



PATIENT

Chloe Ekis

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

8Y

WEIGHT

4.2kgs

PRESENTING CLINICAL SIGNS

AUS to further evaluate hematemesis, anorexia, green diarrhea. Patient has history of suspected IBD. Feeds RC hydrolyzed diet. Seen at PETS ER on 5/24 for hematemesis and anorexia. EPOC, UA, and rads performed there overall unremarkable. Treated with SQF, Cerenia, and dexamethasone SP injection. Sent home with sucralfate, Cerenia, Mirataz, and omeprazole. Presented to BP Wyomissing ER last night, for continued anorexia. Owner has been unable to give any medications except for Mirataz. Patient has no longer vomited but still not eating. Treated with SQF, Cerenia, ondansetron, and buprenorphine.

AUS sedation: Butorphanol 0.33 mg/kg IV + Alfaxalone 1.5 mg/kg IV.

Abnormal PE/Chem/CBC/UA Results: 5/24 PETS ER: - 3V AXR: No foreign body or acute abnormalities noted - EPOC: lactate 3.91 H, BUN 36 H, Glu 198 H - UA (cysto): USG >1.050, pH 7, pro 1+, otherwise wnl

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. Primarily anechoic urine was present in the lumen. Moderate to significant nondependent accumulated to mobile sediment was present which may indicate cellular/crystalline debris, lipid, or mucus 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.

No evidence of pathology in the area of the aortic trifurcation.

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 3.2 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.30 cm. The right adrenal gland measured 0.33 cm.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.73 cm width level with the mid spleen. 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. Normal hepatic vascular volume was present. 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti,
VMD

HOSPITAL NAME

Blue Pearl
Wyomissing

REFERRING VET

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The gallbladder was non-distended in size with thin walls and mild gallbladder debris. The common bile duct was not visualized.

Gastrointestinal

The stomach presented mildly thickened wall exhibiting mild asymmetrical luminal surface contour and overall intact mildly indistinct gastric wall layer detail. Mild retained pyloric fluid was present in the stomach without obstruction to the pyloric outflow. The gastric body wall measured 0.35 cm. The pylorus wall measured 0.35 cm.

The small intestine presented intact borderline thickened wall exhibiting mild altered wall layer ratio owing to propensity for borderline to mild prominent to thickened muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The jejunum wall measured 0.28 cm. The duodenum wall measured 0.27 cm.

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

Pancreas

The left pancreas presented prominent to mildly enlarged in size with capsule asymmetry and nonhomogeneous hypoechoic parenchyma. Surrounding peri pancreatic hyperechoic omentum was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No visualized significant or swollen mesenteric lymphadenopathy.

No obvious effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Enlarged swollen hypoechoic left pancreas with peri pancreatic hyperechoic omentum.
- Mildly thickened hypomotile stomach.
- Intact borderline to mild thickened small intestine.
- Semi-formed fecal matter in colon

Secondary Findings

- Normal bilateral kidneys.
- Significant urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonographic findings are suggestive of active pancreatitis with mild peri pancreatic peritonitis, suspect concurrent or associated hypomotile gastritis, and likely chronic enteropathy such as IBD or other given the patient's history. Mild potential for pancreatic gastrointestinal or potential multicentric neoplasia thought less likely. Potential suppression of gastrointestinal mural changes or microulceration secondary to inflammation or steroid administration may be possible.

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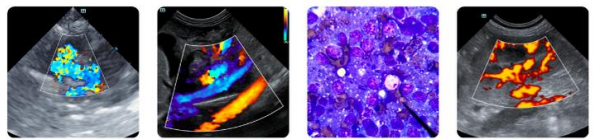
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Hospitalization with aggressive therapy for pancreatitis including gastrointestinal support with clinical and sonographic monitoring indicated. Recheck sonogram if nonresponsive or progressive clinical signs or hematemesis.

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Urine C/S recommended if inflammatory sediment on urinalysis.

