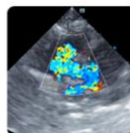
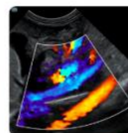
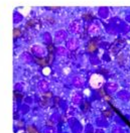
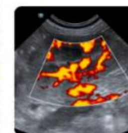





PATIENT

Hades Bruch

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

8 Years

WEIGHT

5.44 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Abby Gerenser

HOSPITAL NAME

Abby Road Animal Hospital

REFERRING VET

Dr. Abby Gerenser

INVOICE

15357

DATE

04/23/26

PRESENTING CLINICAL SIGNS

Patient presented for constant vomiting over an 8 hour period. No previous history of GI issues. Responded well to IV fluids and maropitant Approximately 1 kg weight loss in 1 year (not intentional)

Abnormal PE/Chem/CBC/UA Results: Mildly elevated globulin, all other labwork wnl

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. The left kidney measured 3.8 cm in length. The right kidney measured – 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 0.32 cm width at the caudal pole.

The right adrenal gland was not definitively visualized with no obvious pathology.

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.

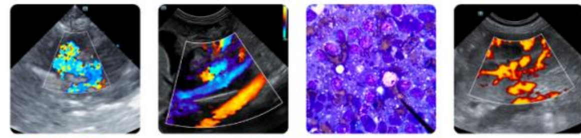
Liver & Gallbladder

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. 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 wall layering. The stomach was nondistended containing a mild amount of retained fluid and possible small nonobstructive hairball type density measuring approximately 2.4 cm in diameter.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Generalized empty intestinal lumen without obstructive pattern to the level of the colon. Mild segmental jejunal corrugation suggestive of mild segmental jejunal spasming. The jejunum wall measured up to 0.28 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

No overt lymphadenopathy or peritoneal effusion was present.

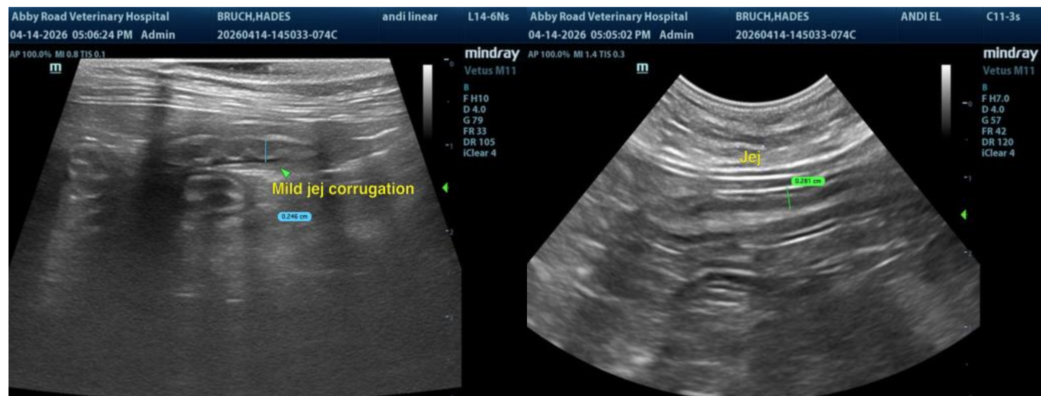
ULTRASONOGRAPHIC FINDINGS

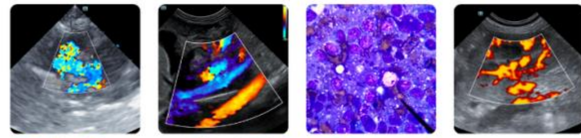
- Nondistended stomach with mild retained fluid and possible small nonobstructive hairball type density.
- Sonographically normal empty small intestine with mild segmental jejunal corrugation/spasming.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The possible small hairball type density in the stomach may be irritative yet not overtly obstructive. Suspect concurrent non-specific enteritis and segmental jejunal corrugation, suggestive of mild jejunal spasming. No indication for immediate surgical intervention.

Continued gastrointestinal support +/- hairball therapy, if history of hairballs and clinical monitoring is recommended. Sonographic reassessment is indicated if non-responsive or persistent gastrointestinal signs.





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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