



**PATIENT**

Cora Karram

**PRESENTING CLINICAL SIGNS**

Chronic vomiting. R/O IBD vs. lymph vs. other.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DLH

**Urinary System**

**SEX**

FS

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 changes was noted.

**AGE**

14 years

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

11.3 lbs.

The bilateral kidneys exhibited borderline subnormal size. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.1 cm in length. The right kidney measured 3.0 cm in length.

**Adrenal Glands**

**INTERPRETED BY**

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

No obvious pathology was noted in the area of the left or right adrenal glands.

**Spleen**

**IMAGING PERFORMED BY**

Kelly Vazquez

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 criteria, or benign parenchyma changes were not noted. The spleen measured 1.0 cm width.

**Liver/ Gallbladder**

**HOSPITAL NAME**

New Bridge  
Veterinary

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign 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.

**REFERRING VET**

Dr. Glennon

**INVOICE**

14042

**Gastrointestinal**

**DATE**

6/8/22

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.27 cm.

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 jejunum wall width measured 0.22 cm. The duodenum wall width measured 0.20 cm. The ileocolic wall width measured 0.27 cm.



**PATIENT**

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

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**Pancreas**

**SPECIES**

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 were evident.

Feline

**BREED**

**Free Abdomen**

DLH

No omental masses, lymphadenopathy or peritoneal free fluid were present.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

FS

- Overtly normal abdomen
- Sonographically unremarkable gastrointestinal tract / pancreas
- Mild chronic renal changes

**AGE**

14 years

**WEIGHT**

11.3 lbs.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, largely geriatric abdomen without evidence of visceral pathology, specifically no overt evidence of gastrointestinal mural changes, pathology or evidence of pancreatic inflammation as an obvious cause of the patient's chronic vomiting. Dietary intolerance / food hypersensitivity, structurally insignificant gastrointestinal disease or low-grade chronic pancreatitis, both of which may present sonographically normal, could be possible.

**INTERPRETED BY**

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

If evidence of weight loss, a GI panel to include PLI/TLI/Cobalamin/Folate is suggested. Hydrolyzed diet trial and as-needed gastrointestinal support with assessment of clinical response would be reasonable initially. Thoracic radiographs may be considered to rule out occult thoracic or esophageal pathology as a contributing factor, if not done. Broad spectrum deworming is suggested even if fecal testing is negative. Heartworm antibodies / antigen test could be considered if clinically indicated.

**IMAGING PERFORMED BY**

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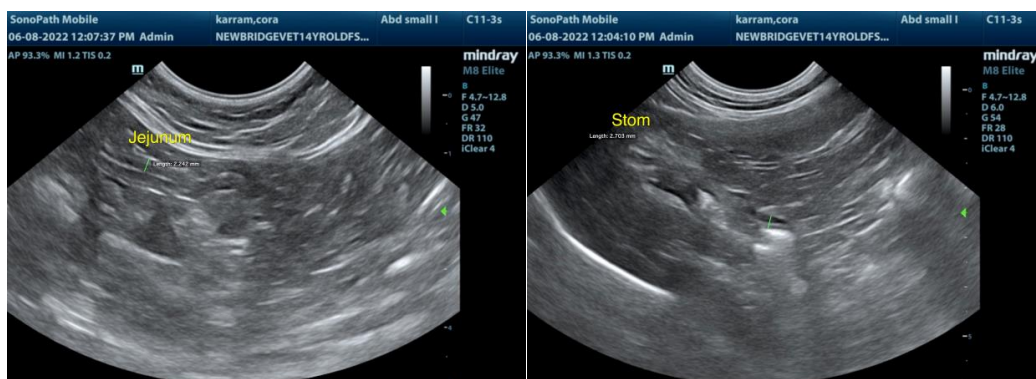
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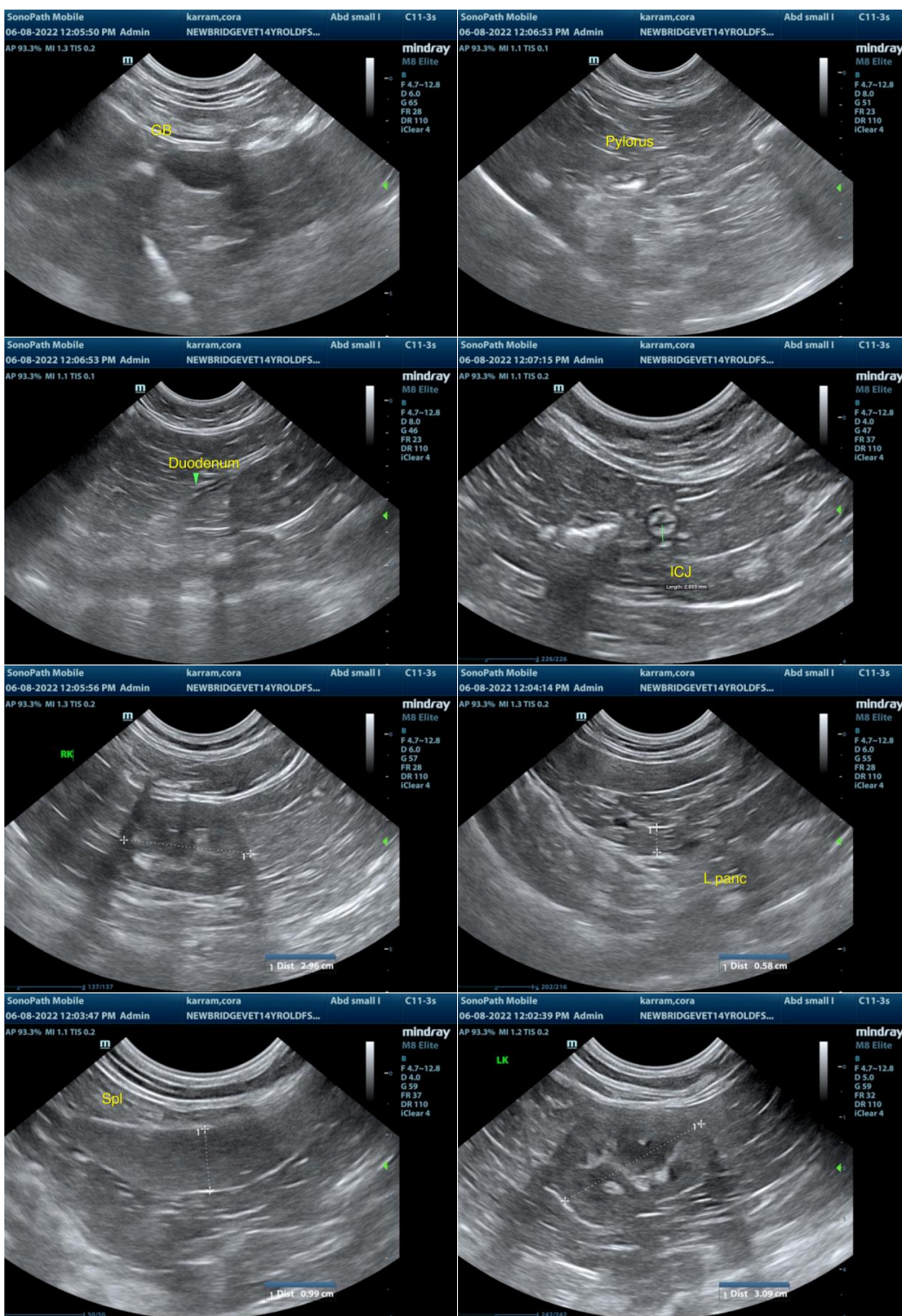
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

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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.

**SPECIES**

Feline

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