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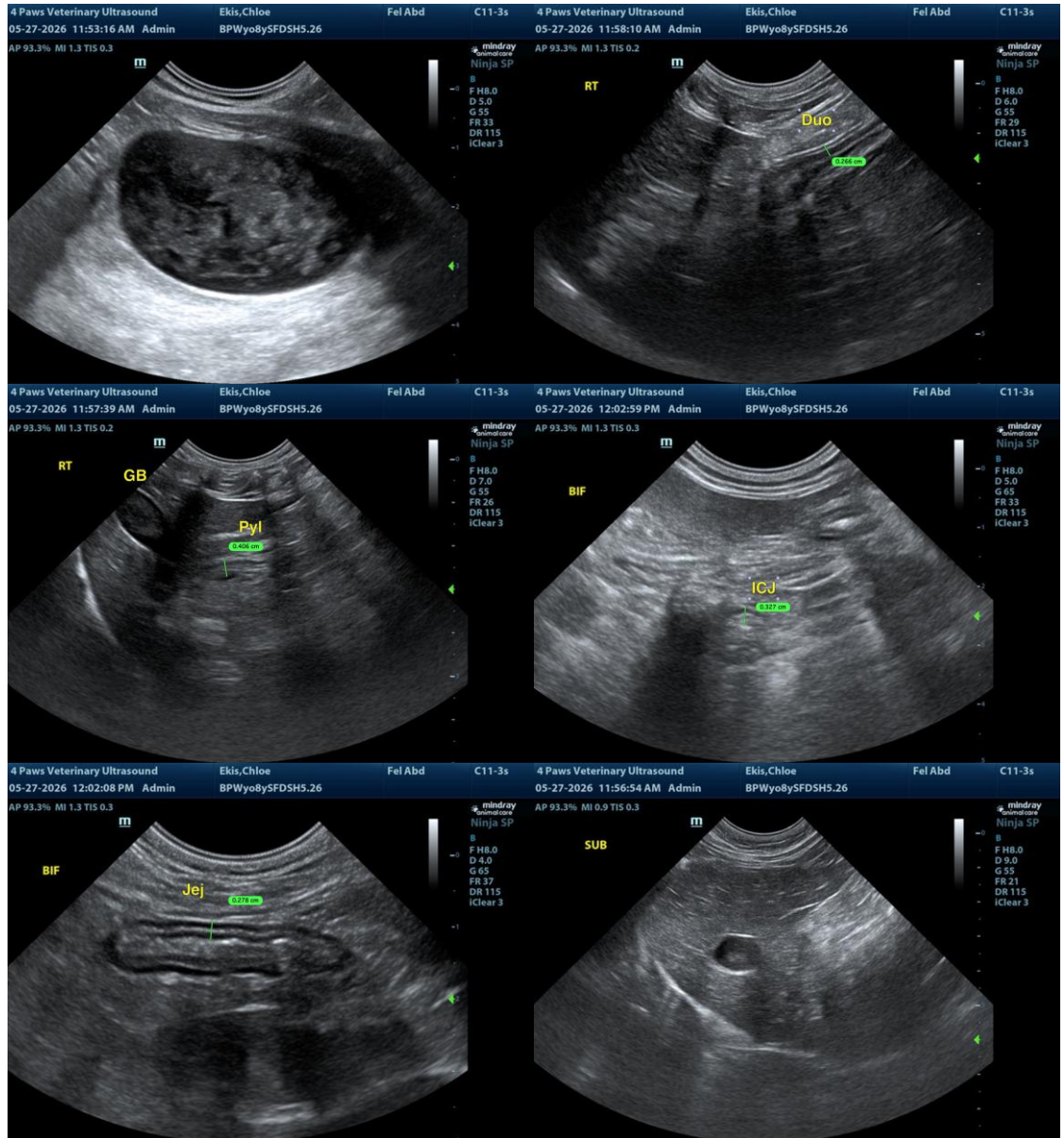
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