



PATIENT

Mei Mei Kraemer

SPECIES

Feline

BREED

DMH

SEX

FS

AGE

13yr

WEIGHT

7.7lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Velasco

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Velasco

INVOICE

24252

DATE

03/17/2026

PRESENTING CLINICAL SIGNS

- Chronic intermittent vomiting with an acute exacerbation over the last 5 days.
- Weight loss of approximately 1 pound in 6 months.
- Primary differential diagnoses include a severe inflammatory bowel disease (IBD) flare-up
 - or gastrointestinal neoplasia (such as lymphoma).
 - Moderate dental disease (tartar and gingivitis).
 - Mild ceruminous debris in the left ear.
- Abnormal PE/Chem/CBC/UA Results: SDMA 24.4 BUN 38 T4 4.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

Subnormal right kidney size compared to the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 2.5 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 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 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 was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



PATIENT

Mei Mei Kraemer

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained fluid with no signs of obstruction or foreign material. The gastric body wall measured 0.25 cm in width.

SPECIES

Feline

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The small intestinal wall measured 0.36 cm in width. The ileocolic wall measured 0.45 cm in width.

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

BREED

Pancreas

DMH

The area of the pancreas was sonographically normal.

SEX

FS

Free Abdomen

No evidence of peritoneal effusion was present.

AGE

13yr

Mildly swollen to hypoechoic jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 1.5 cm x 0.8 cm.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

7.7lb

Primary

- Normal mildly hypomotile stomach
- Infiltrative enteropathy with associated jejunocolic lymphadenopathy
- Normal area of pancreas
- Chronic renal changes with subnormal right kidney size

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the small intestine is compatible with infiltrative enteropathy. Primary considerations may include inflammatory infiltrative enteropathy such as IBD or neoplastic infiltrative enteropathy with round cells such as lymphoma or mast cell disease among potential etiologies. Dry form FIP may also present in this manner yet considered unlikely given patient age. Associated reactive lymphadenitis, hyperplasia or metastatic lymphadenopathy possible. Diagnosis would require biopsies for histology, obtained either via endoscopy or, ideally, full thickness biopsies via laparotomy. A GI Panel to include PLI/TLI/Cobalamin/Folate is recommended. If additional diagnostics are not elected, empirical medical therapy for IBD which may include dietary therapy, cobalamin supplementation, probiotics +/- steroids trial with assessment of clinical response and monitoring of body weight could be considered.

