

## PATIENT

Piper Maloney

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

4 Years 9 Months

## WEIGHT

11.5 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Megan Bray

## HOSPITAL NAME

Taylorsville Veterinary  
Clinic

## REFERRING VET

Dr. Ashleigh Bisset

## INVOICE

14017

## DATE

03/02/26

## PRESENTING CLINICAL SIGNS

- Piper is a 4-year-old, spayed female, Domestic Shorthair presenting for a recheck examination for chronic vomiting and for a scheduled abdominal ultrasound. The owner reports a three-year history of intermittent vomiting that has significantly worsened over the past two weeks, now occurring almost daily. The vomitus is typically undigested food, but can occasionally be liquid. The timing of the vomiting is variable and does not seem to be associated with a specific time of day. Piper has had a decreased appetite for her wet food recently but continues to eat dry food. The owner notes that prior to a vomiting episode, Piper's abdomen appears bloated and feels firm. After vomiting, she seems to feel better and has normal energy levels, including running around the house. There has been no diarrhea observed. Piper is currently on a probiotic supplement. She was last seen in November 2025. GI panel at the time revealed folate >24 (H), Cobalamin 1115 (N), Spec fPL 1.2 (N). She was placed on a probiotic and it seemed to help for a little while and then vomiting returned. Piper was previously 12.1 pounds and is 11.5 pounds today. PE overall unremarkable, mild pain/discomfort with all abdominal palpation. Patient is currently eating GI biome and a urinary diet

## 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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change 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 3.4 cm in length. The right kidney measured 3.6 cm in length.

### *Adrenal Glands*

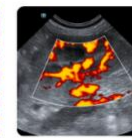
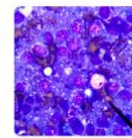
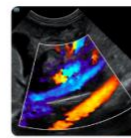
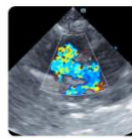
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 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*



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

### *Gastrointestinal*

The stomach presented intact mild thickened stomach and pylorus wall. Intact wall layering was maintained and distinct. The gastric body wall measured 0.30 cm width. The stomach contained a mild amount of retained gastric fluid. The pylorus wall measured 0.45 cm wall width.

The intestinal walls demonstrated intact borderline to mild thickened wall layers exhibiting subtle altered 1:3 muscularis / mucosa ratio owing to subtle to mildly prominent muscularis layer. The duodenum wall measured 0.27 cm wall width. The jejunum wall measured 0.28 cm wall width. Empty intestinal lumen to the level of the colon without obstructive pattern.

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

### *Pancreas*

The area of the pancreas was sonographically normal.

### *Free Abdomen*

No peritoneal effusion was present. Intermittent minor prominent mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of the lymph nodes measured 0.85 cm in diameter.

## ULTRASONOGRAPHIC FINDINGS

- Mildly thickened hypomotile stomach.
- Intact mildly thickened empty small intestine.
- Normal area of the pancreas,
- Focal to intermittent mild mesenteric lymphadenopathy.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract is suggestive of nonspecific inflammatory criteria which may indicate nonspecific gastroenteritis, IBD or other inflammatory enteropathy in conjunction with mild lymphadenopathy, most consistent with benign criteria i.e. mild hyperplasia or possible mild lymphadenitis, emerging to occult gastrointestinal neoplasia i.e. lymphoma and early metastatic lymphadenopathy thought less likely.

Recheck GI panel could be considered for further clarification and assessment for concurrent non-obvious pancreatitis which may present sonographically normal given mild weight loss. Screening three view chest radiographs are suggested. Continued gastrointestinal support +/- empirical IBD protocol with clinical and sonographic monitoring is recommended.



