



PATIENT

Sophie Ownen

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

5.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Blue Pearl Wyomissing
ER

INVOICE

14099

DATE

03/06/26

PRESENTING CLINICAL SIGNS

- AUS to further evaluate vomiting, lethargy and weight loss (about 4 lbs in 1 yr). Only change was canned food diet. Currently in the ER.
- Meds: Lysine supplement

CBC: Hct 46.9%, Plts 153-n, remainder NSF - T4: 1.9-n - Chem/lytes: Alb 2.6-n, normal LES, normal renal values, normal lytes. - Panc Lipase: 2.3-n

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.8 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.37 cm width. The right adrenal gland measured 0.30 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. The spleen measured 0.76 cm width level of the mid spleen.

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. 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 was empty with no signs of ileus, obstruction or foreign material.

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 ileus, obstruction or foreign material. The duodenum wall measured 0.23 cm wall width. The jejunum wall measured 0.23 cm wall width. The ileocolic wall measured 0.34 cm wall width.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Intermittent mildly enlarged to hypoechoic mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Regional perilymphatic hyperechoic omentum. An example of lymph node size was 0.77 cm in diameter. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Overall sonographically normal gastrointestinal tract.
- Intermittent mild mesenteric lymphadenopathy with perilymphatic hyperechoic omentum.
- Normal area of pancreas.
- Nonspecific indistinct bilateral renal medullary rim sign.
- Mild urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant gastrointestinal mural pathology or mechanical obstruction, i.e. foreign body mass, significant mural changes, etc. Underlying small intestinal disease and mild pancreatitis may present sonographically normal.

The mild mesenteric lymphadenopathy, although non-specific, is suggestive of mild reactive hyperplasia or lymphadenitis secondary to underlying non-structural intestinal disease. Potential for occult to emerging non-structural gastrointestinal or lymphatic neoplasia is thought less likely. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Assuming no pathology on three view chest radiographs as a contributing factor, a definitive diagnosis would require intestinal and lymphatic biopsies for histopathology. The lymph nodes currently are not likely amendable to FNA cytology.

Dietary trial, as needed gastroprotectants, cobalamin supplementation (pending assessment of cobalamin level) with clinical monitoring may prove beneficial.



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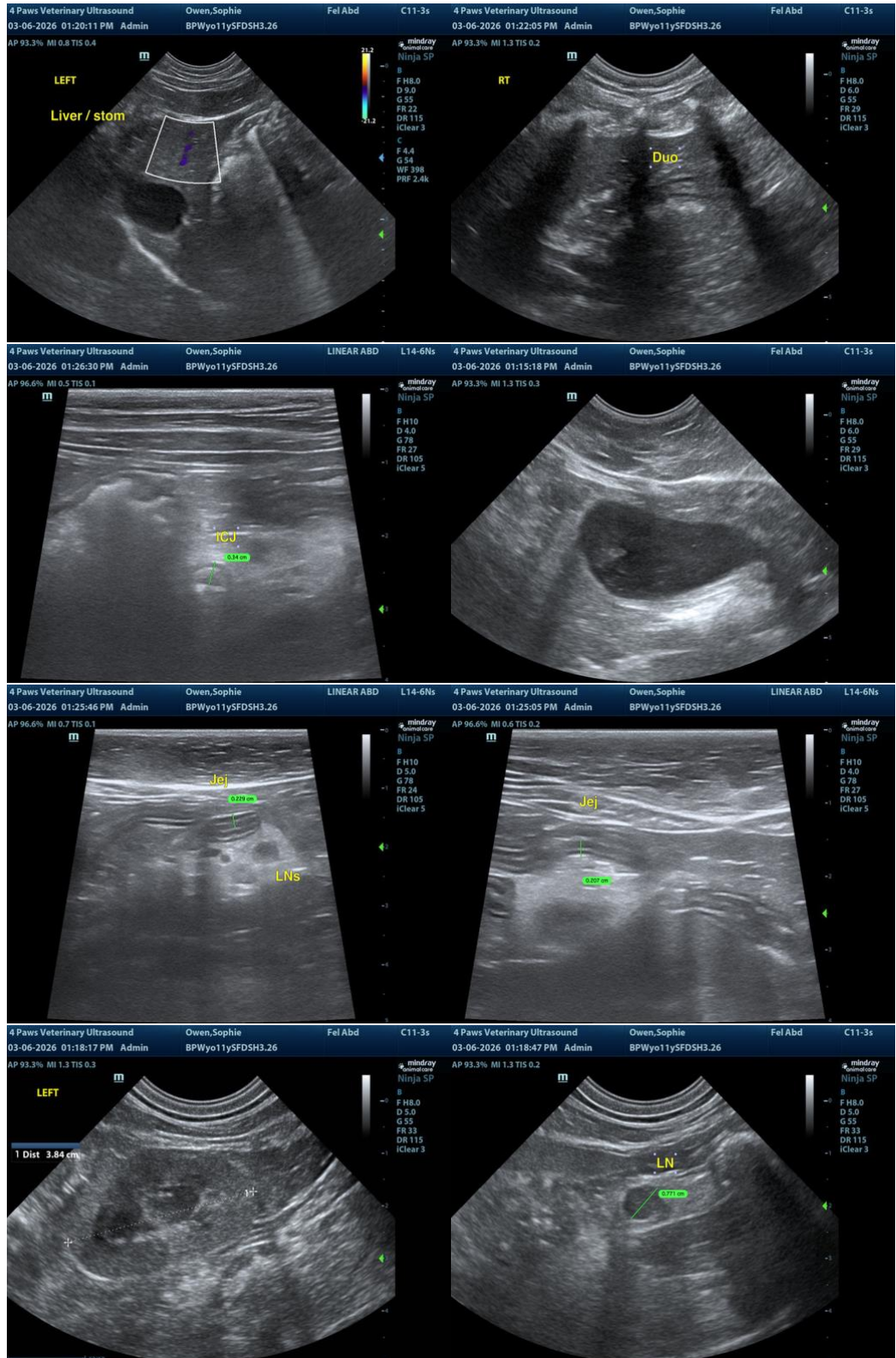
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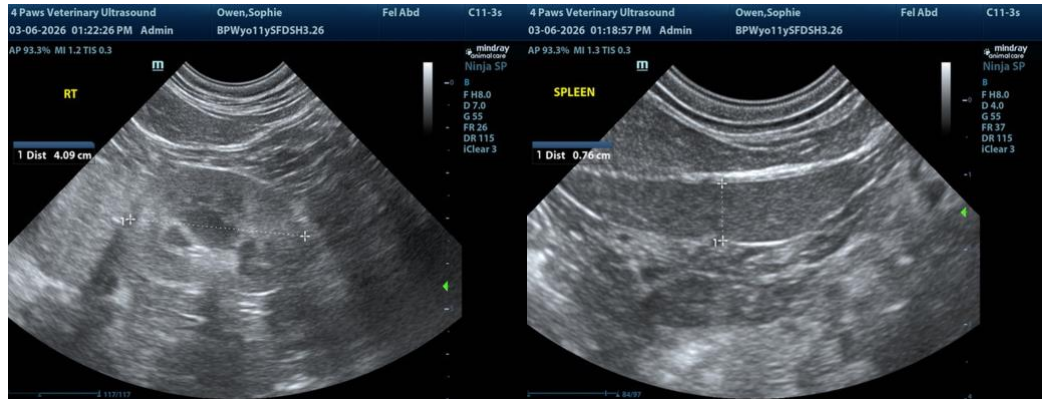
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com