

PATIENT

Leo Masissam

SPECIES

Feline

BREED

Turkish

SEX

Neutered Male

AGE

3 Years

WEIGHT

16 pounds

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP (Canine
 / Feline Practice)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Creditview-Eglinton

REFERRING VET

Not Provided

INVOICE

12913

DATE

01/02/26

PRESENTING CLINICAL SIGNS

Subjective: - Vomiting episodes on 12/30/2025: six episodes of foamy yellow vomit overnight - Recent dietary change: introduced new low-calorie mixed variety food from PetSmart two days prior to vomiting - Current anorexia: refusing food, gagging when smelling chicken soup, licking lips with nausea - Water intake: uncertain, vomited water yesterday evening - Behavioral changes: alternating between playful episodes and periods of apparent pain/discomfort - Hiccups noted - Sneezing reported two days ago, resolved - History of plastic bag ingestion behavior - Weight stable at 16.19 lbs Past Medical History: - Previous similar episode in mother (Rosie) with successful appetite stimulant treatment - Known plastic bag eating behavior Current Medications Gabapentin, Metronidazole, Cerenia, Famotidine

Abnormal PE/Chem/CBC/UA Results: See attached Primary Question to Be Answered in This Exam - Suspected foreign body ingestion given history of plastic bag eating behavior.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.6 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width.

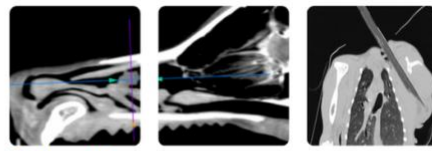
The right adrenal gland was overtly normal in size, position and shape. The right adrenal gland measured 0.49 cm width.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented with mildly thickened wall and empty lumen with mild lumen gas. No evidence of retained ingesta, fluid or foreign material. The stomach wall measured 0.36 cm wall width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Empty intestinal lumen to the level of the colon. The small intestine wall measured 0.23 cm wall width.

Normal visible colon wall layers were present with formed fecal matter in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

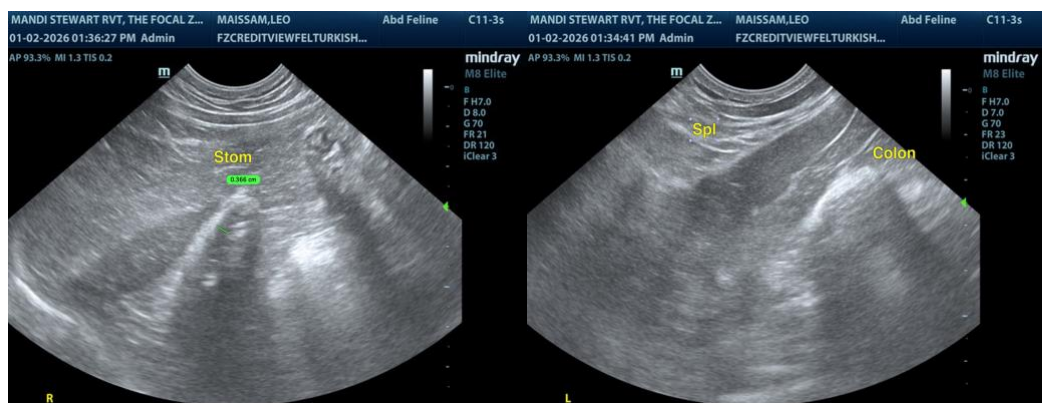
No overt lymphadenopathy or peritoneal effusion was present.

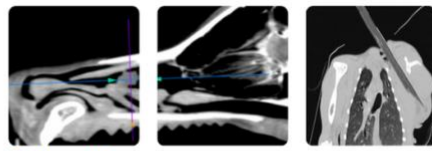
ULTRASONOGRAPHIC FINDINGS

- Mildly thickened empty stomach.
- Sonographically normal empty small intestine.
- Formed fecal matter in colon.
- Normal area of pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal mechanical obstructive pattern or obstructive foreign material. The mildly thickened empty stomach is suggestive of gastritis criteria. Mild pancreatitis or emerging to mild intestinal disease at times may present sonographically normal. A spec fPL or a full GI panel to include PLI, TLI, cobalamin and folate may be considered. Gastrointestinal support including continued gastroprotectants/appetite stimulants, dietary trial +/- empirical deworming if clinically applicable with clinical monitoring is recommended. Sonographic reassessment is indicated if nonresponsive or progressive gastrointestinal signs. Minor potential for emerging to occult infiltrative gastric or gastrointestinal disease thought less likely at this stage yet not definitively excluded.





