



PATIENT

Ollie Erikson

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

8y

WEIGHT

8.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Tremper

INVOICE

13348

DATE

3/31/26

PRESENTING CLINICAL SIGNS

History: Ongoing chronic vomiting and intermittent picky appetite for last ~4-6 months with history of long-term hairballs. Recent increase in vomiting in last week (patient refusing oral Cerenia). Patient has very picky appetite, owner has been offering large variety of options and since this buffet her symptoms are worsening. Owner reports anorexia in last several days. BAR on exam today, non-painful abdomen. Weight loss of ~2 lb since December.

ABNORMAL Lab work Values: Lab work performed on 1/26/26 unremarkable, fecal key screen PCR negative on 3/24/26--will email results for review

Current Medications: Cerenia 1/2 16 mg tab SID PRN (patient not tolerating administration), transdermal Mirataz

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 no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio. Both kidneys exhibited hyperechoic corticomedullary border with mild indistinct corticomedullary border demarcation. The left kidney measured 3.4 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position and shape. The left adrenal gland subjectively measured 0.31 cm. The right adrenal gland measured 0.43 cm.

Spleen

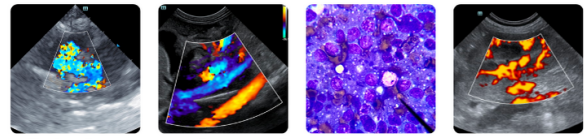
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.62 cm width level of the mid spleen.

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

Gastrointestinal

The stomach presented generalized to variably thickened wall exhibiting regional indistinct to loss of mural detail measuring 0.87 cm width. The stomach contained a mild to moderate amount of retained fluid without evidence of shadowing content or obstruction to pyloric outflow.



PATIENT

Ollie Erikson

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. A mild, segmental, non-obstructive duodenojejunal ileus. Duodenum wall measured 0.26 cm and jejunum wall measured 0.21 cm.

SPECIES

Feline

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

Pancreas

BREED

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

Male Neutered

Free Abdomen

Mild perigastric hyperechoic omentum and intermittent, mildly enlarged homogeneous gastric lymph nodes. Example of lymph node measured 0.84 cm in diameter.

AGE

8y

ULTRASONOGRAPHIC FINDINGS

WEIGHT

8.9 lbs

- Generalized to variably thickened stomach exhibiting regional indistinct to loss of gastric mural detail, non-obstructive gastric stasis
- Sonographically normal small intestine with mild segmental non-obstructive ileus
- Normal area of pancreas
- Mild perigastric hyperechoic omentum and intermittent gastric lymphadenopathy

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary considerations for the stomach may include gastritis and associated wall edema with concern for emerging gastric neoplastic criteria given regional indistinct to loss of gastric mural detail. Infectious etiology not definitively associated. Metabolic gastric stasis is present without evidence of mechanical obstruction to pyloric outflow. Concurrent structurally unremarkable nonspecific enteropathy possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Definitive diagnosis would require gastrointestinal biopsies for histopathology. Gastrointestinal support and empirical therapy for nonspecific gastritis to gastroenteritis with clinical and sonographic monitoring would be more conservative. Gastric biopsies strongly recommended for further assessment and potential guidance of therapy.