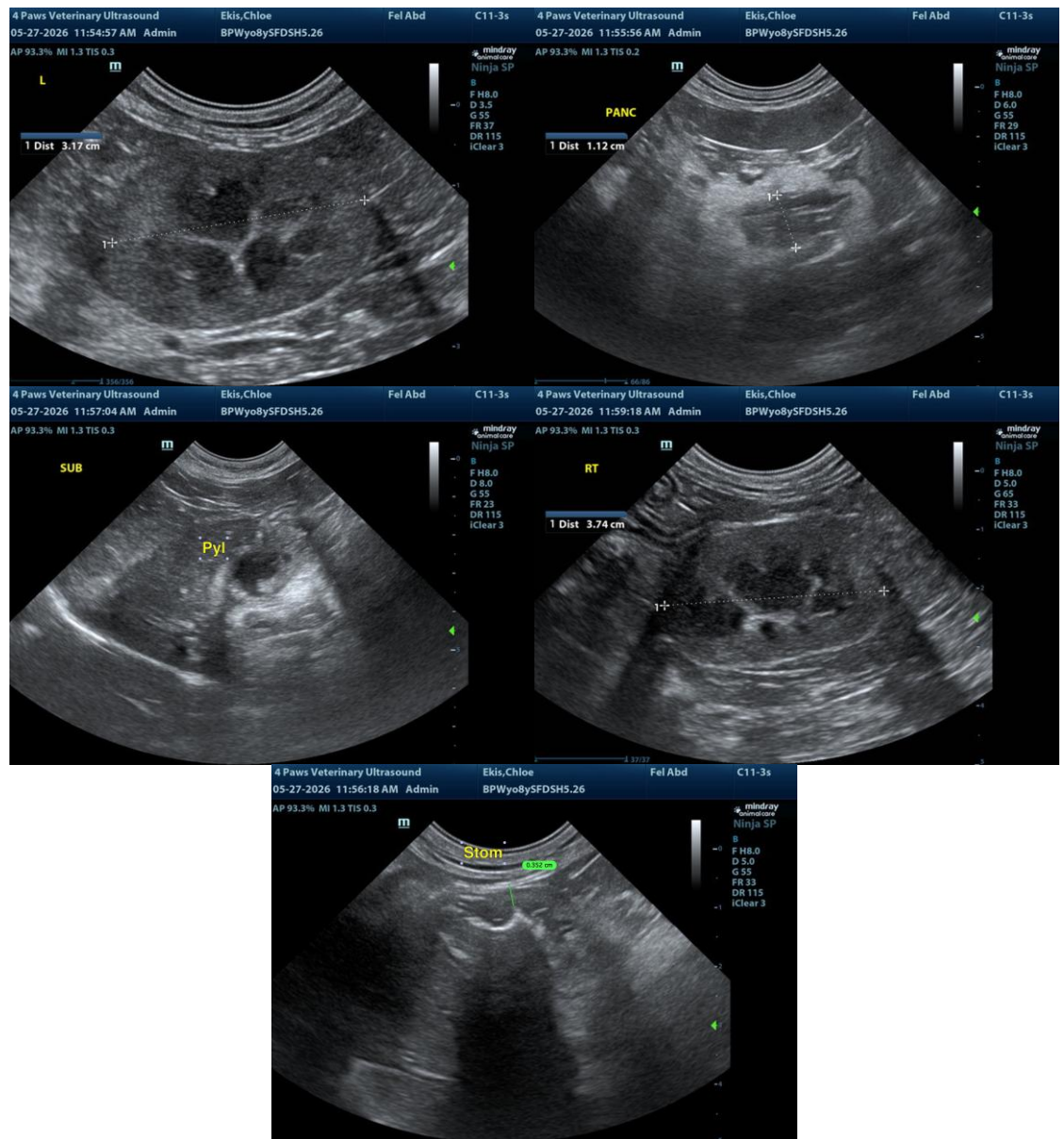
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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