



## PATIENT

AXL LELKO

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

7yr

## WEIGHT

11.8

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jessica Green

## HOSPITAL NAME

Stanglein Veterinary  
Clinic

## REFERRING VET

Dr Rothrock

## INVOICE

24232

## DATE

03/16/2026

## PRESENTING CLINICAL SIGNS

- Patient has an ~3 week history of vomiting and occasionally crying when eating. Seemed to improve slightly following SQF and Cerenia. Started K/D diet for early renal disease with no improvement.

Abnormal PE/Chem/CBC/UA Results: IRIS stage 2 renal disease (CRT 1.7, BUN 26, USG 1.055), otherwise unremarkable Initial radiograph concerning for possible foreign material within gastric lumen, repeat radiographs unremarkable

## 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 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 4.3 cm in length. The right kidney measured 4.1 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 0.44 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 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 appeared mildly distended in size and potentially divided into two compartments containing mild bile sediment. Potential for distended to overlaying cystic duct possible.

### Gastrointestinal



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Regional moderate gastric wall thickening and loss of gastric wall layer detail was present. The thickened gastric walls exhibited decreased echogenicity and an asymmetrical luminal surface. Mild retained anechoic fluid was present in the gastric lumen without evidence of foreign material. Thickened gastric wall width measured 1.2 cm. By comparison, normal appearing intact stomach wall measured 0.28 cm in width.

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.

Normal visible colon wall layers were present with apparent formed 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 evidence of peritoneal effusion was present.

Mild perigastric hyperechoic omentum and intermittent, mildly enlarged homogenous perigastric omental lymph nodes. An example of a lymph node measured 1.3 cm x 0.65 cm.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary**

- Regionally thickened stomach wall with loss of mural detail, mild retained gastric fluid
- Normal small intestine / pancreas
- Mild perigastric hyperechoic omentum and mild perigastric lymphadenopathy
- Sonographically normal kidneys

### **Secondary**

- Possible bilobed gallbladder vs dilated overlaying cystic duct with mild bile debris- if present, bilobed gallbladder normal variant of cat
- Urine sediment

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Regional to significant gastritis, infectious disease, gastric edema or neoplasia are all potentials. Primary concern for gastric neoplasia such as lymphoma is warranted given the sonographic appearance and loss of gastric mural detail.

Assuming normal clotting status, FNA cytology of thickened gastric wall could be considered for initial clarification. Biopsies would be required for definitive diagnosis with potential for oncology consult.

Empirical therapy for significant gastritis, +/- empirical helicobacter coverage with serial clinical and sonographic monitoring would be more conservative.



