



PATIENT

Noel Hennigan

SPECIES

Feline

BREED

Bengal

SEX

Spayed Female

AGE

4 Years 4 Months

WEIGHT

5.05 kg

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline practice)

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Dr. Erica Johnson

INVOICE

14725

DATE

03/28/26

PRESENTING CLINICAL SIGNS

- Chronic vomiting. Started Wed/Thurs last week with reduced appetite and energy levels developing over the weekend. Went to RDVM on Monday where AXR revealed questionable granular mineral appearance in distal colon. Cerenia given and scripted sulcrate. BW on Monday revealed hemoconcentration and low CI (111). Normal SDMA with Crea 146. Normal Spec fPL. Radiographs repeated Tuesday and similar appearance.
- Evaluated at FCPH Wednesday for lack of BM and lethargy persisting. NO further vomiting since Sunday. POCUS nsf. Radiographs no obvious obstruction though possible material in ascending colon (striated appearance). Given SQF and one mirtazapine dose. Reported ate a little Thursday and had a dry poop Thursday
- Vomited following sulcrate dose Thursday night (first vomit since Sunday) and inappetent following vomiting. POCUS on Friday revealed a focal segment of SI appears subjectively abnormal with surrounding hyperechoic mesentery and questionable acoustic shadowing.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder was normal in size and shape. The bladder wall was normal in thickness for the volume of urine present. The bladder contents were anechoic with echogenic sediment, without visible discrete urolith formation. There was no visible inflammation in the bladder or urethra. The urethra was visible to 2.0 cm.

Both kidneys were normal in size and shape with a smooth capsule contour. There was normal cortical echotexture with acceptable corticomedullary definition. There was no pelvic dilation. The left kidney measured 3.9 cm length. The right kidney measured 3.9 cm length.

Adrenal Glands

Both adrenal glands were normal in size and shape. The parenchyma was homogeneous. The left adrenal gland measured 0.42 cm width. The right adrenal gland measured 0.27 cm width.

Spleen

The spleen was normal in size with a mildly irregular shape due to folding on itself. The parenchyma was finely textured and homogeneous.

Liver

The liver was normal in size and shape, with a smooth capsule contour. The hepatic parenchyma displayed normal echotexture and portal markings. The hepatic vasculature was normal in volume and structure.

The gallbladder was normal in size and shape. The gall bladder was normal in size and shape. The luminal contents were anechoic. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

Gastrointestinal

The stomach was moderately distended with fluid and a small amount of echogenic contents suspected to be ingesta. The pylorus appeared patent. The duodenum appeared distended with fluid



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and a suspected small amount of ingesta. There was shadowing gas present in the distal duodenum obscuring some portions from complete evaluation. The jejunum had a focal strongly shadowing density that measured approximately 0.8 by 1.2 cm. In this region, there was also a focal area of possible early loss of wall layering. There was adjacent marked mesenteric inflammation and trace-free fluid as well. The ICJ was clearly visualized and appeared normal in structure and layering. The colon was normal in wall thickness with semi-formed contents.

Pancreas

The right limb of the pancreas was hypoechoic with adjacent mesenteric inflammation. The left pancreas was largely isoechoic to the surrounding mesentery.

Free Abdomen

There was trace-free fluid within the abdomen.

Focally enlarged mesenteric lymph nodes were present. The lymph nodes were homogenous, mildly hypoechoic with a smooth capsule contour. A normal width: length ratio was maintained (<0.5). There was mild adjacent mesenteric inflammation. An example of jejunal lymph node measured 2.3 cm by 0.33 cm.

ULTRASONOGRAPHIC FINDINGS

- Upper GI obstructive pattern
- Suspected FB and/or mural lesion in proximal jejunum - adjacent inflammation and possible early loss of wall layering
- Pancreatitis, active - right limb
- Trace peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This clinical and sonographic presentation is strongly concerning for an intestinal foreign body. There is marked inflammation, trace peritoneal effusion and possible early loss of wall layering in this segment of intestine, which could be secondary to severe inflammation.

