



PATIENT

Rina Quiles

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9 years 4 months

WEIGHT

8.3 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Ramapo Valley AH

REFERRING VET

Dr. Katara

INVOICE

11339

DATE

2/19/2026

PRESENTING CLINICAL SIGNS

- Vomiting string.

Abnormal PE/Chem/CBC/UA Results: WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (3.22 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.

The left kidney is normal is size (3.39 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.

Adrenal Glands

The right adrenal gland is normal in size (0.24), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.28 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The 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.

Liver

The 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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation. Some mineral/sand debris and small non-obstructive cholecystoliths are suspected.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with a moderate amount of echogenic non-shadowing luminal contents and gas consistent



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with normal ingesta. As well as several densities that do demonstrate strong acoustic shadow, that could present pieces of foreign material. There's no definitive evidence of obstruction, or infiltrative disease in these images at this time.

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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 is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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Pancreas

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.

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Free Abdomen

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

There is no apparent pathologic lymphadenopathy noted in these images.

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ULTRASONOGRAPHIC FINDINGS

- The gastrointestinal contents could represent normal ingesta/gas. Although non-obstructive or early obstructive foreign material within the stomach can't be ruled out. Similarly, given the ingesta within the small bowel, non-shadowing, non-fully obstructive foreign material extending into the small bowel, while not visible, can't be ruled out.
- Moderate gallbladder debris – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness, however, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili. Some mineral debris with no visible evidence of obstruction is noted.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Interpretation of the gastrointestinal contents should be made in combination with when patient last ate. If patient is fully fasted and has been vomiting, that raises the concern for foreign material, although if ingesta is clinically appropriate, reassessment of the gastrointestinal tract following an additional 12-24 hours of fasting could be considered. Alternatively, given the history of vomiting foreign material, combined with the shadowing in the stomach, upper GI gastroscopy could be considered sooner, although locating string within a stomach full of food may be a challenge. Therefore, surgical gastrotomy may be a more realistic approach if intervention is elected sooner than reassessment.

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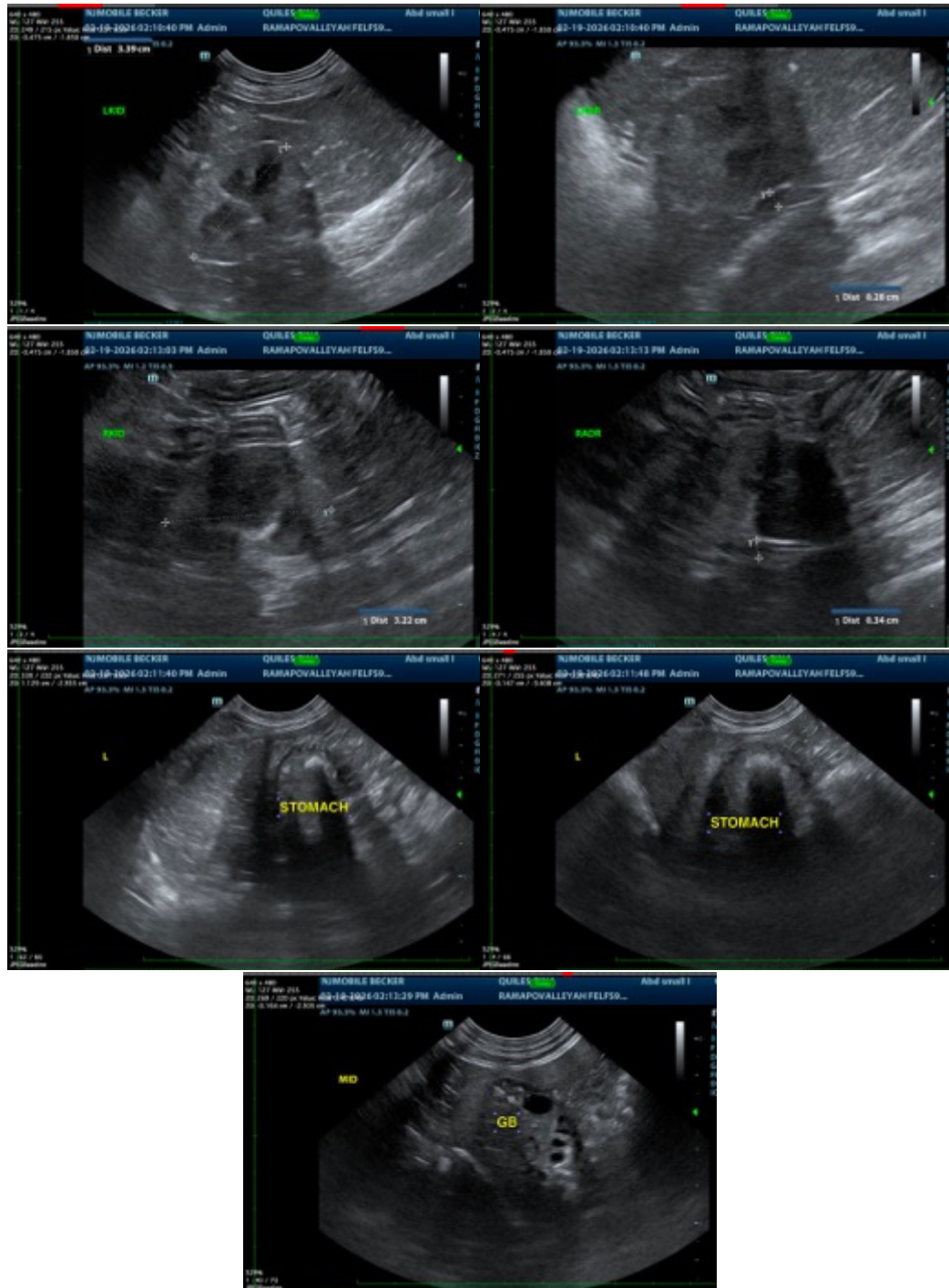
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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info@sonopath.com

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