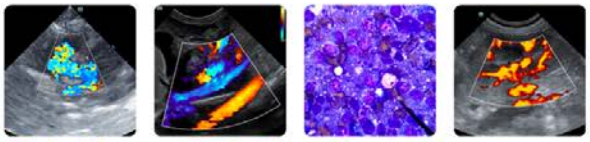




**PATIENT**

Luna Alexander

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

9 Years 7 Months

**WEIGHT**

9.6 lbs

**INTERPRETED BY**

Tam Mengine, DVM, DABVP (canine/feline practice)

**IMAGING PERFORMED BY**

Dr. Lucas Budden

**HOSPITAL NAME**

Frontier Veterinary Hospital

**REFERRING VET**

Dr. Lucas Budden

**INVOICE**

72810

**DATE**

12/28/25

## PRESENTING CLINICAL SIGNS

Clinical signs: Chronic vomiting, no diarrhea, normal appetite, stable weight History: Seen 12/5/25 for wellness. Intermittent hairball production noted in the past, but now is vomiting once every 2-3 weeks. Ultrasound to look for underlying cause. Current medications: Butorphanol to facilitate imaging

Abnormal PE/Chem/CBC/UA Results: Physical exam: BCS 7/9, MCS 3/3, mild dental tartar, normal abdominal palpation, well hydrated, no thyroid slip of note Lab work: Senior panel 12/5/25 Cholesterol high 248 Remainder of CBC/CHEM normal Thyroid normal 1.8 USG 1.055 Protein 1+ RBC 0-1 Struvite 01 pH 7 FEL V/FIV negative/negative Heartworm test negative Waiting on fecal sample submission GI panel pending as of 12/28/25

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

Both kidneys exhibit adequate corticomedullary differentiation. There is a non-obstructive nephrolith present within the medulla of left kidney. Infarcts are seen within the renal cortex of both kidneys. There is no evidence of pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). Left kidney measure 3.4 cm. Right kidney measures 3.4 cm.

### *Adrenal Glands*

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. Left measures 3.1 mm. Right measures 3.3 mm.

### *Spleen*

The spleen is of appropriate size (8.3 mm) and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

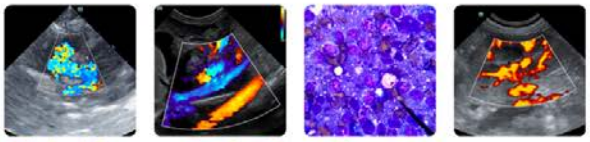
### *Liver*

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

### *Gastrointestinal*

The stomach is empty. The gastric wall is subjectively normal in thickness, and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. The pylorus is of normal appearance.





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The small bowel has diffuse changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 2.6 mm for duodenum and 2.6 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.5 mm) with intact wall layering. The ileocecal junction is normal.

### *Pancreas*

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

### *Free Abdomen*

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

## PRIMARY FINDINGS

- Small bowel changes typical of infiltrative bowel disease.

## SECONDARY FINDINGS

- Bilateral renal infarcts with left nephrolithiasis, likely an incidental finding.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the gastrointestinal tract are suggestive of infiltrative bowel disease, including both inflammatory bowel etiologies ((food allergy, lymphoplasmacytic enteritis, eosinophilic enteritis) or low grade gastrointestinal lymphoma. The pending fecal parasite testing and GI panel should hopefully provided additional information into this condition. Recommendations include:

- trials with a novel protein or hydrolyzed diet
- Empiric therapy with prednisolone at 2-4mg / kg daily could be considered if a diet trial is unsuccessful.
- Definitive diagnosis would require biopsy of the affected tissue, ideally with intra-operative ultrasonographic guidance.

The changes in the kidneys are consistent with chronic nephrolithiasis. Unfortunately, there is no specific cure for this chronic problem. Recommendations include:

- Diuresis, either in-hospital or with regular subcutaneous fluid boluses, may be of benefit. Similarly, a high-moisture diet, such as canned food with added water, may help decrease stone formation.
- Clients should monitor for acute abdominal pain, vomiting, or anorexia, which could indicate an obstructive nephrolith

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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.

**Tam Mengine, DVM, DABVP (canine/feline practice)**

info@SonoPath.com