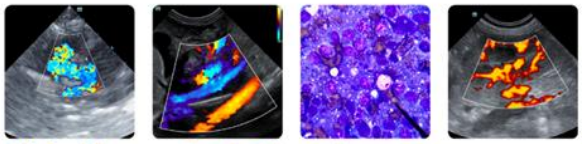


PATIENT
Dot Royal

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
8yr

WEIGHT
9.30lb

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

IMAGING PERFORMED BY
Amanda Crook

HOSPITAL NAME
Rivers Edge Pet Medical Center

REFERRING VET
Dr Tamara Kimmel

INVOICE
24555

DATE
04/22/2026

PRESENTING CLINICAL SIGNS

Chronic vomiting; episodes typically last 1-3 days and resolve with supportive care. Most recent vomiting started 5 days ago with vomiting; improved with Cerenia but her appetite has not retured. 4/20 she was evaluated; labs submited (see report) and treated with SQ fluids, cerenia. She ate a novel dry food that night, but this am she is back to not wanting to eat well and seems uncomfortable.
Current Medications
Cerenia 24 - 1/4 PO SID
SQ fluids 120 cc (given yesterday)
Novel Diet - Rabbit/Pea
Mirtazapine; applied this am
Abnormal PE/Chem/CBC/UA Results: no rads at this time Laboratory Abnormalities CBC: Pending pLI: Pending Chemistry: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

Normal size and margination were 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 3.6 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

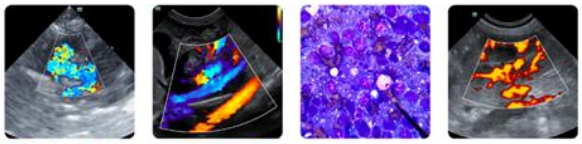
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured – cm width at the caudal pole.

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



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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 wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

The intestinal walls demonstrated intact wall layers with borderline thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of generalized muscularis hypertrophy. The duodenum wall measured 0.21 cm width. The jejunum wall measured 0.26-0.27 cm width. The ileocolic wall measured 0.38 cm 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

No evidence of peritoneal effusion was present.

Intermittent mildly prominent to enlarged mesenteric lymph 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 measured 1.5 cm x 0.56 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

- IBD intestinal pattern
- Intermittent mild mesenteric lymphadenopathy
- Normal area of pancreas
- Non-shadowing gastric ingesta- consistent with food

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild mesenteric lymph lymphadenopathy is not overtly consistent with neoplastic or metastatic criteria and suggestive of mild hyperplasia or possible reactive lymphadenitis, secondary to IBD intestinal pattern. Potential for emerging to occult intestinal round cell neoplasia and metastatic lymphadenopathy felt less likely yet may present in a similar sonographic manner in early stage. If documented NPO, concurrent metabolic gastric stasis or delayed gastric emptying suspected without evidence of obstructive criteria. Intestinal biopsies and lymphatic biopsies required for definitive diagnosis.

Canned novel protein or hydrolyzed diet trial with as needed gastrointestinal support and consideration for empirical IBD protocol with clinical and sonographic monitoring would be reasonable. Correlation with pending diagnostics and consideration for a GI panel to include

