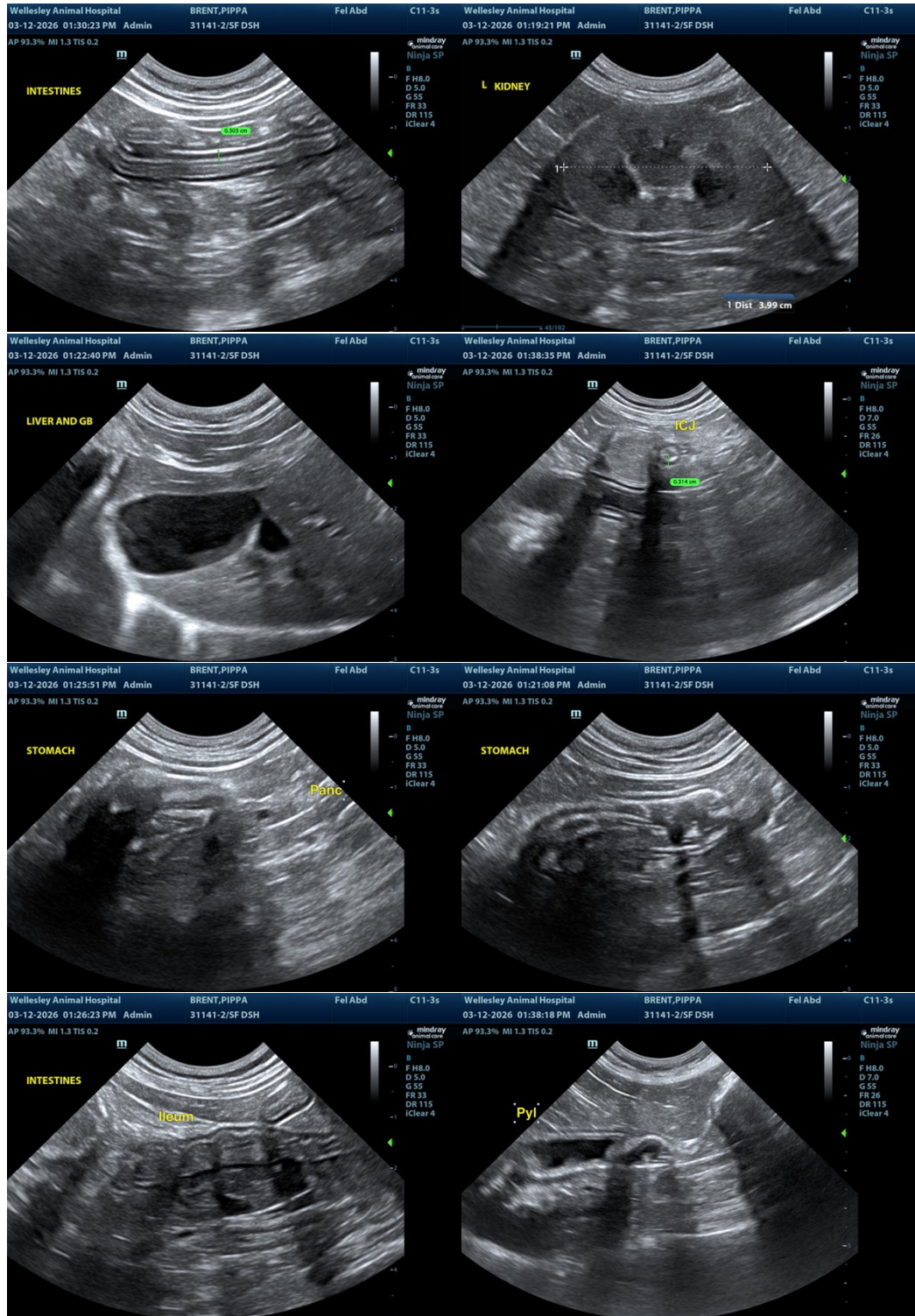
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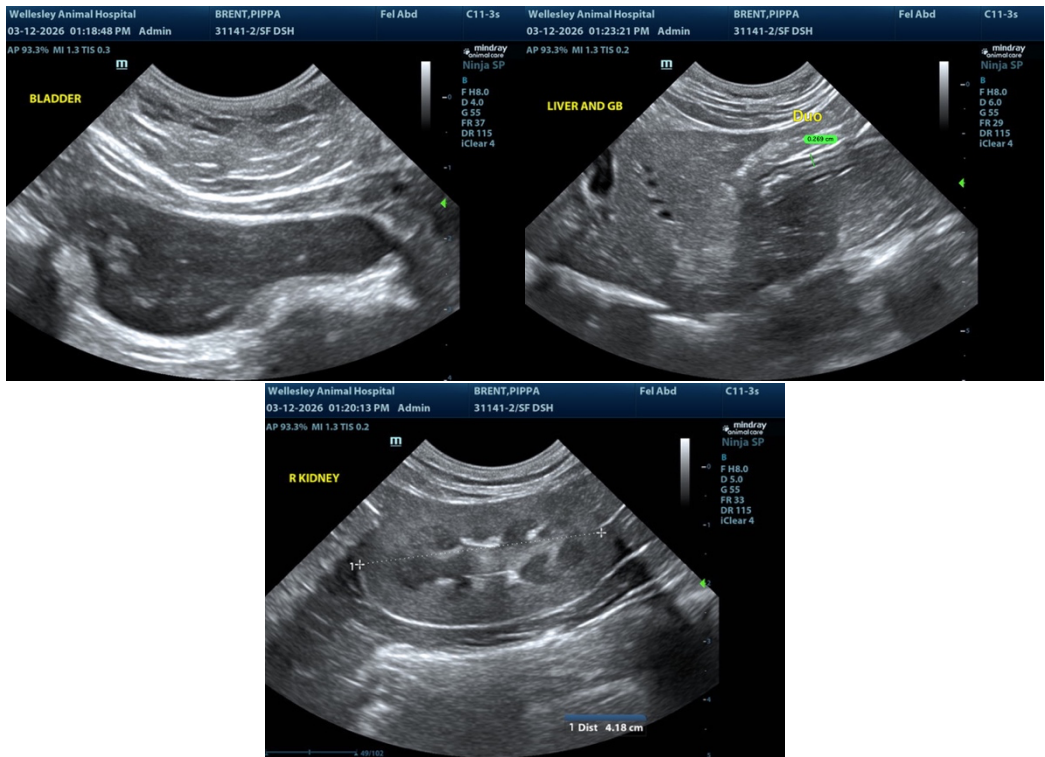
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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