



PATIENT

Kona East

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

6yr

WEIGHT

5.68kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Highland Vet Hospital

REFERRING VET

Rachel Poet DVM

INVOICE 25043

DATE
06/08/2026

PRESENTING CLINICAL SIGNS

Vomiting in the morning on an empty stomach for the last 2 – 3 weeks, otherwise eating normally. Also eats grass outside and vomits grass.

Normal stools, no diet change, other cats in the household normal and on the same diet.

Abnormal PE/Chem/CBC/UA Results: Exam on 5/26 unremarkable. Fasted Radiographs taken on 5/26 demonstrated material in stomach, moderate gas in small intestine and large gas pocket in colon. Granular material in ascending and transverse colon presumed to be stool. Bloodwork including a lipase and a fecal exam were performed which was all wnl. Follow up fasted radiographs were taken 5/28 after p had vomited, which revealed an empty stomach but possible persistence of granular material in the small intestine/ascending colon as well as thickened small intestinal walls.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 4.0 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width at the caudal pole.

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 uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic



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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.

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, primarily anechoic pyloric fluid with no obstruction to pyloric outflow. The pylorus wall measured 0.33 cm in width.

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The small intestine presented intact wall layering with overall maintained muscularis/mucosa ratio. Segmental borderline prominent jejunal wall present. The jejunum wall measured 0.24-0.27 cm in width.

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

Pancreas

The area of the pancreas was sonographically normal.

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Free Abdomen

No evidence of peritoneal effusion was present.

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Intermittent mildly prominent to enlarged colic 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).

ULTRASONOGRAPHIC FINDINGS

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Primary

- Normal stomach with mild retained pyloric fluid
- Overall, sonographically normal small intestine with borderline prominent segmental jejunal wall
- Normal area of pancreas
- Mild benign colic lymphadenopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No evidence of mechanical gastrointestinal obstruction or foreign material. Mild metabolic gastric ileus potentially secondary to mild gastritis possible. The borderline prominent yet intact segmental jejunal wall is non-specific with possible patient variant, emerging to low-grade enteropathy such as nonspecific enteritis or mild IBD not definitively excluded. No evidence of gastrointestinal neoplastic criteria.

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Initial gastrointestinal support which may include canned bland or hydrolyzed diet with potential more frequent feedings, as needed gastroprotectants with clinical and sonographic monitoring recommended. Recheck sonogram indicated if non-responsive or progressive gastrointestinal signs. A GI panel to include PLI/TLI/Cobalamin/Folate to assess for non-structural intestinal disease or mild pancreatitis which may present sonographically normal may be considered.