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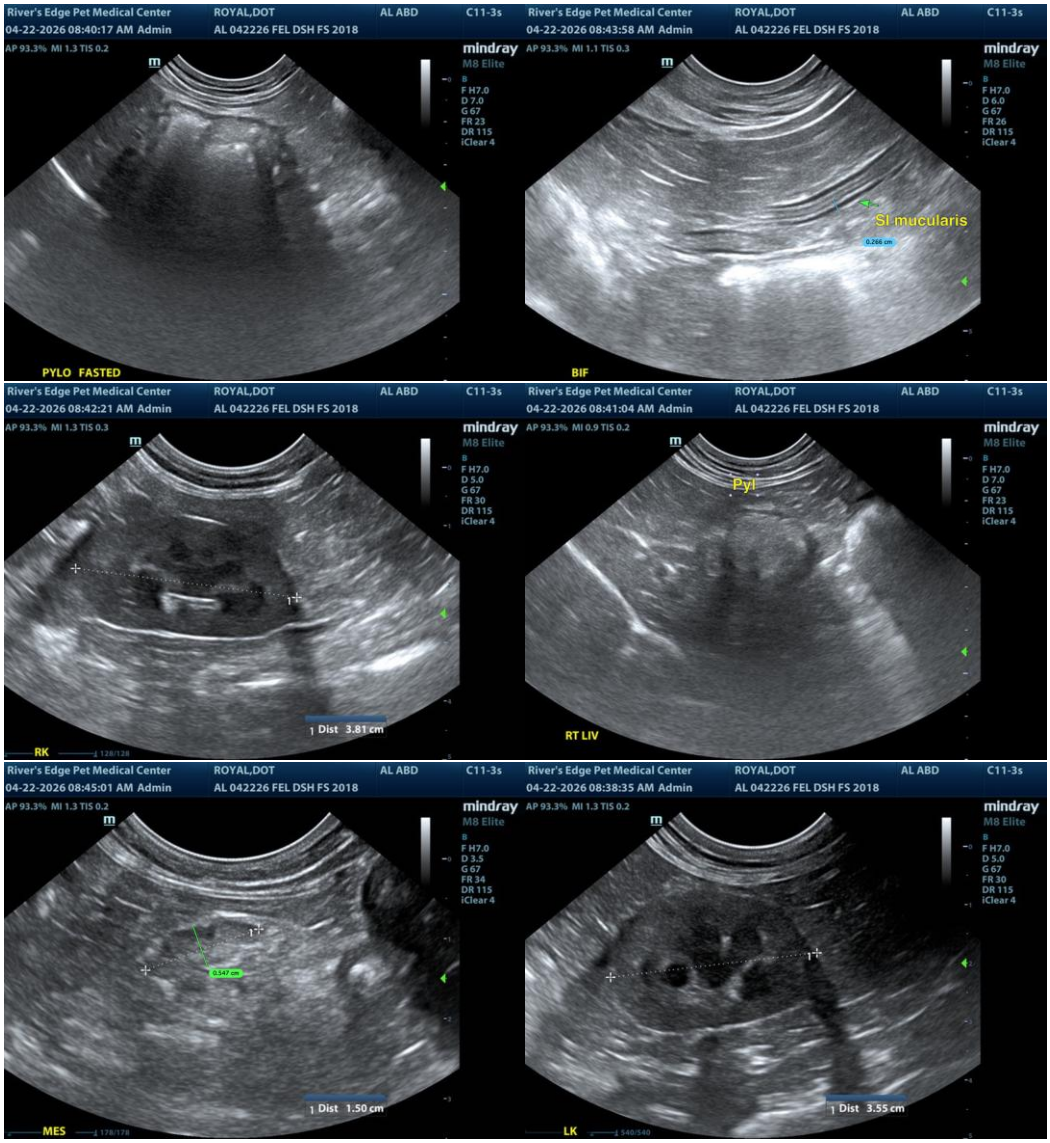
PLI/TLI/Cobalamin/Folate is recommended.



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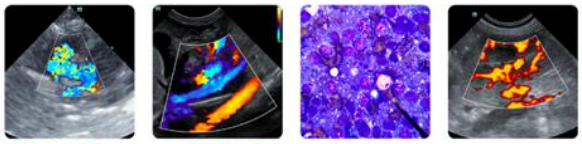

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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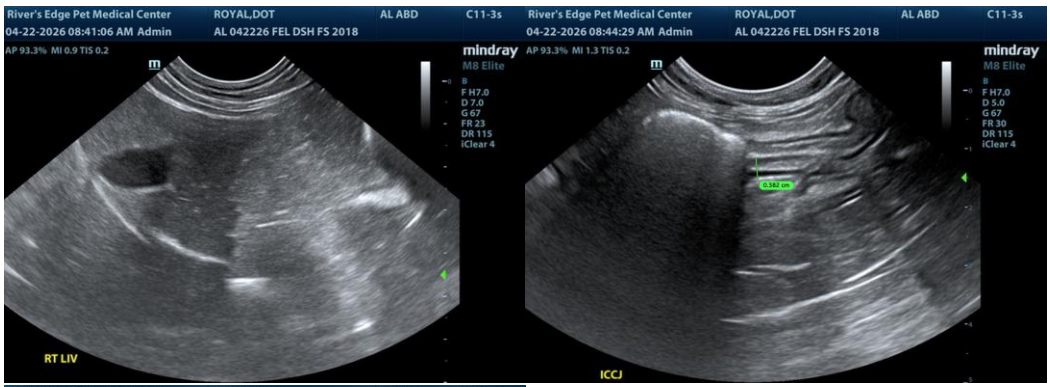

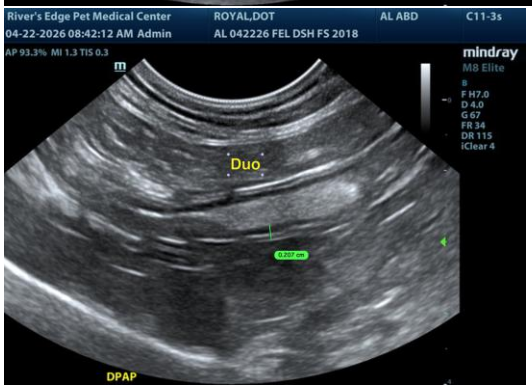

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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