Exploratory surgery is recommended to assess this segment of bowel. Biopsy of the intestine is recommended to screen for possible underlying IBD, FIP or other infiltrative disease.



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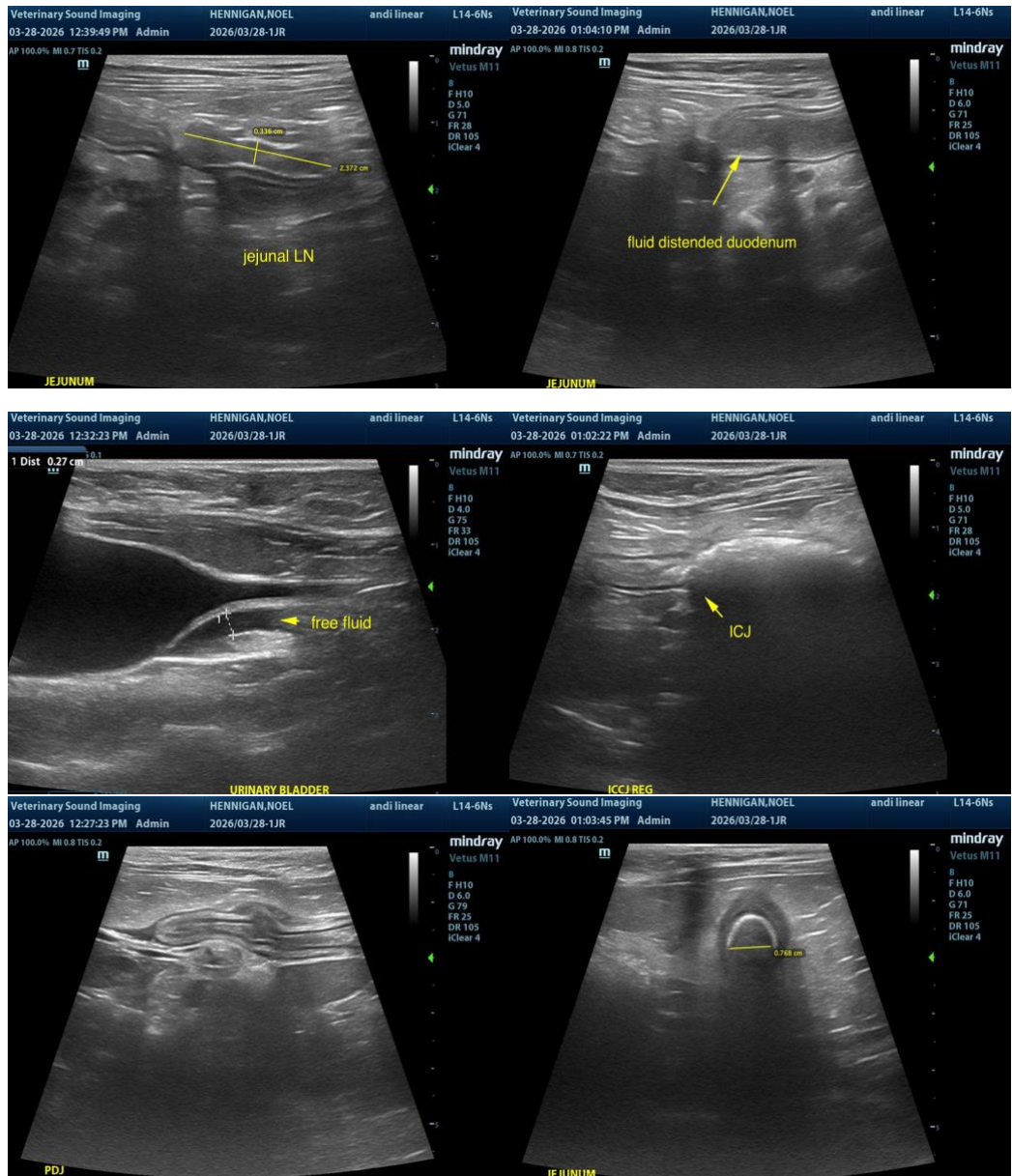
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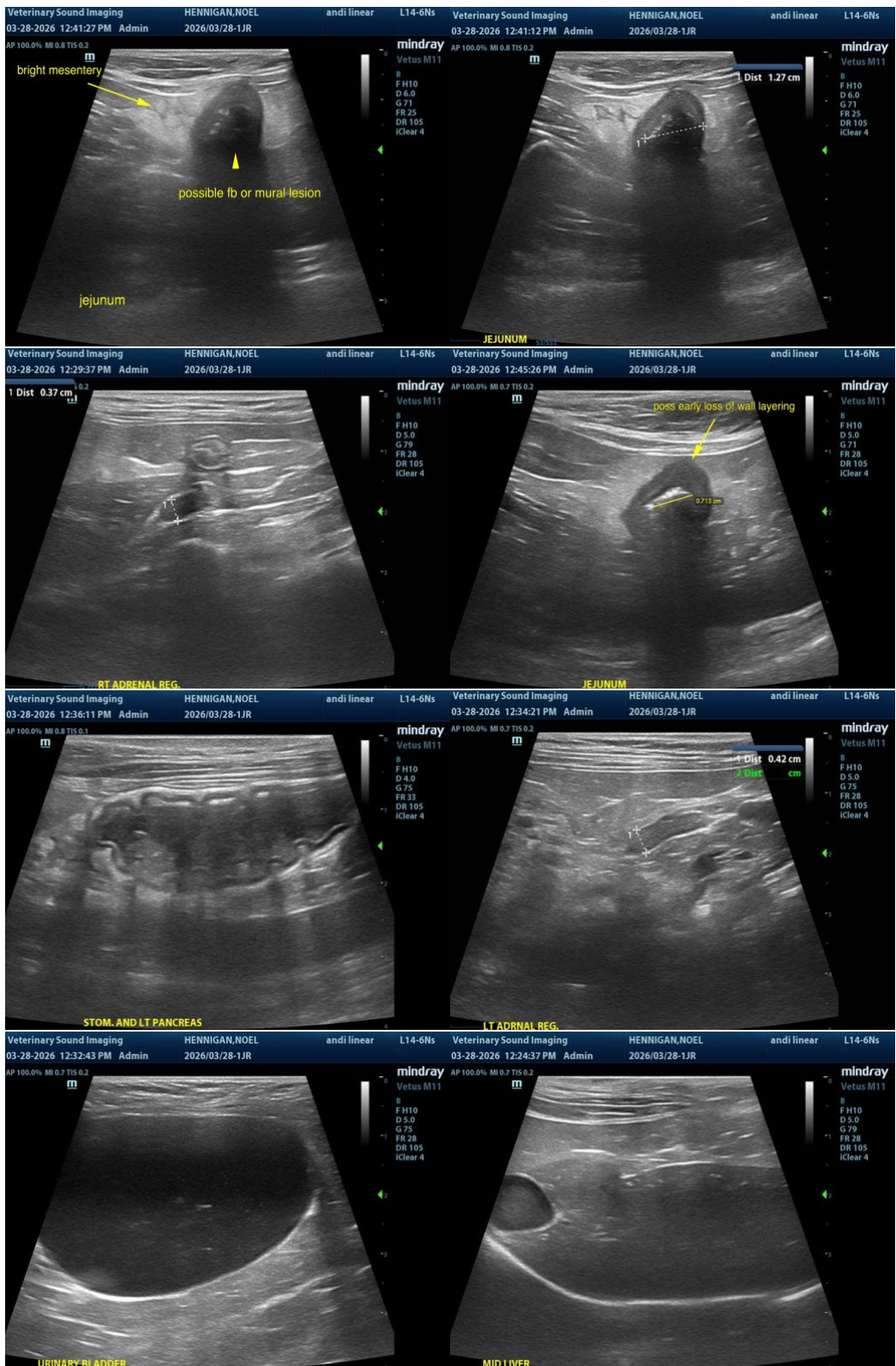
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)

info@SonoPath.com