

**PATIENT**

Cyprus Islam

SPECIES

Feline

BREED

British Shorthair

SEX

MN

AGE

4

WEIGHT

9.3

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**Parthenia
Hemaiaalla**HOSPITAL NAME**

Kew Gardens AH

REFERRING VETParthenia
Hemaiaalla**INVOICE**

10872

DATE

5/6/26

PRESENTING CLINICAL SIGNS

The pet presented for vomiting multiple times foamy liquid. This has been a recurrent issue multiple times during the last couple of years. Also, the feces are slimy. The pet is still eating and drinking normally. Abnormal PE/Chem/CBC/UA Results: CBC/CHEM/PL ---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. Minor nondependent particulate sediment was present 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 3.8 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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. 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. 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 overall intact wall layering with subjective mildly thickened pylorus wall. There was no obstruction to pyloric outflow. Minor retained pyloric fluid was noted with lumen gas.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was overall empty. There is no evidence of mechanical / metabolic ileus to the level of the colon. Mild duodenal corrugation was noted. The duodenum wall measured 0.31 cm width. The jejunum wall measured 0.21 cm width.



PATIENT

Normal visible colon wall layers were present with formed fecal matter in lumen.

Cyprus Islam

Pancreas

SPECIES

The left pancreas was normal in size and contour with subtle homogeneous hypoechoic parenchyma compared to adjacent nonreactive omentum.

Feline

Free Abdomen

BREED

Intermittent mesenteric lymph 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). An example lymph node measured 1.5 cm x 0.51 cm. No evidence of effusion was noted.

British Shorthair

SEX

ULTRASONOGRAPHIC FINDINGS

MN

Primary Findings

AGE

- Overall structurally unremarkable gastrointestinal tract with suspect mild gastroduodenitis
- Possible low-grade left limb pancreatitis
- Intermittent mild mesenteric lymphadenopathy – suggestive of benign criteria such as mild reactive hyperplasia or possible lymphadenitis owing to inflammatory bowel episode

4

WEIGHT

Secondary Findings

9.3

- Minor urine sediment

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The gastrointestinal tract did not overtly suggest definitive or classic IBD criteria without evidence of thickened wall, although low-grade to mild to chronic inflammatory gastrointestinal disease in conjunction with possible low-grade pancreatitis may present as sonographically normal. No overt evidence of neoplastic criteria, which is thought less likely.

IMAGING PERFORMED BY

Parthenia
Hemaiaalla

Gastrointestinal support, which may include dietary trial, as-needed gastroprotectants, empirical deworming, and empirical therapy for possible low-grade pancreatitis if cranial abdomen / subxiphoid discomfort on palpation, is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Recheck sonogram if nonresponsive or progressive gastrointestinal signs or weight loss are noted.

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Parthenia
Hemaiaalla

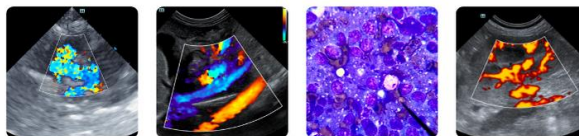
INVOICE

10872

DATE

5/6/26





PATIENT

Cyprus Islam

SPECIES

Feline

BREED

British Shorthair

SEX

MN

AGE

4

WEIGHT

9.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Parthenia
Hemaiaalla

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

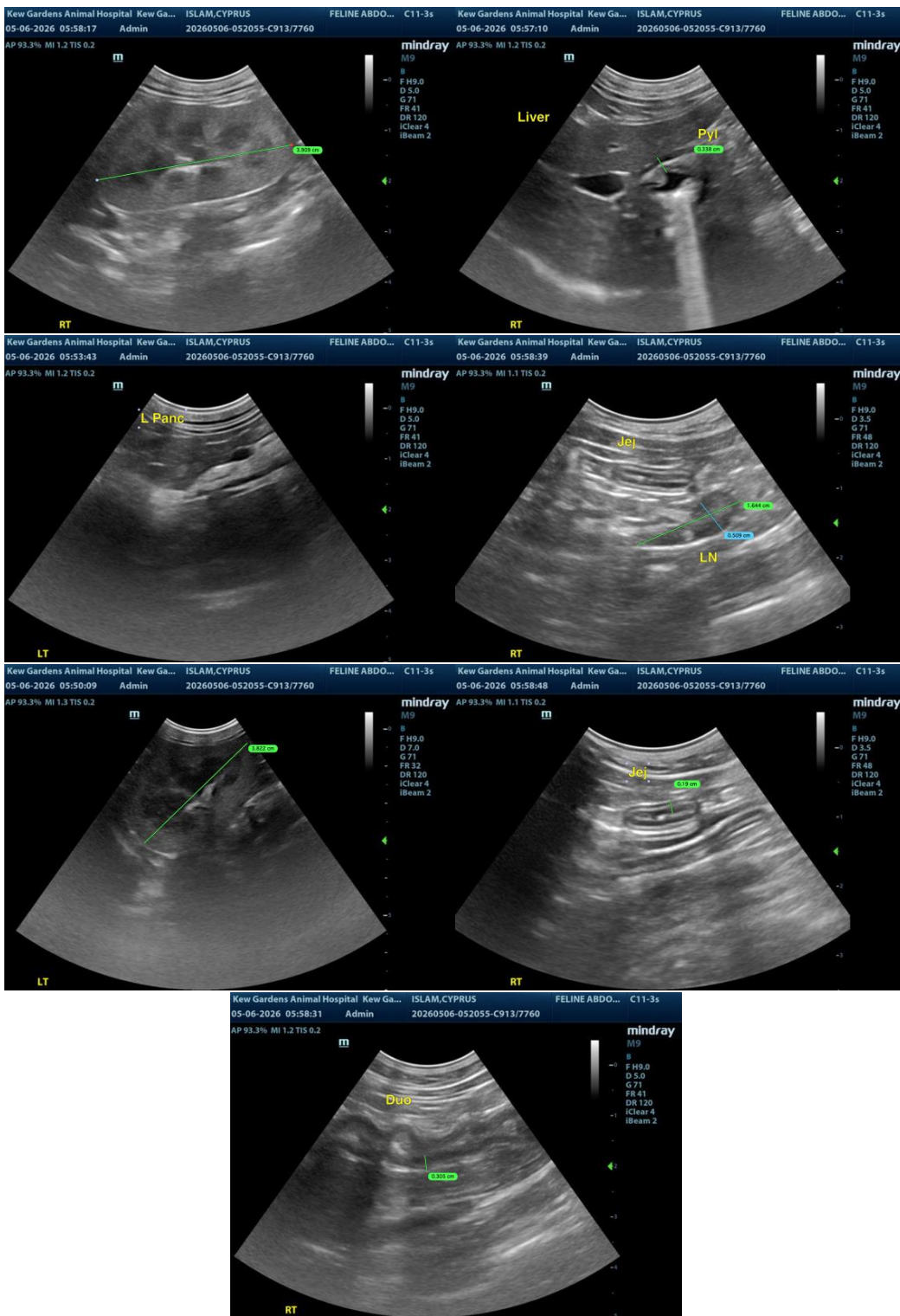
Parthenia
Hemaiaalla

INVOICE

10872

DATE

5/6/26





PATIENT

Cyprus Islam

SPECIES

Feline

BREED

British Shorthair

SEX

MN

AGE

4

WEIGHT

9.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Parthenia
Hemaiaalla

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Parthenia
Hemaiaalla

INVOICE

10872

DATE

5/6/26

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