



PATIENT

Wobbles Foster

SPECIES

Feline

BREED

DSH/Siamese

SEX

Neutered Male

AGE

9

WEIGHT

10

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hunt

HOSPITAL NAME

Bayshore Veterinary
Hospital

REFERRING VET

Dr. Hunt

INVOICE

14812

DATE

04/02/26

PRESENTING CLINICAL SIGNS

Chronic vomiting

Abnormal PE/Chem/CBC/UA Results: all b/w ok. Texas and m b/w suggests panc.

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.

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. Mild 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 3.5 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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 1.0 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

The stomach presented regional mild thickened gastric body wall with indistinct layer detail. Mildly thickened stomach wall measured 0.46 cm wall width. Concurrent intact nonthickened stomach wall in the area of the gastric fundus and ventral gastric body. The nonthickened stomach wall measured 0.28 cm wall width. The pylorus was mildly thickened in appearance without obstruction to pyloric



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outflow and measured 0.45 cm wall width. The stomach was primarily empty with mild lumen has and minor retained fluid.

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 0.28 cm wall width. The jejunum wall measured 0.25 cm wall width.

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

Pancreas

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.

Free Abdomen

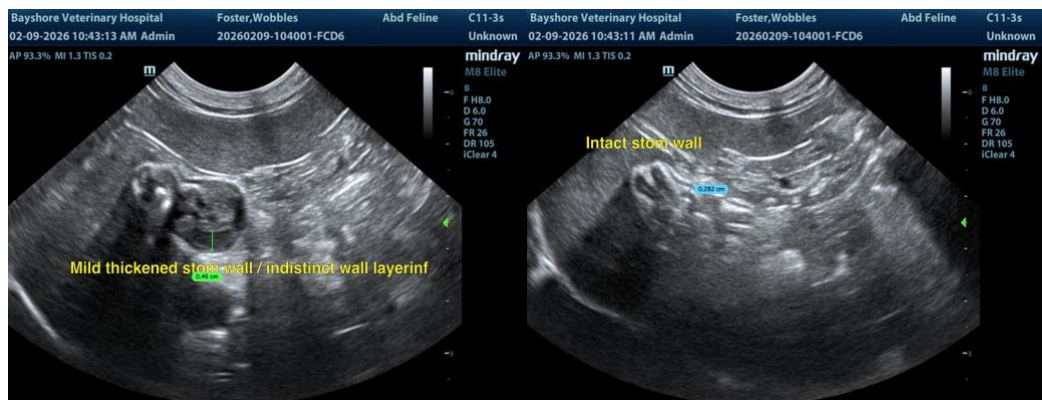
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Regional mild thickened stomach wall exhibiting indistinct gastric body wall layer detail.
- Sonographically normal empty small intestine.
- Normal area of the pancreas.
- Bilateral mild and nonspecific renal medullary rim sign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary considerations for the regionally thickened stomach and indistinct gastric wall layer detail may include chronic gastritis or possible emerging neoplastic process such as lymphoma. Mild to chronic pancreatitis at times may present sonographically normal and may be suspected of cranial abdomen/subxiphoid discomfort on palpation. Endoscopic gastric biopsy is required for a definitive diagnosis. Canned hydrolyzed diet with possible long-term dietary therapy, as needed gastroprotectant Omeprazole 1.0 mg/kg SID with concurrent as needed anti-emetic medication +/- empirical coverage for helicobacter with clinical and serial sonographic monitoring would be more conservative.





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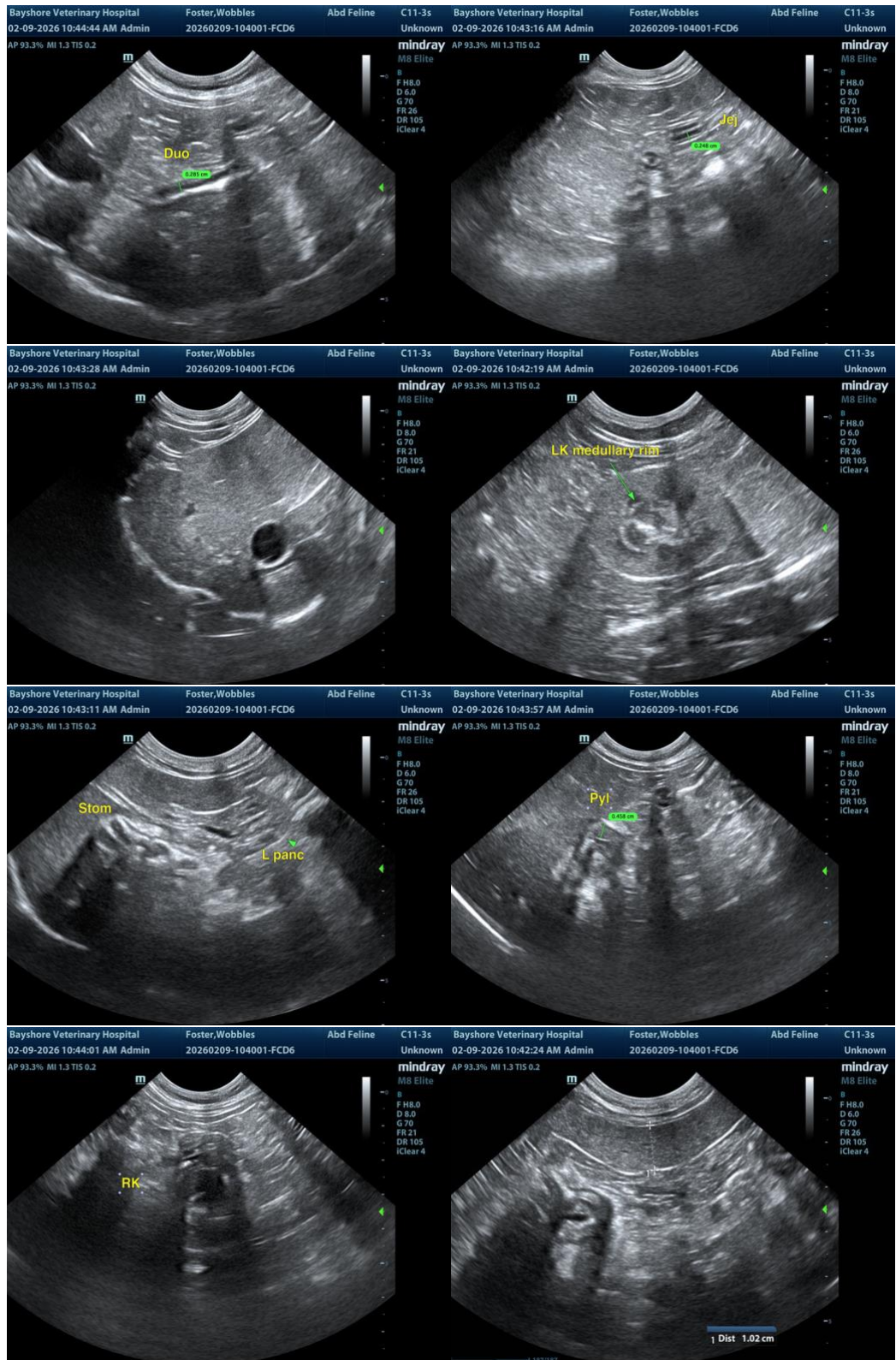
Dr. Hunt

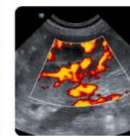
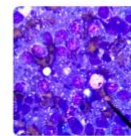
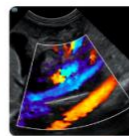
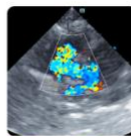
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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