



**PATIENT PRESENTING CLINICAL SIGNS**

Luna Singh Not eating since Saturday night. Vomiting white foam/bile--despite Cerenia inj. General fullness in abdomen on palpation. Not painful. No obstruction palpable. Bright & Alert. Current Medications Cerenia inj--0.5cc SQ Sunday night & Monday night.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

*Urinary System*

DLH

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.

**SEX**

Spayed Female

Left kidney is normal in size (3.69 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.

**AGE**

6 Years

Right kidney is normal in size (3.65 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**

11 pounds

*Adrenal Glands*

Left adrenal gland is normal in size (0.47 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

Right adrenal gland is normal in size (0.27 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

*Spleen*

**IMAGING PERFORMED BY**

Kelly Reschny

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.

**HOSPITAL NAME**

Maples Animal Hospital

*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.

**REFERRING VET**

Dr. Kazienko

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. The cystic and common bile duct appear subjectively tortuous and potentially mildly distended in appearance.

**INVOICE**

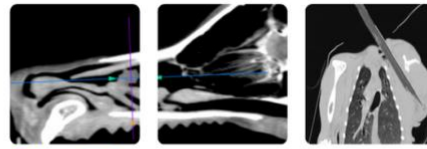
15270

*Gastrointestinal*

**DATE**

04/21/26

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is markedly distended with fluid with some suspended echogenic non-shadowing contents consistent with chyme or small pieces of ingesta, as well as an approximately 1.6 cm in diameter homogenous echogenic, very subtly shadowing density.



**PATIENT**

Luna Singh

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 Hospital

**REFERRING VET**

Dr. Kazienko

**INVOICE**

15270

**DATE**

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The visible small intestines are diffusely normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease. Medial to the right kidney, where what I believe is the duodenum that is fluid dilated to the level of an approximately 1.6 cm in size shadowing intraluminal density concerning for a foreign object/obstruction.

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

***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.

***Free Abdomen***

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

There is no apparent pathologic lymphadenopathy noted in these images.

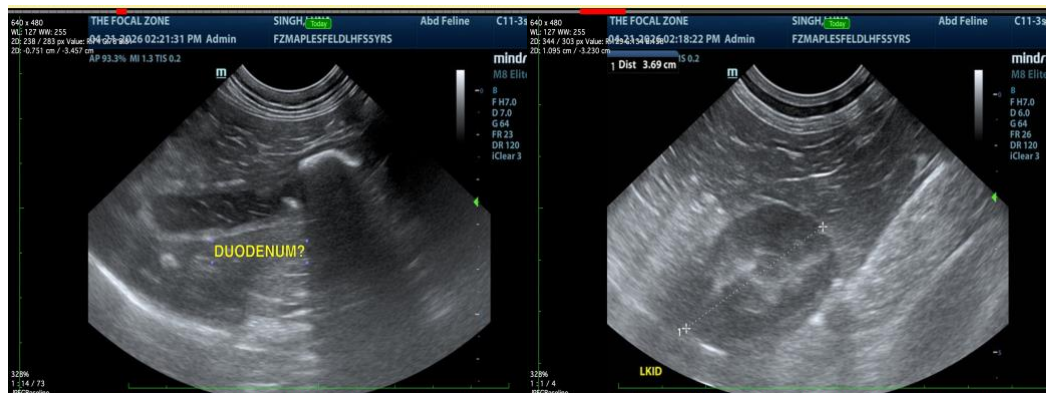
**ULTRASONOGRAPHIC FINDINGS**

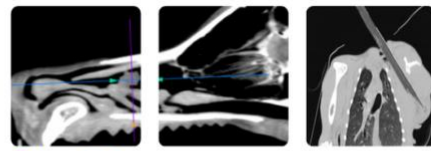
- Suspect proximal duodenal obstructive foreign body potentially anchored to or attached to a concurrent gastric foreign body.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If not recently evaluated, a general metabolic health screen (CBC, chemistry panel with electrolytes and urinalysis) is recommended.

As soon as patient is stable enough to undergo surgery, an expiratory laparotomy for further evaluation of the stomach and proximal small bowel is recommended.





