



PATIENT

Mia Gomez

SPECIES

Feline

BREED

Persian

SEX

Spayed Female

AGE

13 Years 4 Months

WEIGHT

7.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

North Jersey Animal
Hospital

REFERRING VET

Dr. Chiu

INVOICE

16213

DATE

05/14/26

PRESENTING CLINICAL SIGNS

Persistent V+ despite being on B12, Prednisolone, RC PR. No organomegaly Meds: Prednisolone 5 mg PO SID, Ondansetron 2 mg PO BID

Abnormal PE/Chem/CBC/UA Results: PCV 25.7%, ALB2.8, ALT 17, USG 1.043

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. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

The adrenal glands were indistinctly visualized yet overtly normal in size, position and shape. The left adrenal gland measured 0.26 cm width. 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.

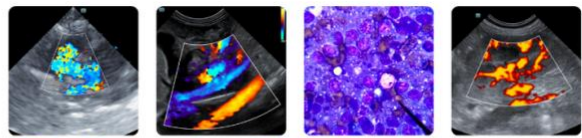
Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild parenchymal remodeling. 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 with regional to generalized irregularly thickened wall exhibiting variably echogenic mural echogenicity including regional hyperechoic stomach wall and indistinct loss of gastric wall layer detail. The stomach was overall empty with minor lumen gas without evidence of retained ingesta, fluid or foreign material. The stomach wall measured up to approximately 1.0 cm wall width. Mild regional perigastric hyperechoic omentum and mildly swollen hypoechoic perigastric lymph nodes.



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The small intestine presented borderline prominent walls 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 0.27 cm wall width. The jejunum wall measured 0.25 cm wall width.

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

Pancreas

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The visualized pancreas was sonographically normal.

Free Abdomen

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No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

13 Years 4 Months

Primary Findings

- Variably thickened stomach exhibiting nonhomogenous mixed echogenic to variably hyperechoic gastric wall with indistinct loss of wall layer detail.
- Sonographically unremarkable intestinal tract with borderline prominent duodenojejunal wall width.
- Normal visualized pancreas.
- Perigastric hyperechoic omentum and mildly swollen perigastric lymphadenopathy.

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Secondary Findings

- Bilateral chronic renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although gastric sampling and histopathology are required for a definitive diagnosis, primary concern for gastric neoplastic criteria and regional perigastric lymphatic metastasis is warranted. Non-specific gastritis, infectious gastropathy or other non-neoplastic gastropathy with perigastric lymphadenitis are possible yet thought less likely.

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Assuming normal clotting status and using a 25-gauge needle, FNA cytology of thickened gastric wall could be considered for initial clarification. Biopsy is likely required for a definitive diagnosis. Supportive care including broad-spectrum gastroprotectants, canned or slurried hydrolyzed diet +/- empirical therapy for infectious gastropathy, i.e. helicobacter with serial sonographic monitoring would be more conservative.

