



PATIENT

Savannah Curland

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9yr

WEIGHT

10.18

INTERPRETED BY

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

IMAGING PERFORMED BY

Ruth Loomis

HOSPITAL NAME

Brookwood Animal
Clinic

REFERRING VET

Ruth Loomis

INVOICE

24676

DATE

04/28/2026

PRESENTING CLINICAL SIGNS

Increased vomiting - first noted last year but then seemed to stabilize but vomiting increased again in the last few months. Vomiting up mix of hairballs and food.
Appetite is normal.

O tried catlax and GI friendly food

No diarrhea

Mild wt loss

Abnormal PE/Chem/CBC/UA Results: chem/cbc WNL in October full labs and T4 pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 3.4 cm in length. The right kidney measured 3.4 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 0.40 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 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.

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 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 variably thickened wall. The stomach contained a mild amount of non-shadowing ingesta with no evidence of obstruction to pyloric outflow. The pylorus wall measured 0.21 cm in width. Thickened stomach wall measured 0.51 cm in width.

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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 mechanical/metabolic ileus, obstruction or foreign material. The jejunum wall measured 0.25 cm width. The ileocolic wall measured 0.44 cm width.

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

BREED

Pancreas

DSH

The left pancreas was normal in size with mild capsule asymmetry exhibiting isoechoic mildly non-homogenous parenchyma compared to adjacent omentum.

SEX

Free Abdomen

FS

No evidence of peritoneal effusion was present.

AGE

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Mildly enlarged to swollen, hypoechoic perigastric lymph nodes with mild perigastric hyperechoic omentum. An example of lymph node measured 0.95 cm in diameter. Concurrent mild colic lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

10.18

Primary

- Intact, mildly thickened stomach wall with mild retained non-shadowing gastric ingesta
- Sonographically normal small intestine
- Possible left limb low-grade chronic pancreatitis
- Mildly swollen perigastric lymph nodes and mild perigastric hyperechoic omentum

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intact thickened stomach wall in conjunction with chronic vomiting may indicate non-specific chronic gastritis, although emerging gastric wall neoplastic process not definitively excluded.

No current evidence of gastrointestinal hairball density or mechanical obstruction. Definitive diagnosis would require gastric or gastrointestinal biopsies for histopathology.

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Correlation with a spec FPL or full GI panel to include PLI/TLI/cobalamin and folate as well as pending lab work recommended. Canned hydrolyzed diet trial, as needed gastroprotectants and hairball therapy with clinical and sonographic monitoring would be more conservative.

