

**PATIENT**

Elvira Craig

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female

**AGE**

2024

**WEIGHT**

4.8

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Rebekah Jakum, CVT,  
ARDMS/RVT

**HOSPITAL NAME**

Easton Animal Hospital

**REFERRING VET**

Dr. Kari Titcher

**INVOICE**

15633

**DATE**

04/30/26

**PRESENTING CLINICAL SIGNS**

Intermittent bilious vomiting from 1 year of age, low body weight, small overall size, eating/drinking well, improved with Convenia short term, was given course of maropitant

**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.

The kidneys exhibited adequate size with symmetrical margination. Overall 1:3 cortex to medulla ratio with mildly enhanced cortex to corticomedullary border echogenicity. Pinpoint to focal areas of medullary to corticomedullary foci which may indicate pinpoint to focal areas of fibrosis, mineralization or microinfarction. The left kidney measured 3.0 cm in length. The right kidney measured 3.4 cm in length.

**Adrenal Glands**

No obvious pathology in the area of the left adrenal gland.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 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.

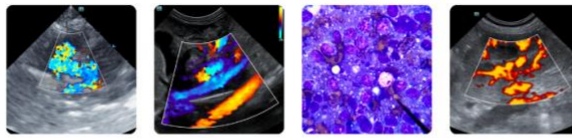
**Liver & Gallbladder**

The liver revealed subjective borderline hepatomegaly exhibiting symmetrical, mildly rounded contour, and maintained homogenous parenchyma and normal parenchyma echogenicity. No mass or nodules. The portal vein exhibited subjective adequate volume with approximate 0.8 to 0.85 to 1 ratio compared to the caudal vena cava. Subjective cranial portal vein branching. A possible small extrahepatic vascular anomaly at the level of the splenic vein portal vein adjunction cannot be excluded. No obvious evidence of intrahepatic macroscopic shunt.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

**Gastrointestinal**

The stomach fundus and gastric body exhibited normal intact wall layering with empty fundus and gastric body lumen. Subjective mildly thickened mucosa noted in the antrum and pylorus with mild retained antrum/pyloric fluid without obstruction to pyloric outflow. The pylorus wall measured 0.31 cm wall 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 ileus, obstruction or foreign material. The duodenum wall measured 0.24 cm wall width. The jejunum wall measured 0.20 cm wall width. The ileocolic wall measured 0.36 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**

Intermittent normal to mildly prominent mesenteric 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). Minor perihepatic effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Borderline/mild hepatomegaly with subjective visualized cranial portal vein branching. Potential for small extrahepatic vascular anomaly at the level of the splenic vein portal vein junction.
- Mild gallbladder debris.
- Subjective mild hypomotile gastritis pattern, structurally unremarkable empty small intestine.
- Nonspecific bilateral hyperechoic renal corticomedullary border demarcation and hyperechoic renal foci.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Fasting pre- and postprandial bile acids is recommended to assess hepatic function. If significantly elevated bile acids, advanced imaging such as gold standard CT with contrast assessment of the liver is indicated.

Further assessment may include (assuming normal clotting status and using a 25-gauge needle) screening hepatic FNA cytology to assess for occult disease as well as GI panel to include PLI, TLI, cobalamin and folate given decreased body weight and overall body size. Pending additional diagnostics, gastrointestinal support which may include dietary trial and as needed gastroprotectants are recommended. Urinalysis is indicated if not recently done.



