



PATIENT PRESENTING CLINICAL SIGNS

Benji Maynard History of vomiting 2x in 24 hours, lethargic, not eating, elevated ALT, remaining BW WNL. Has been on IVT, Methadone, Emavert, Ondansetron. Some plants in home.

SPECIES Abnormal PE/Chem/CBC/UA Results: ALT 632(12-130U/L) Neuts 1.91(2.30-10.29)

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DLH

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a large amount of echogenic non-shadowing debris, most consistent with exfoliated cells, crystals, mucous and/or small blood clots likely combined with incidental suspended lipid. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX

Neutered Male

AGE

2.5 Years

Left kidney is normal in size (3.5 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

WEIGHT

3.2 kg

Right kidney is normal in size (3.9 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

Adrenal Glands

Left adrenal gland is normal in size (0.34 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Crystal Hill

Right adrenal gland is normal in size (0.32 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

HOSPITAL NAME

Hamilton Region
 Emergency Clinic

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

REFERRING VET

Dr. Pask

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

INVOICE

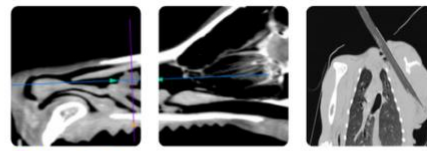
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Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

DATE

11/25/25

Gastrointestinal



PATIENT

Benji Maynard

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is markedly distended with fluid. There is no definitively visible foreign material within the stomach although the pylorus is difficult to fully visualize.

SPECIES

Feline

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine demonstrates two populations including normal empty bowel including moderately fluid distended bowel and in one bowel loop, there is an intraluminal echogenic curvilinear shadowing density concerning for possible foreign material or foreign body.

BREED

DLH

Pancreas

SEX

Neutered Male

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

AGE

2.5 Years

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

WEIGHT

3.2 kg

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Suspect small bowel foreign body resulting in at least partial if not full obstruction of the proximal small bowel and stomach.

INTERPRETED BY

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 DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As described above, there is concern for small bowel foreign material/foreign body although this finding is of unknown if any relation to patient's reported laboratory changes (the ALT and neutropenia). Therefore, multiple problems may be concurrently present. Ultimately, an exploratory laparotomy for further investigation and if identified, removal of the suspected foreign body is recommended as soon as patient is stable enough to undergo surgery. If possible, bile acids could be considered prior to anesthesia if patient's total bilirubin is not increased. Additionally, either before, during or after surgery, comprehensive infectious disease evaluation could be considered. At the time of surgery, if possible, a liver biopsy may be warranted given patient's reported laboratory abnormalities.

IMAGING PERFORMED BY

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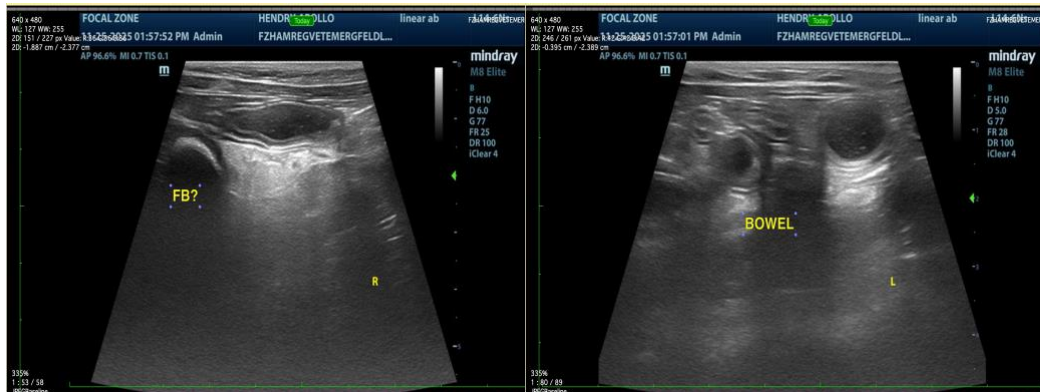
Dr. Pask