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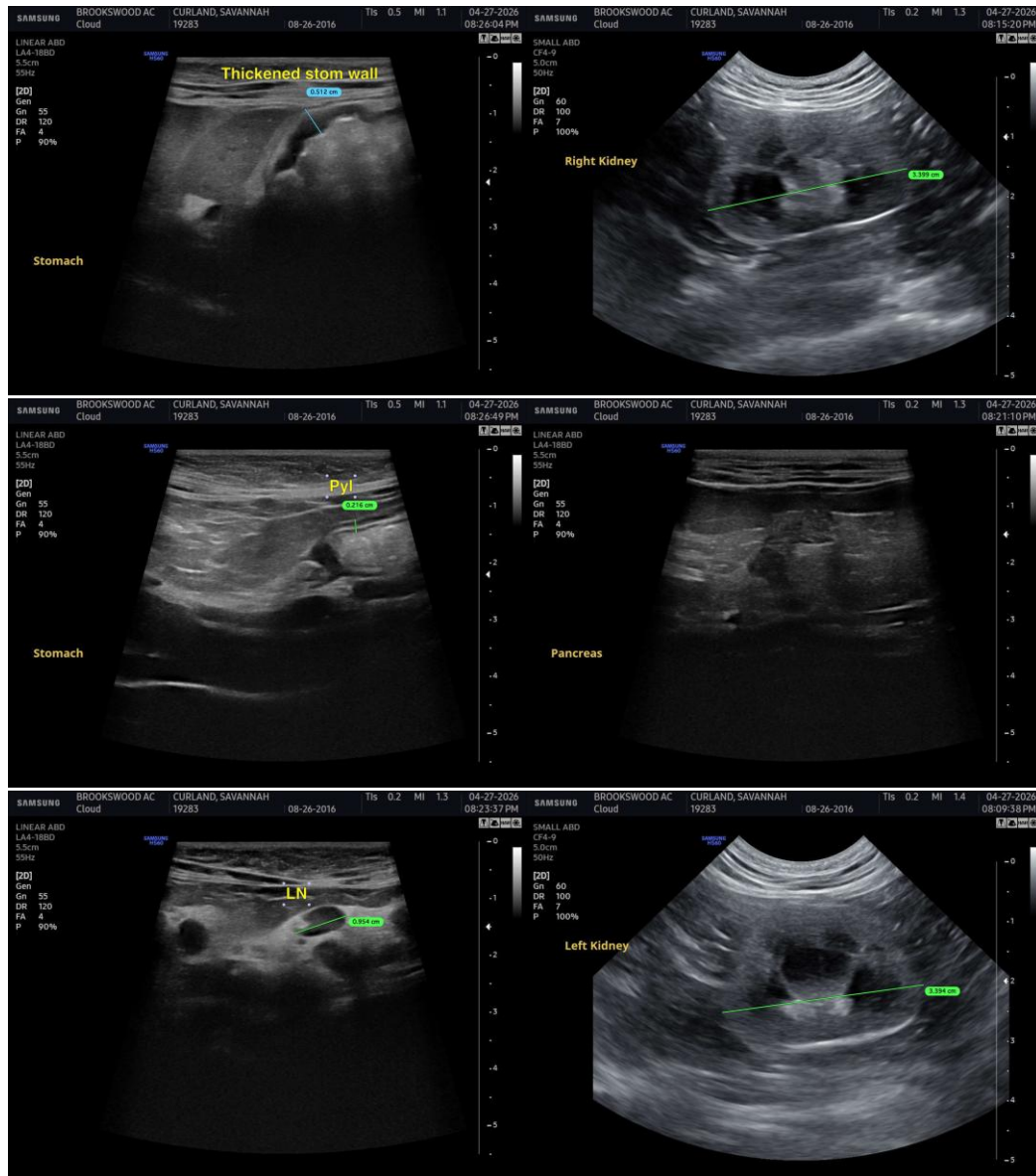
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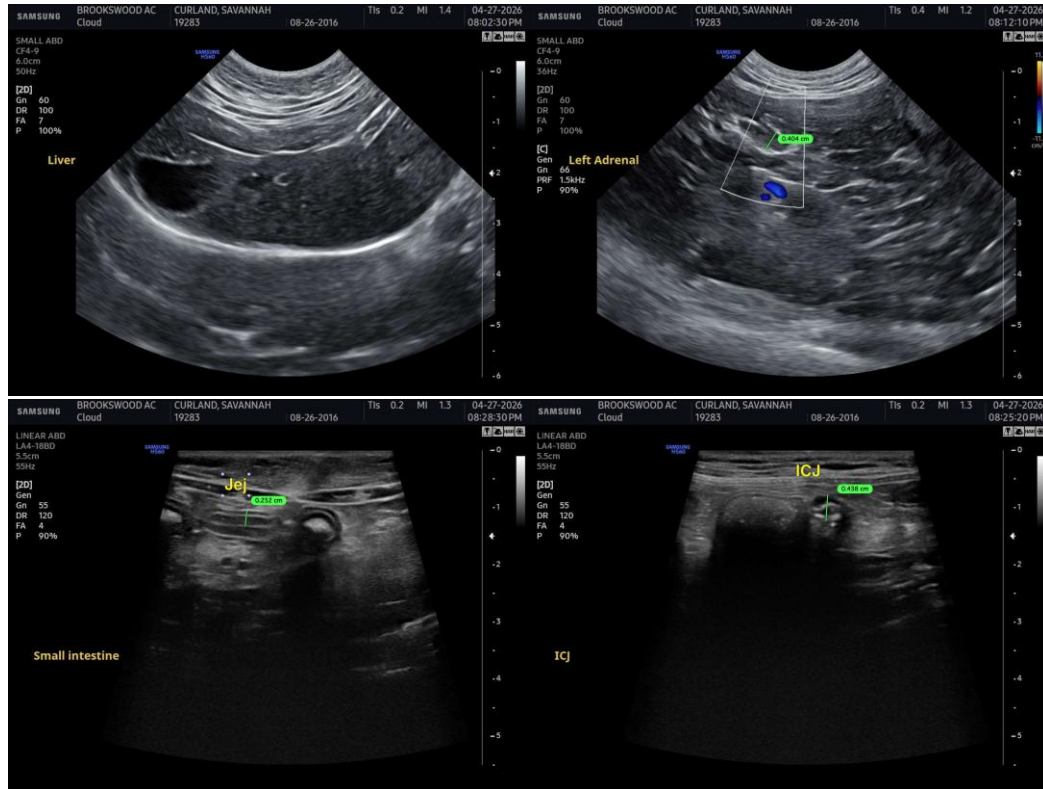
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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