IMAGING PERFORMED BY

Velasco

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

Velasco

INVOICE

24252

DATE

03/17/2026



PATIENT

Mei Mei Kraemer

SPECIES

Feline

BREED

DMH

SEX

FS

AGE

13yr

WEIGHT

7.7lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Velasco

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

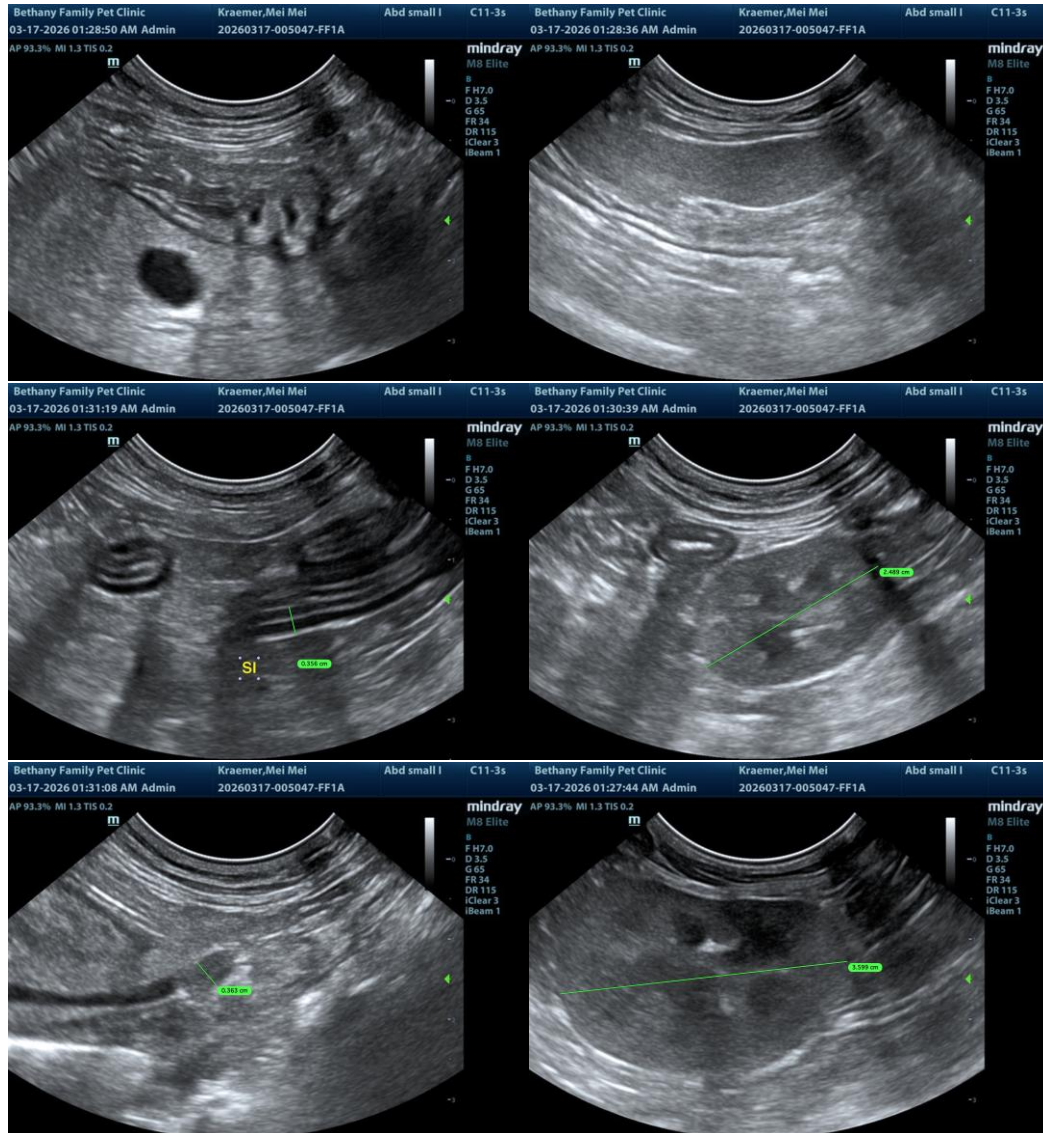
Velasco

INVOICE

24252

DATE

03/17/2026





PATIENT

Mei Mei Kraemer

SPECIES

Feline

BREED

DMH

SEX

FS

AGE

13yr

WEIGHT

7.7lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Velasco

HOSPITAL NAME

Bethany Family Pet
Clinic

REFERRING VET

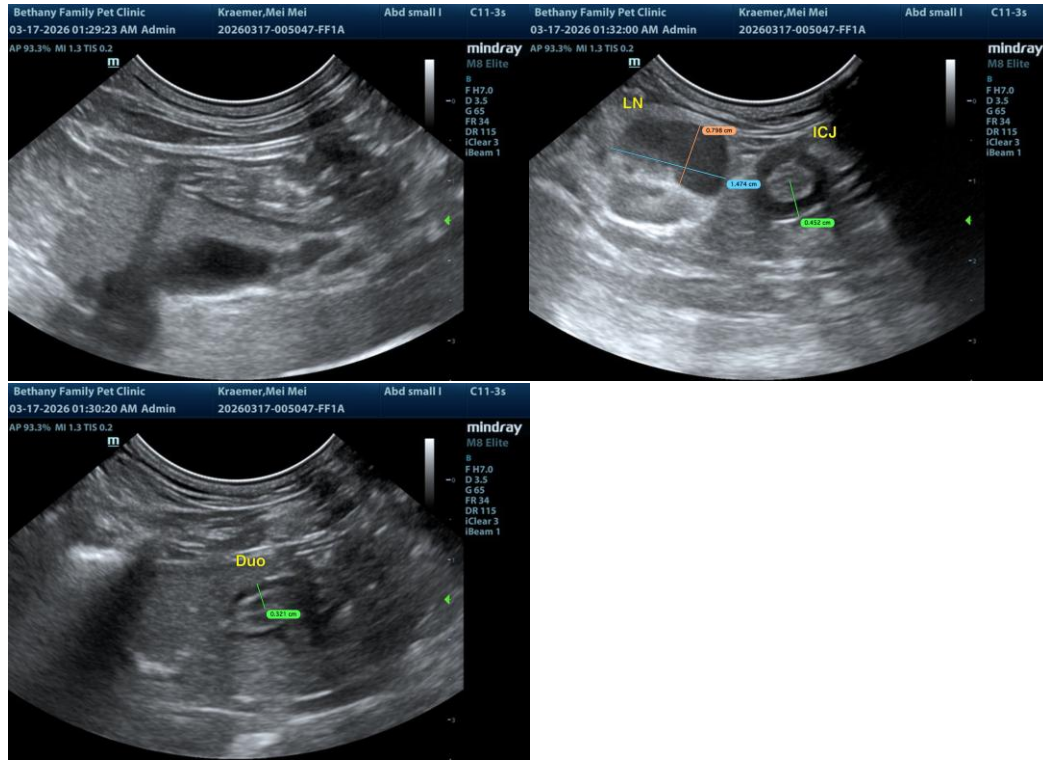
Velasco

INVOICE

24252

DATE

03/17/2026



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