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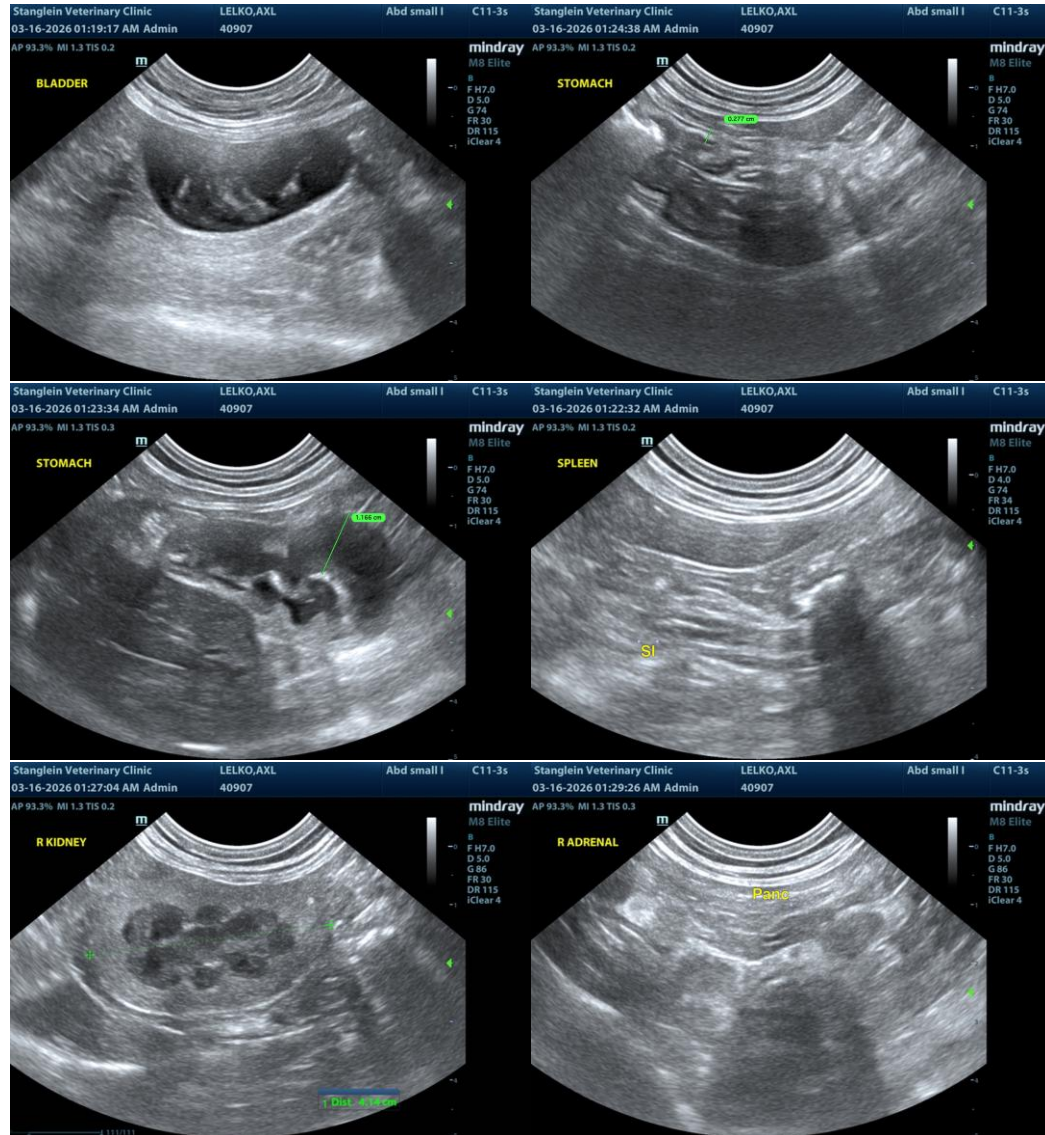
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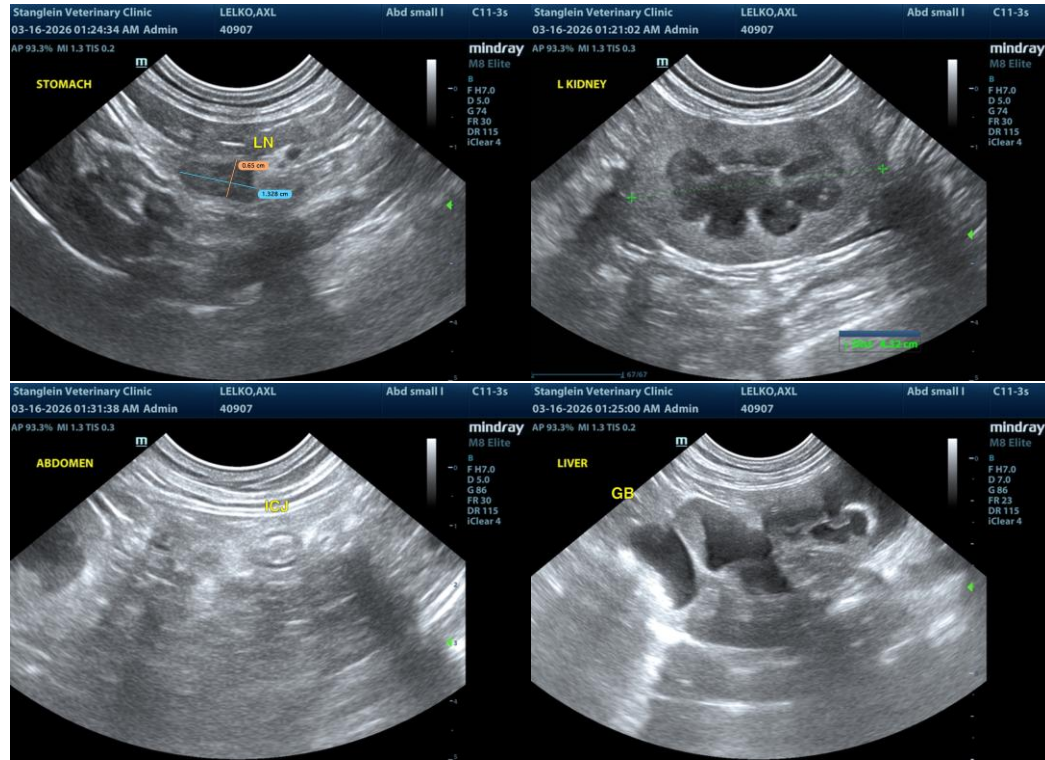
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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**

Jessica Green

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