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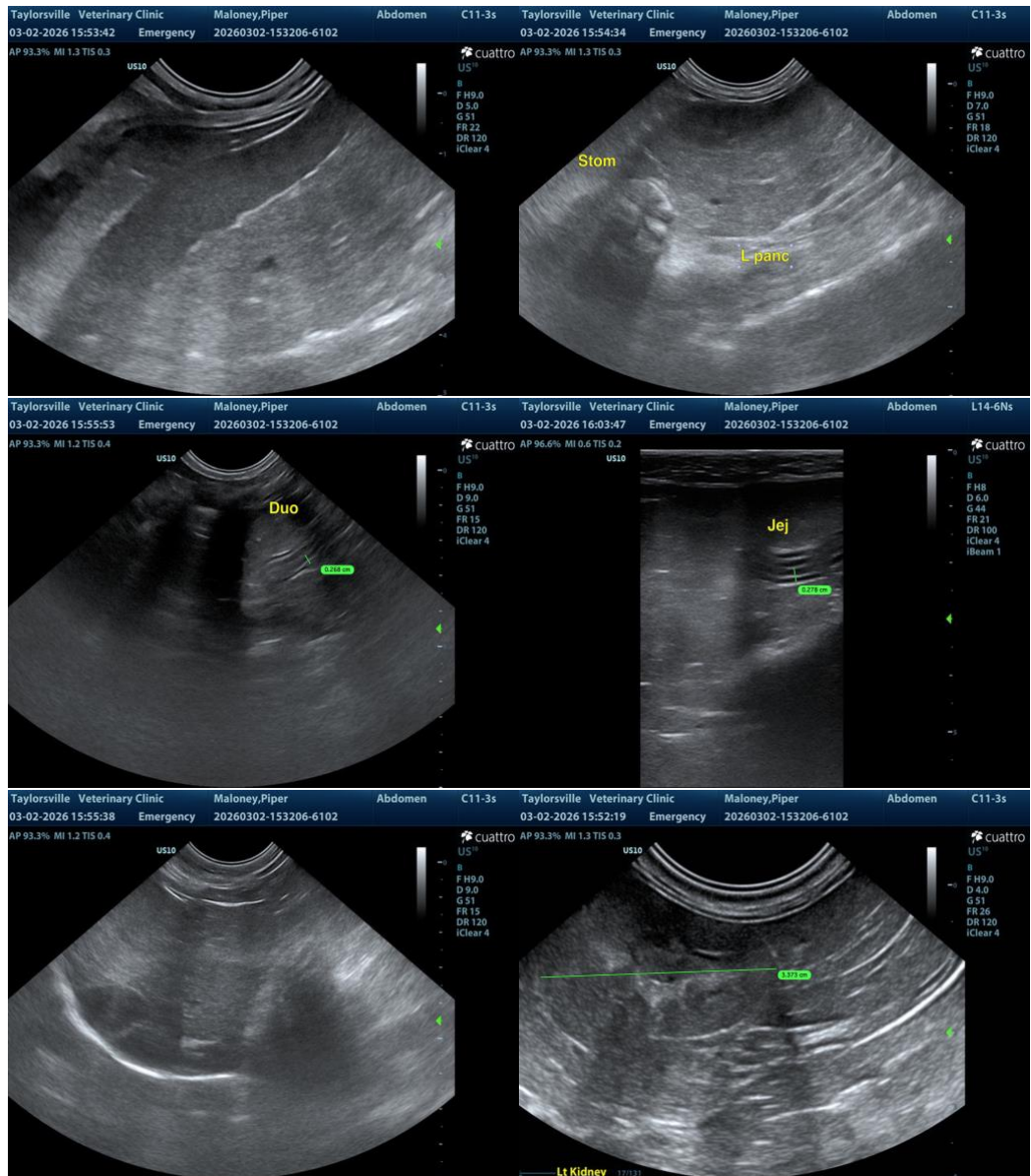
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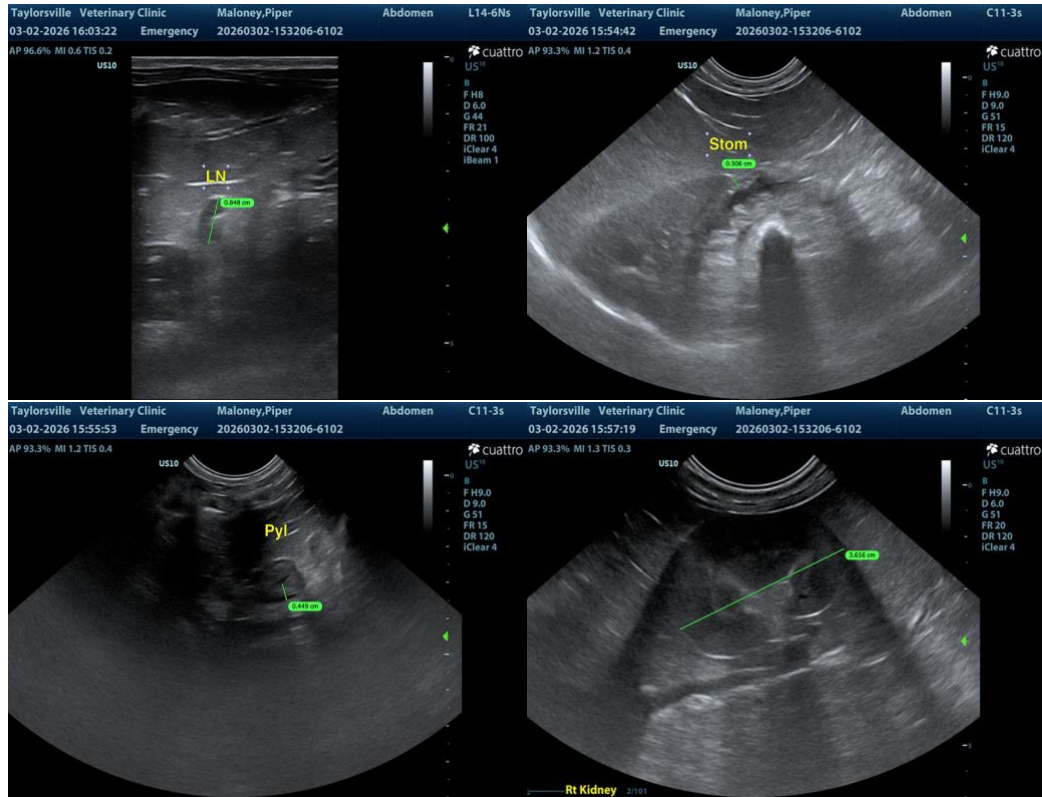
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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