



## PATIENT

Ra Barber

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

4yr

## WEIGHT

16.5lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Layna Irwin, DVM

## HOSPITAL NAME

Boise Cat Clinic

## REFERRING VET

Layna Irwin, DVM

## INVOICE

24218

## DATE

03/16/2026

## PRESENTING CLINICAL SIGNS

- Presented for acute pronounced hyporexia of 48-72 hours. Very minimal intake since 3/16. Low energy level. No GI symptoms. No known new exposures or dietary indigestion.
- No improvement with maropitant (12 mg PO). Not currently on any other meds.
- Hx of FLUTC/crystalluria - managed with Rx diet. normal urinations
- Hx of overweight - on weight loss plan, but weight is stable.
- Abnormal PE/Chem/CBC/UA Results: PE: normal vital signs. Possible pain on abdominal palpation vs annoyance. Firm stool throughout colon, but distended. Medium sized comfortable bladder. BCS 7/9 CBC - wnl Chem - unremarkable [alt low (11) (hx) (sig?)] Spec fPL - wnl (1.5) UA - wnl [USG >1.050]

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild 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. Mild hyperechoic cortex suggestive of probable mild cortical fat deposition given patient body condition. The left kidney measured 4.1 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

### 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

### Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate ingesta exhibiting mild near field hyperechogenicity with progressive distal acoustic shadowing.

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The small intestine presented intact wall layering with normal muscularis/mucosa ratio. Borderline prominent to thickened jejunum wall with segmental mild non-shadowing intestinal ingesta without obstructive pattern to the level of the colon.

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

## BREED

### *Pancreas*

DSH

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

### *Free Abdomen*

MN

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

## AGE

### ULTRASONOGRAPHIC FINDINGS

4yr

### Primary

## WEIGHT

16.5lb

- Mild to moderate progressively shadowing gastric ingesta.
- Borderline to mild thickened intact small intestine wall with mild segmental intestinal non-shadowing ingesta.
- Normal area of pancreas.
- Mild urine sediment.

## INTERPRETED BY

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### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of progressively shadowing gastric ingesta despite reported 2-3 day history of hyporexia is non-specific and may indicate some degree of metabolic or functional gastric ileus and retained variably dense food like echogenicity yet is concerning for gastric hairball type density or similar. The borderline prominent to mild thickened small intestinal wall likewise may indicate patient variant given patient body condition with potential for low grade enteropathy i.e. IBD or other. No evidence of intra-abdominal neoplastic criteria.

## IMAGING PERFORMED BY

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Recommend 24 hour IV fluid / gastroprotectant protocol which may help encourage gastrointestinal motility with documented 12 hour fast and sonographic monitoring of the gastrointestinal tract.

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If persistent progressively shadowing gastric ingesta, exploratory laparotomy with gastric evacuation and with intestinal biopsies strongly recommended should be considered. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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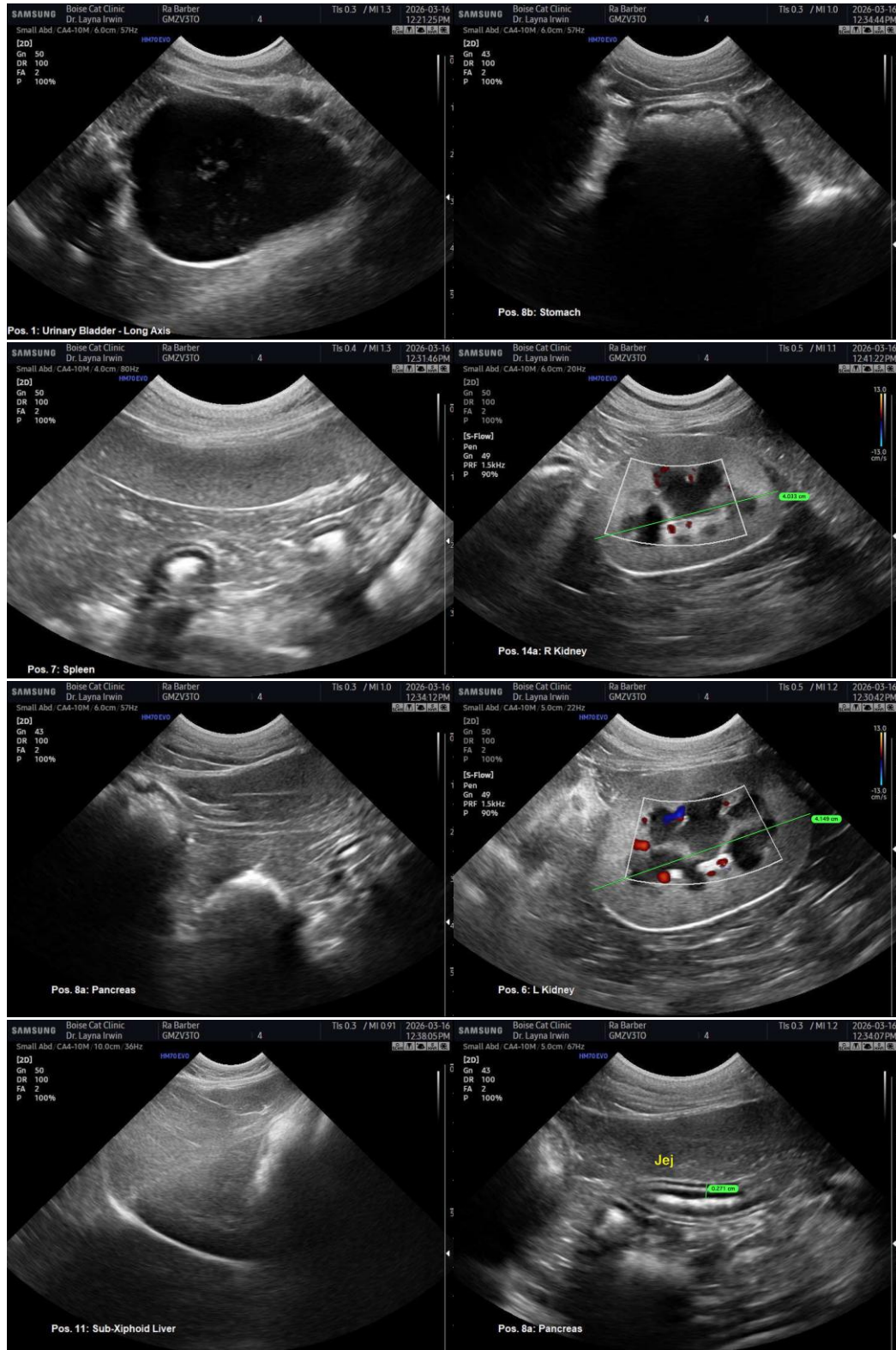
Layna Irwin, DVM