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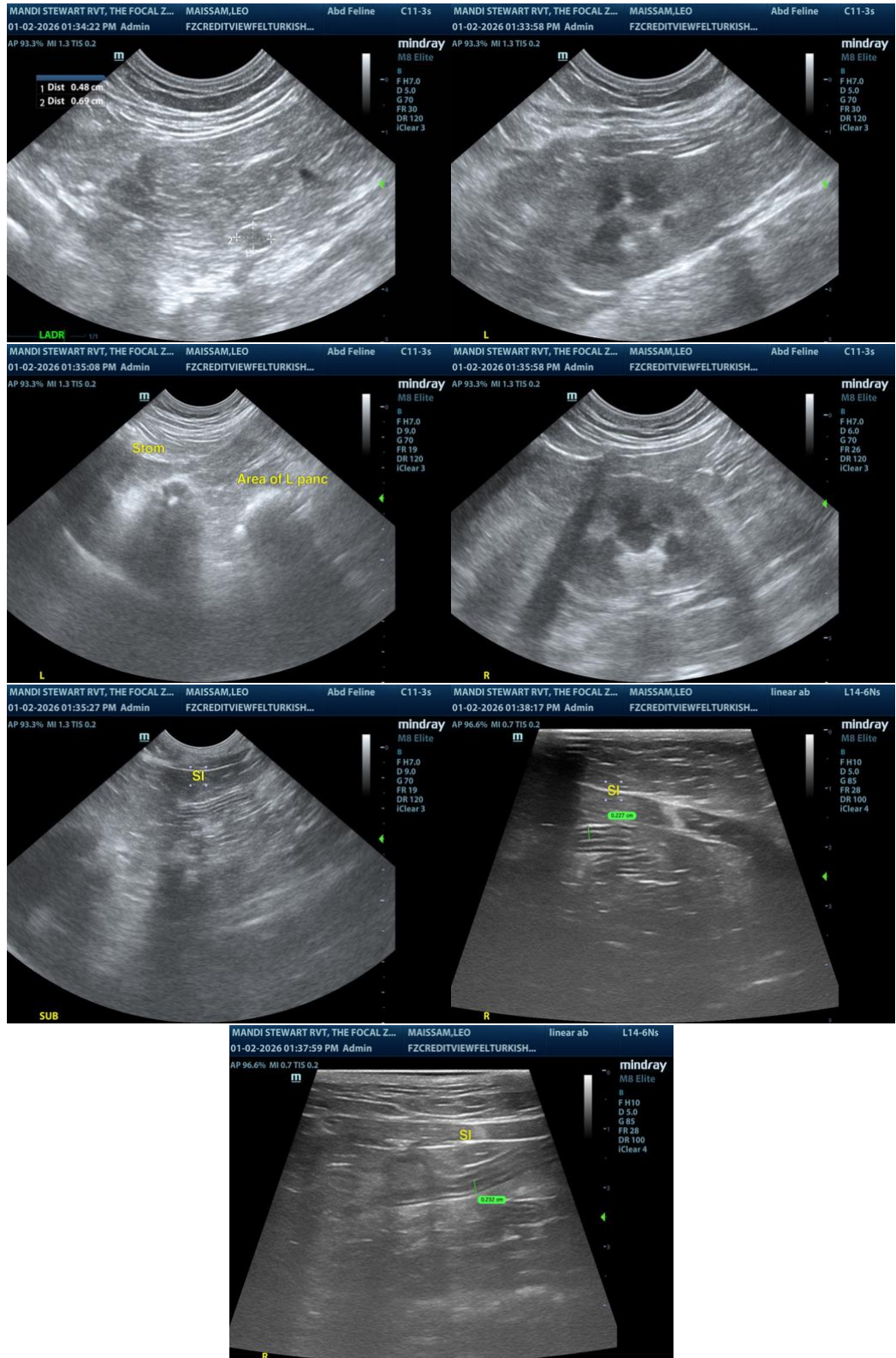
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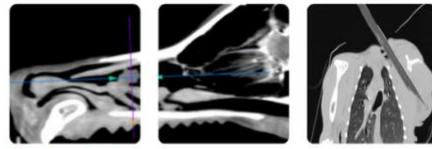
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com