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Salem AH

REFERRING VET

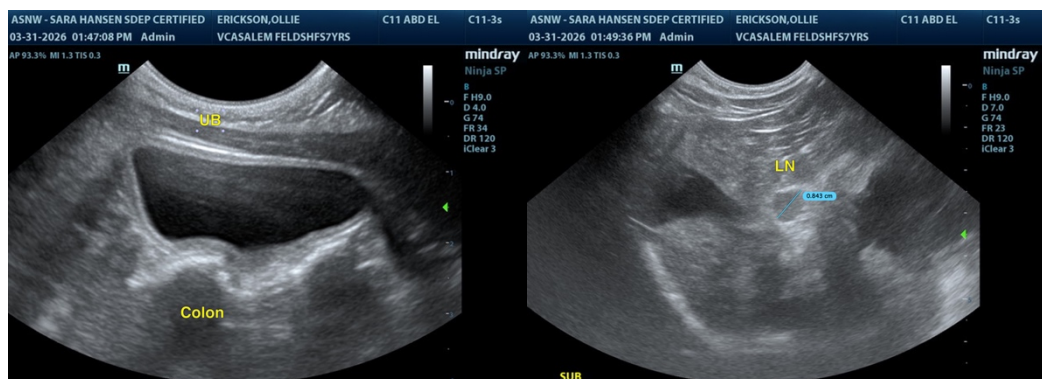
Dr. Tremper

INVOICE

13348

DATE

3/31/26





PATIENT

Ollie Erikson

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

8y

WEIGHT

8.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Salem AH

REFERRING VET

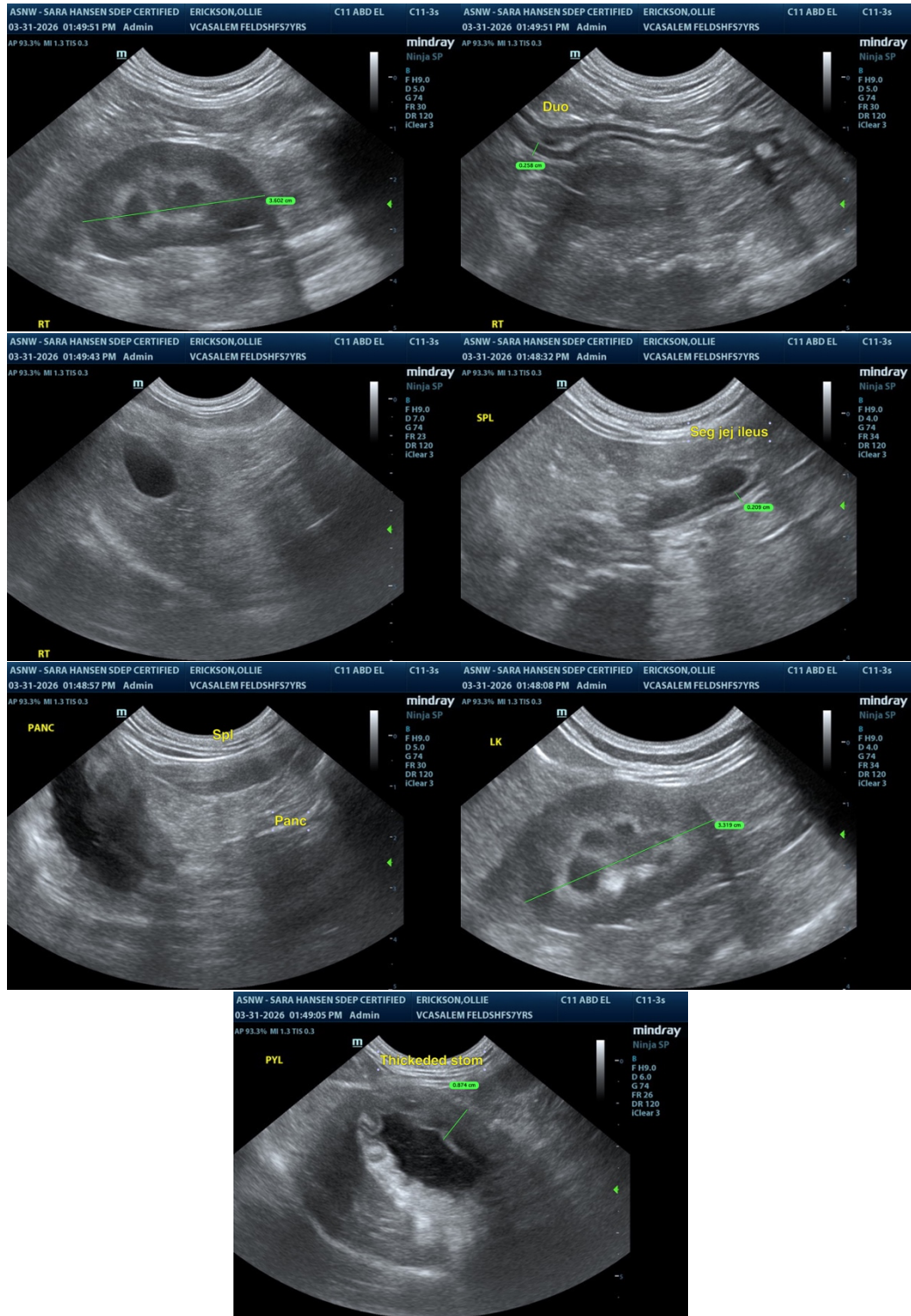
Dr. Tremper

INVOICE

13348

DATE

3/31/26





PATIENT

Ollie Erikson

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

8y

WEIGHT

8.9 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Tremper

INVOICE

13348

DATE

3/31/26

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