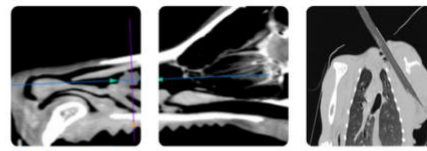
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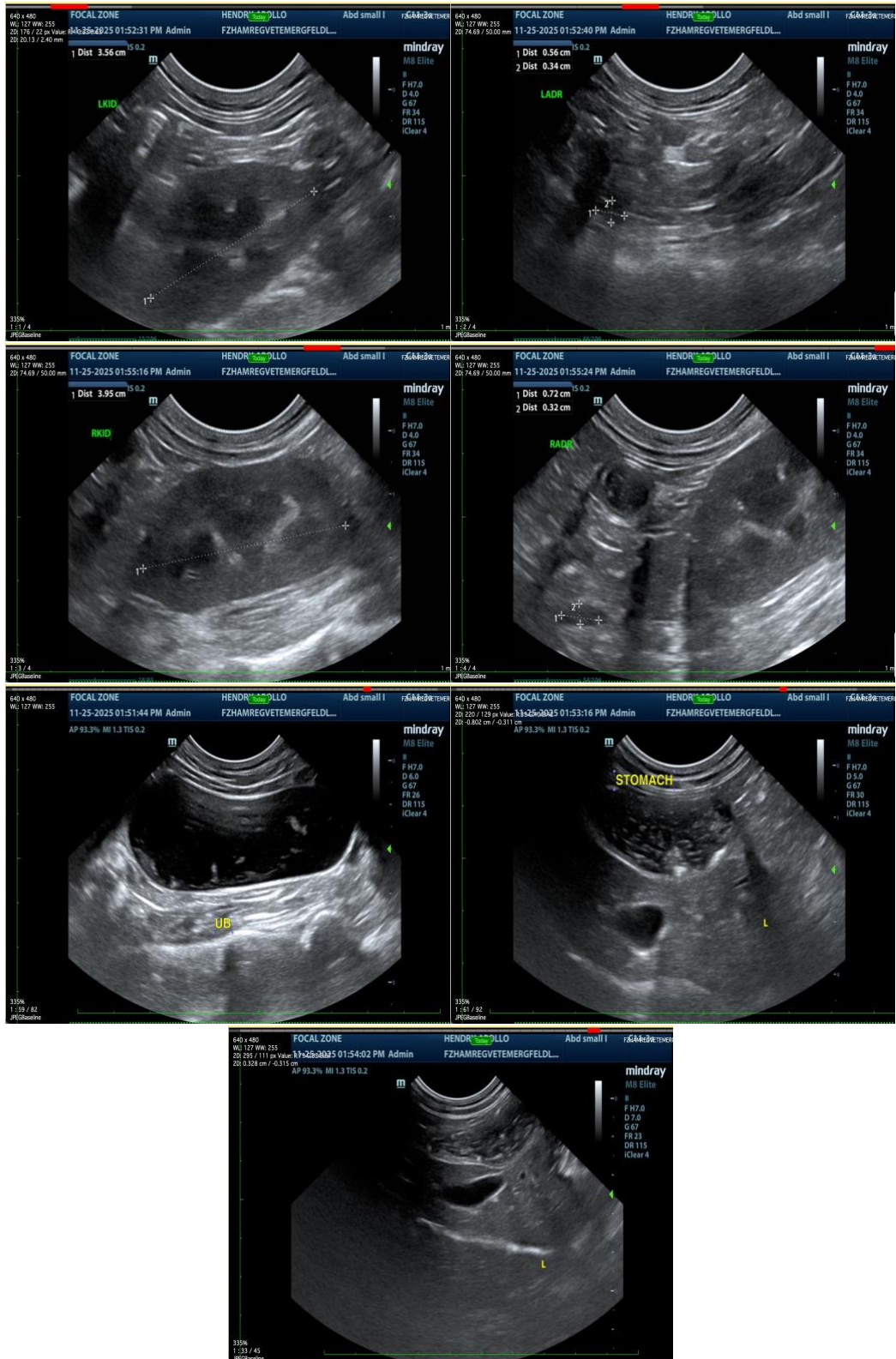
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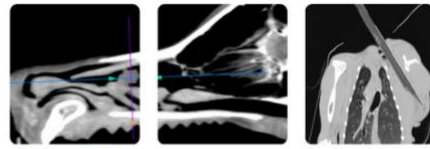
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

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