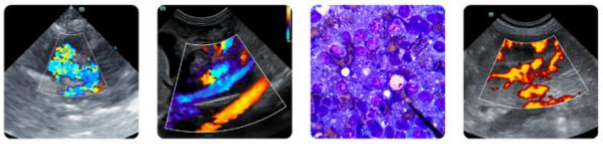

PATIENT

Dande Lion Rodriguez-Guempel

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

15.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Carter

HOSPITAL NAME

Willamette Veterinary Hospital

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INVOICE

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DATE

05/13/26

PRESENTING CLINICAL SIGNS

Chronic vomiting; Presented Oct 2024 with history of vomiting every now and then for 10 years. In Oct 2024 was vomiting every few hours. ; vomits food every 2-3 days,. Labs were unremarkable. Started On z/d diet. Check up in March 2025; still vomiting. Continued z/d and did tapering course of Pred. and B12 injections. Ultrasound done in May 2025; was on Pred. Ultrasound revealed IBD pattern. Abdominal lymph node aspirate had reactive lymphoid hyperplasia. Nov 2025 transitioned to budesonide 1 mg po q 24 hr and increased to 2 mg in Feb 2026 as he was still vomiting. April 2026; still vomiting. Has gained weight from 11.4# in Oct 2024 to 15.5# now. Is free fed. Has had dental with many extractions

Abnormal PE/Chem/CBC/UA Results: Labs of Oct 2024 were unremarkable. Cobalamin, PSL, TLI all normal Se[t 2025 Folate was >24

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. Concurrent mildly thickened hyperechoic renal cortex with adequate medullary volume and enhanced corticomedullary border demarcation. A mildly prominent 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 4.2 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

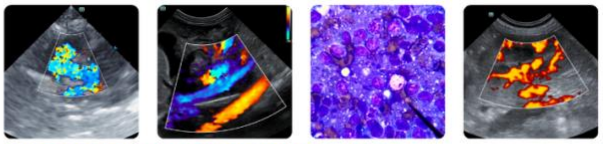
Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Small, non-capsule deforming, focal-to-intermittent hyperechoic splenic nodule were present with an example measuring 0.34 cm in diameter. Mild asymmetrical medial capsule contour. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

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 mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was nondistended and contained lumen gas and mild ingesta with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.31 cm wall width.

The small intestine presented overall intact wall layering with borderline prominent duodenum wall and normal visible jejunum wall. No evidence of mechanical/metabolic ileus. The duodenum wall measured 0.28 cm wall width. The jejunum wall measured 0.22 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

A mid abdomen mesenteric lymph node was present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.9 cm x 0.80 cm. No evidence of peritoneal effusion with normal omental echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mild, non-shadowing gastric ingesta- consistent with food echogenicity.
- Primarily sonographically normal small intestine with borderline thickened intact duodenum wall.
- Static mesenteric lymphadenopathy.
- Chronic renal changes exhibiting non-specific renal medullary rim sign and mildly thickened hyperechoic cortex.
- Small hyperechoic splenic nodules- most consistent with benign criteria and likely myelolipomas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant gastrointestinal mural pathology. The static mesenteric lymph node is likely consistent with benign or reactive criteria given similar presentation compared to the previous study. No obvious evidence of gastrointestinal, lymphatic or abdominal neoplastic criteria. Continued gastrointestinal support and empirical therapy for presumed IBD would be appropriate. Recheck sonogram if recurrent gastrointestinal signs or weight loss. Recheck urinary work up is recommended if not done.