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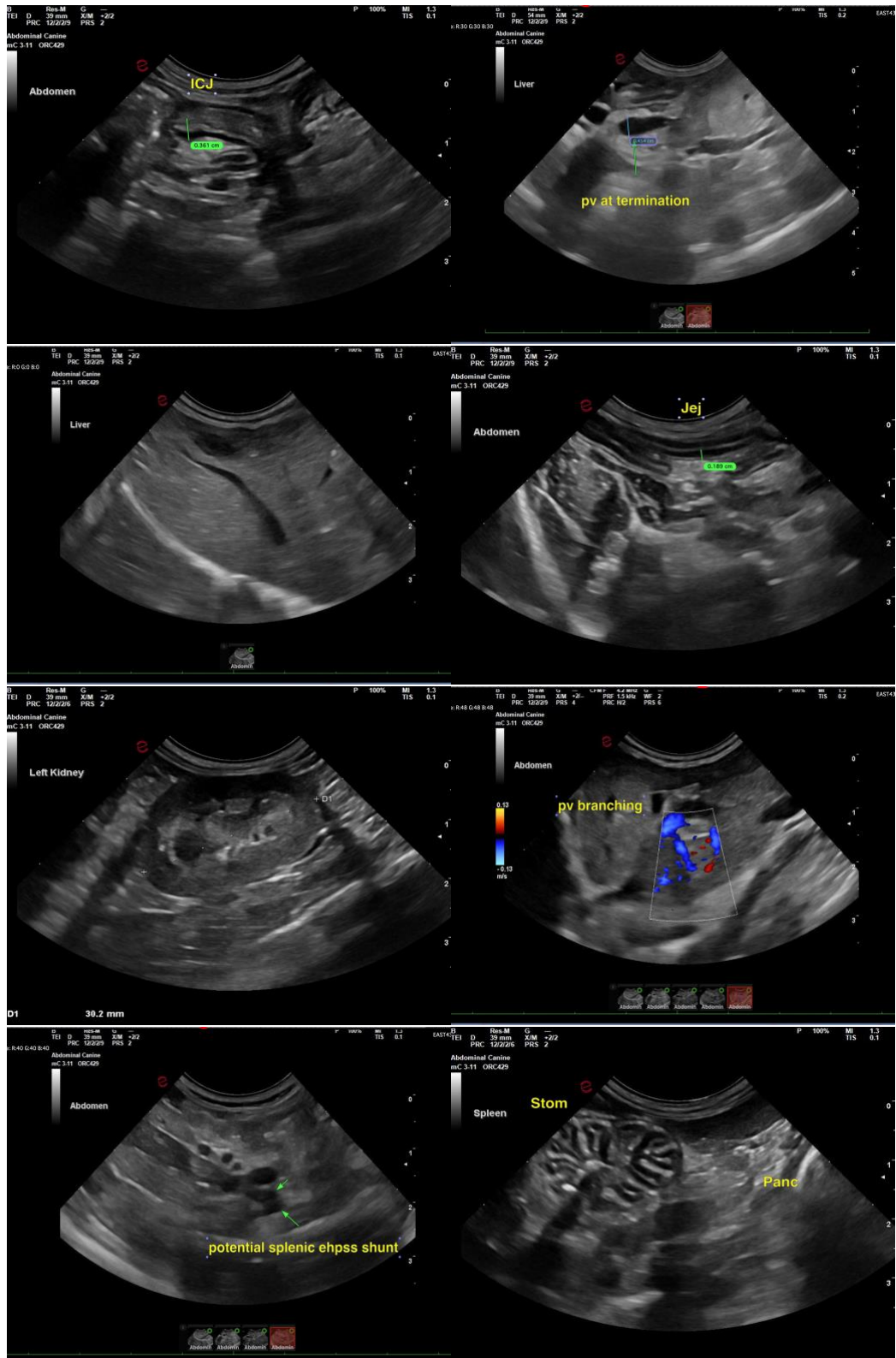
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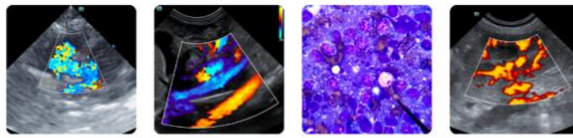
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