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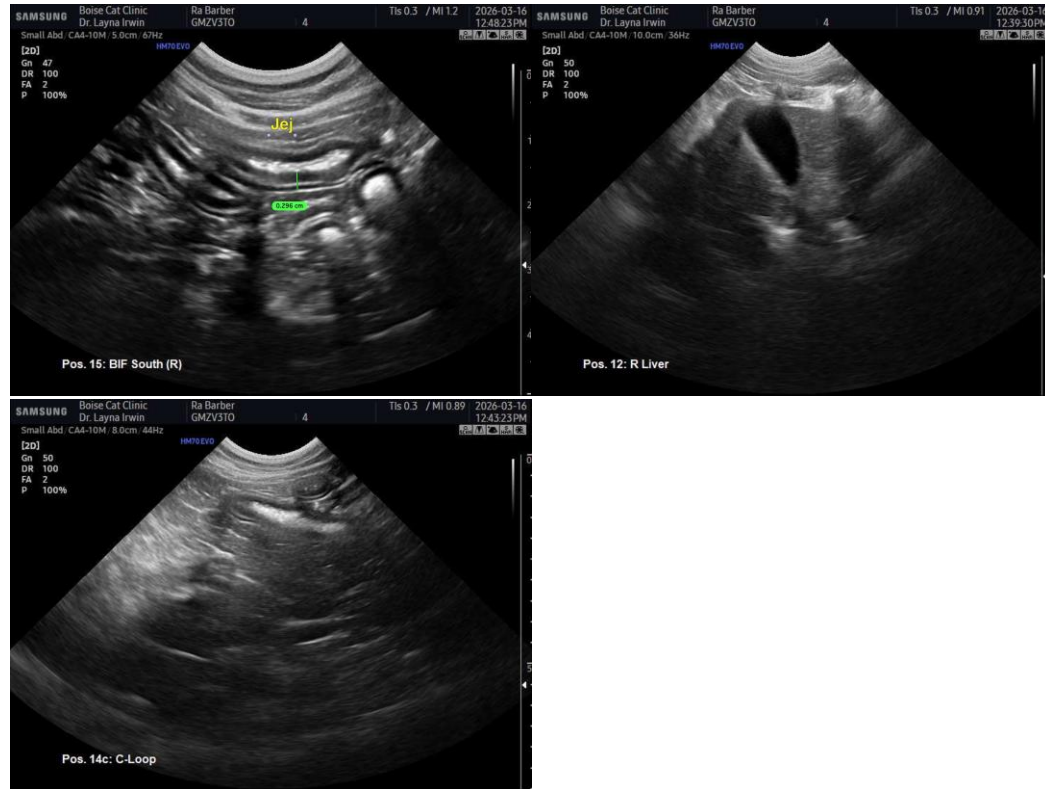
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)