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Luna Singh

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**INTERPRETED BY**

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**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

Maples Animal  
 Hospital

**REFERRING VET**

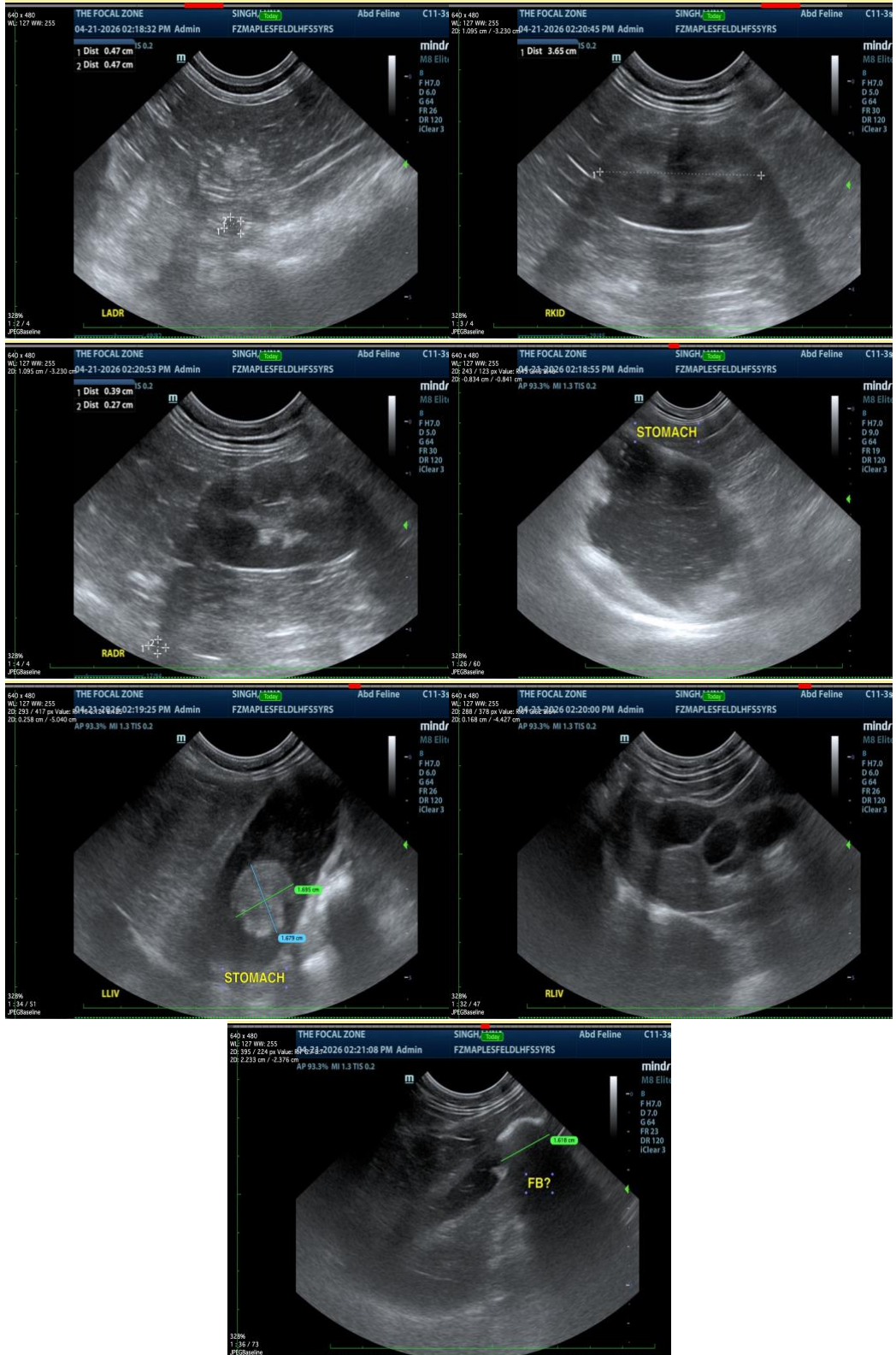
Dr. Kazienko

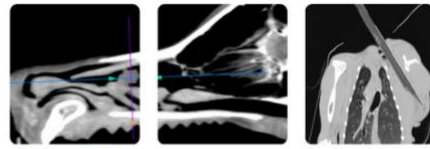
**INVOICE**

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**DATE**

04/21/26





**PATIENT**

Luna Singh

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.

**SPECIES**

Feline

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**

**BREED**

[info@sonopath.com](mailto:info@sonopath.com)

DLH

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

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