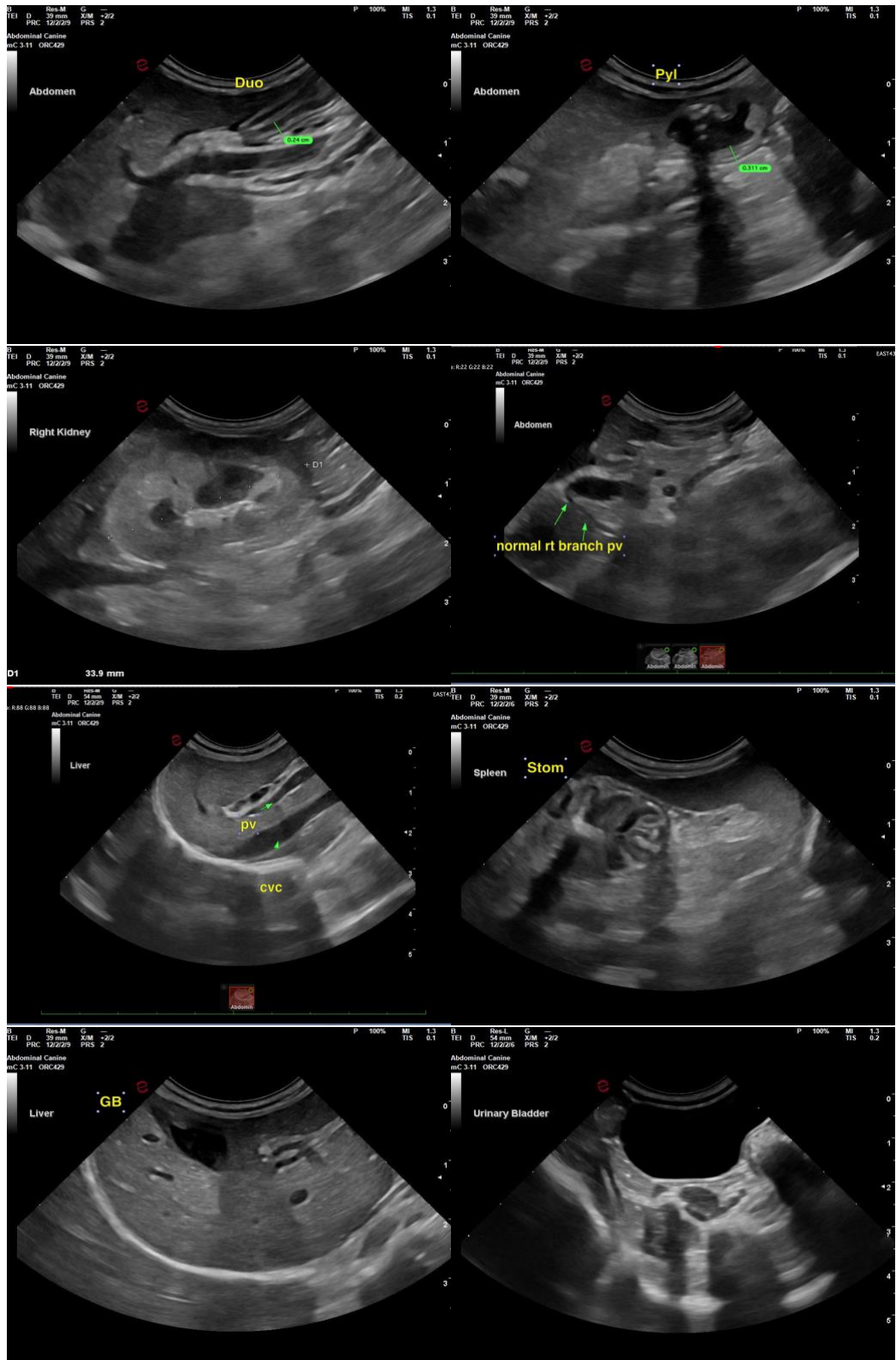
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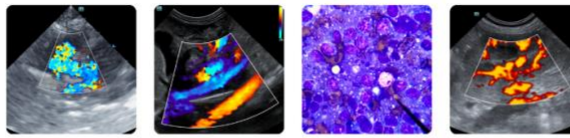
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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