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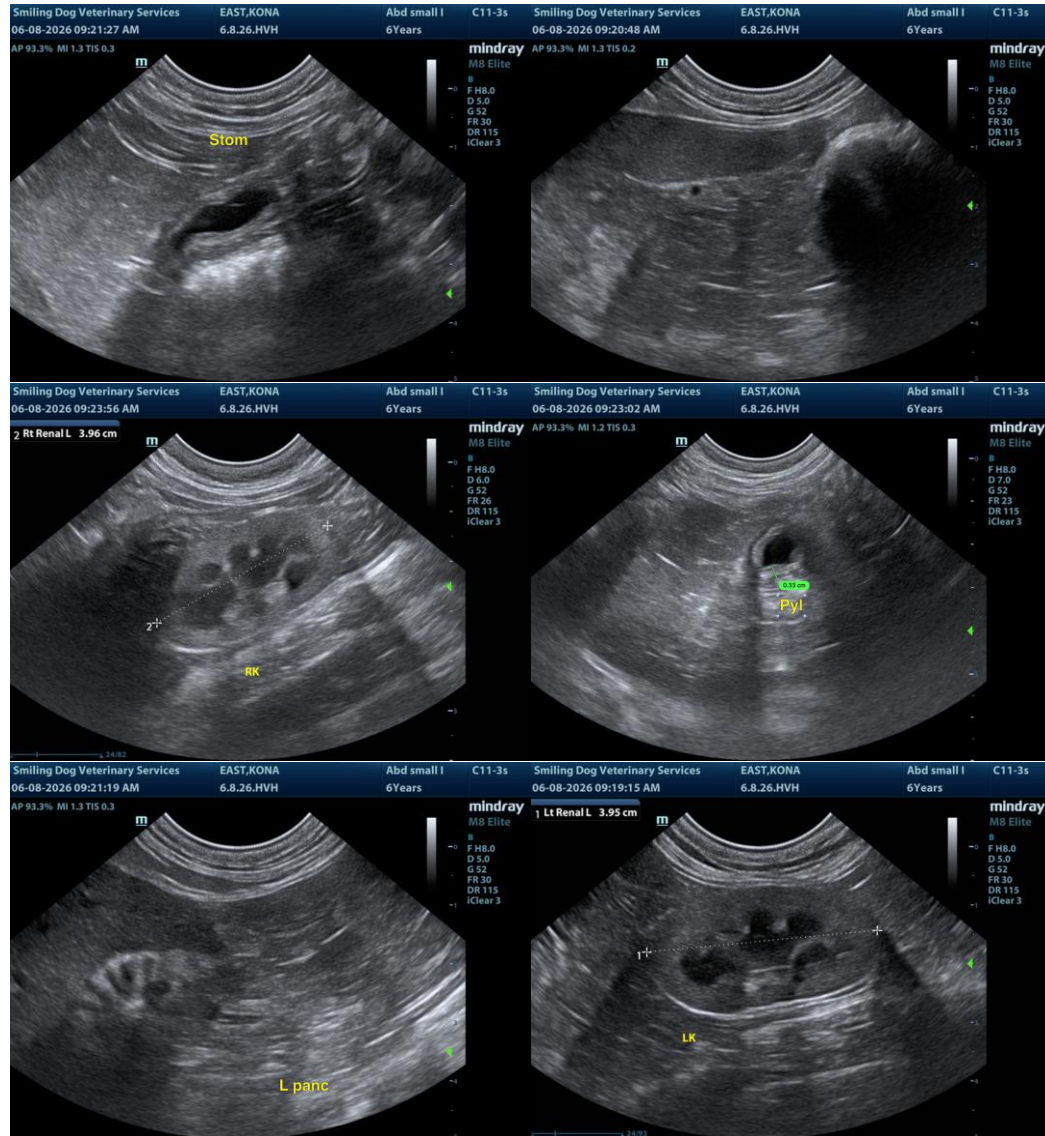
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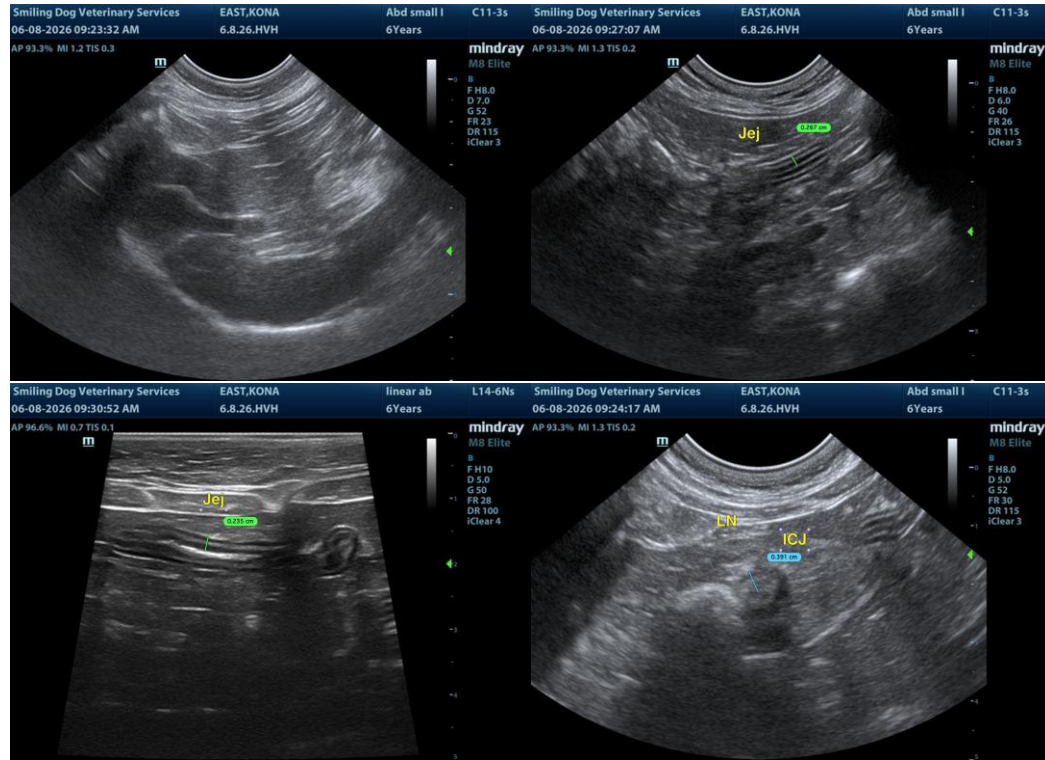
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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