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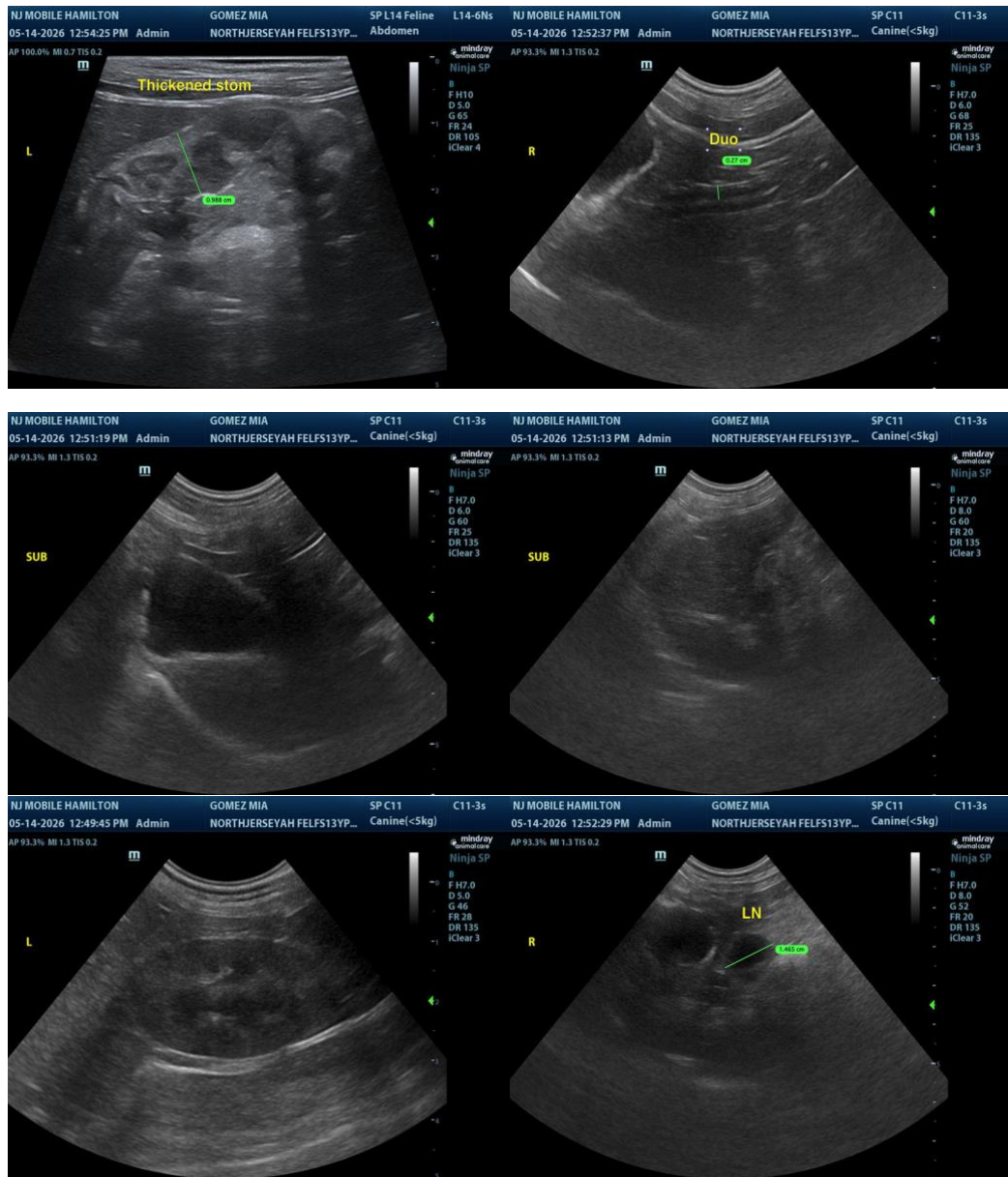
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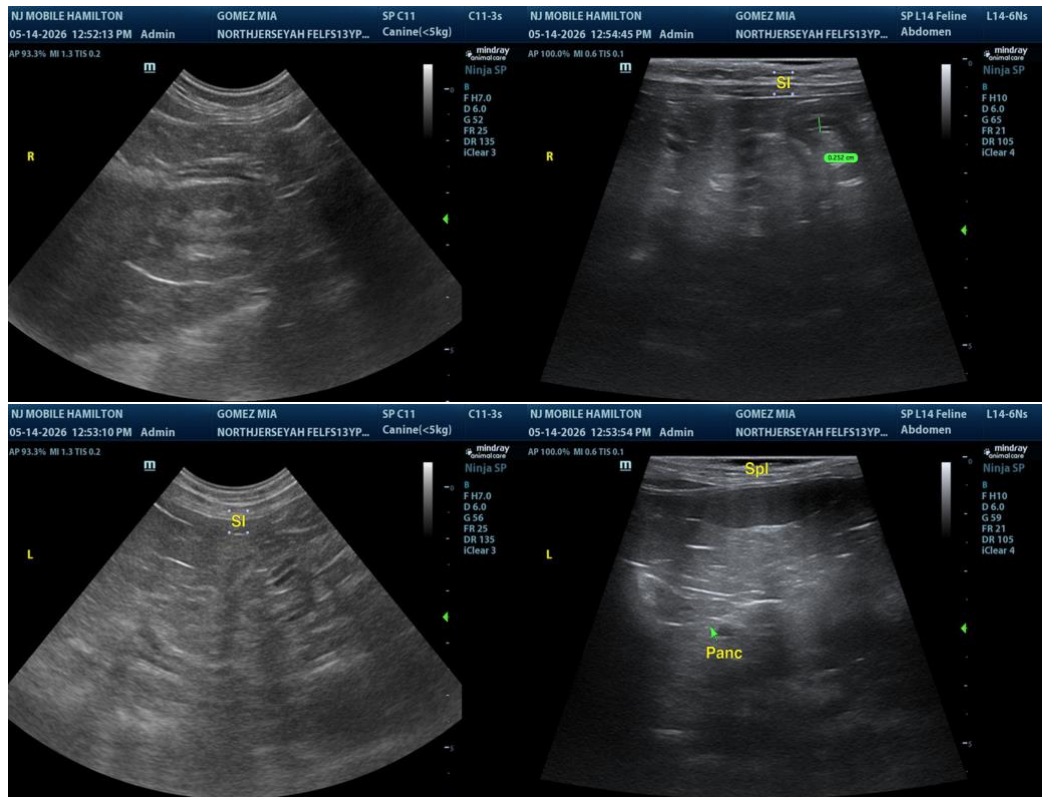
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com