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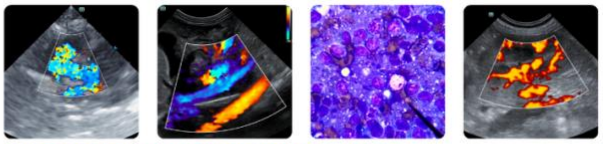

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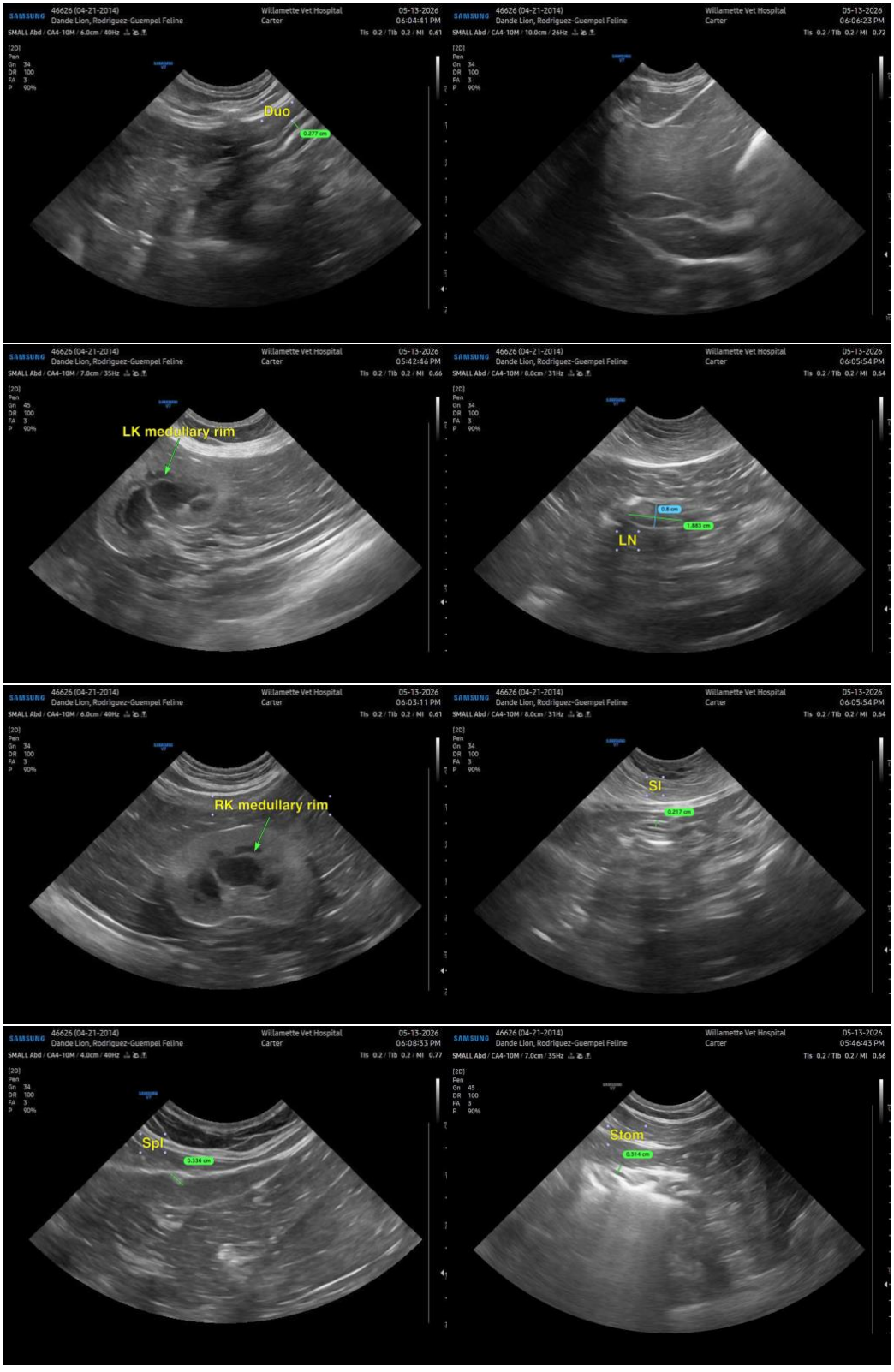

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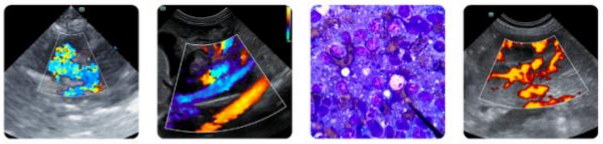

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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