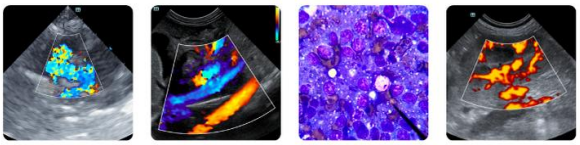

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT
Milo Samekova

SPECIES
Feline

BREED
Bengal Mix

SEX
MN

AGE
1yr

WEIGHT
11lb

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY
Amanda Stewart

HOSPITAL NAME
Creditview Eglinton

REFERRING VET
Ghobrial

INVOICE
23651

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01/22/2026

PRESENTING CLINICAL SIGNS

- Milo still not eating despite getting the appetite stimulant from the other vet on Monday and put the transdermal gel yesterday
- frothing from the mouth and salivation after giving him all the oral medications since yesterday
- still vomiting, little lethargic than before
- Current Medications Metronidazole 100mg/ml, Sucralfate Plus 1G/5ml, Mirtazapine 40 mg/ml Famotidine 5mg/ml
- hasn't eaten in 3 days- confirmed
- Abnormal PE/Chem/CBC/UA Results: Bloodwork done on Jan 20, within normal limits - will email a copy of results Radiographic Findings will email a copy of the report
- Primary Question to Be Answered in This Exam to rule out the cause of enteropathy including IBD, neoplasia, pancreatitis, others See attached rads

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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 4.5 cm in length. The right kidney measured 4.7 cm in length.

The area of the aortic trifurcation was free of pathology.

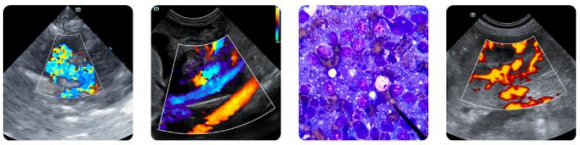
Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm width at the caudal pole.

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/Gallbladder



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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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and minor non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material. The pylorus wall measured 0.30cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The small intestine exhibited primarily empty lumen with minor segmental non-shadowing chyme with no signs of obstruction or foreign material. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.23 cm width.

The proximal colon was mildly distended with non-formed fecal matter. Subjective mildly prominent to thickened cecum with cecal wall measuring 0.30 cm width was present. Formed to semi formed fecal matter in the transverse to descending colon.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Structurally unremarkable gastrointestinal tract with mild non-shadowing gastric ingesta and empty small intestine.
- Mild distended proximal colon with non-formed fecal matter and subjective mildly prominent to thickened cecum.
- Normal area of pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstruction, i.e. foreign body, mass, gastrointestinal IBD criteria, etc., suggestive of metabolic or functional gastric stasis. Although non-specific, typhlitis could be a consideration in this patient given subjective mildly prominent to thickened cecum and non-formed fecal matter in the proximal colon. No indication for immediate surgical intervention. Gastrointestinal support and consideration for empirical therapy for typhlitis which may include broad-spectrum deworming despite fecal testing may prove beneficial. Clinical monitoring with sonographic

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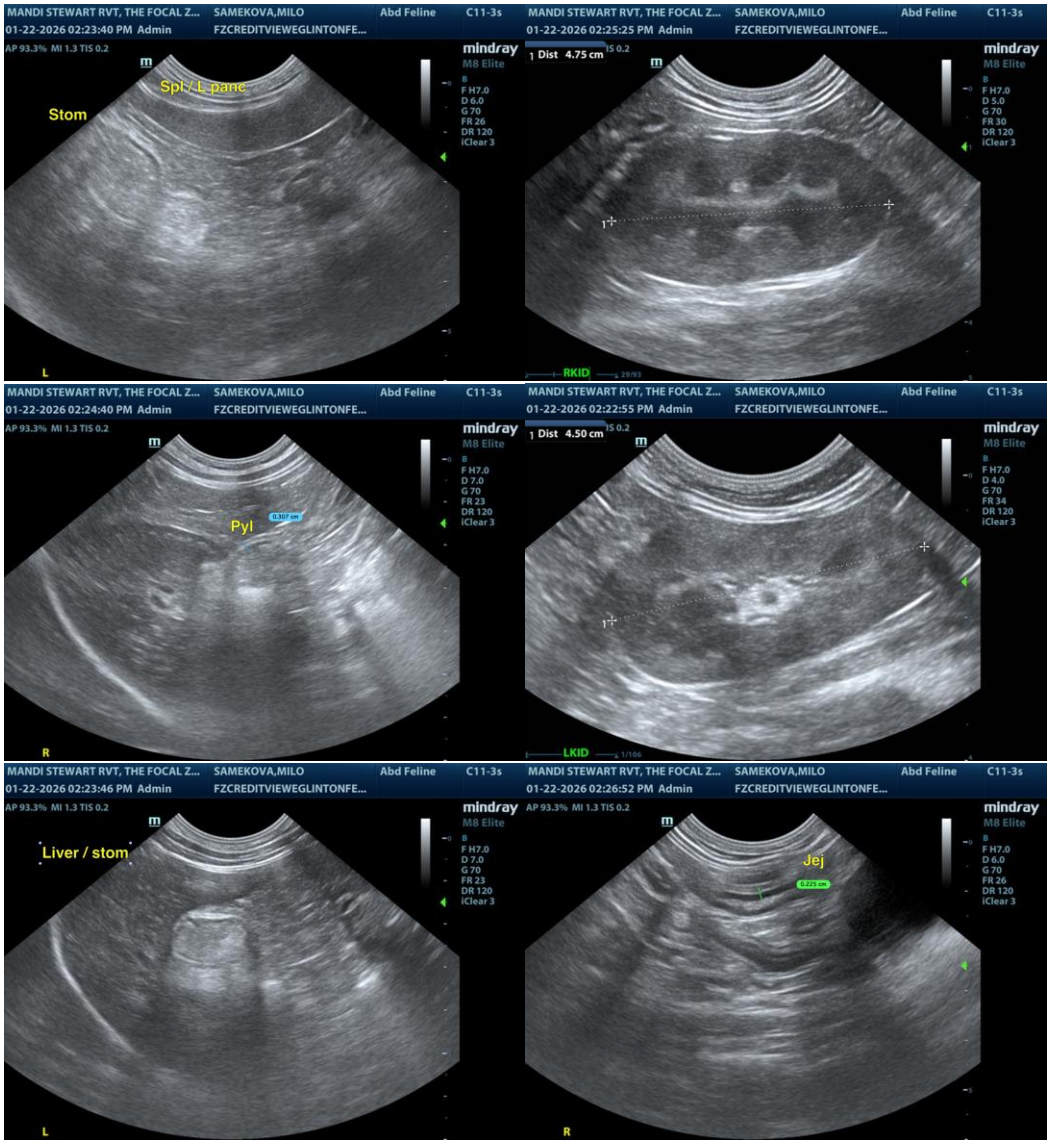
reassessment if non-responsive or progressive gastrointestinal signs is recommended.



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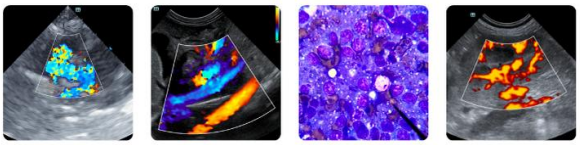

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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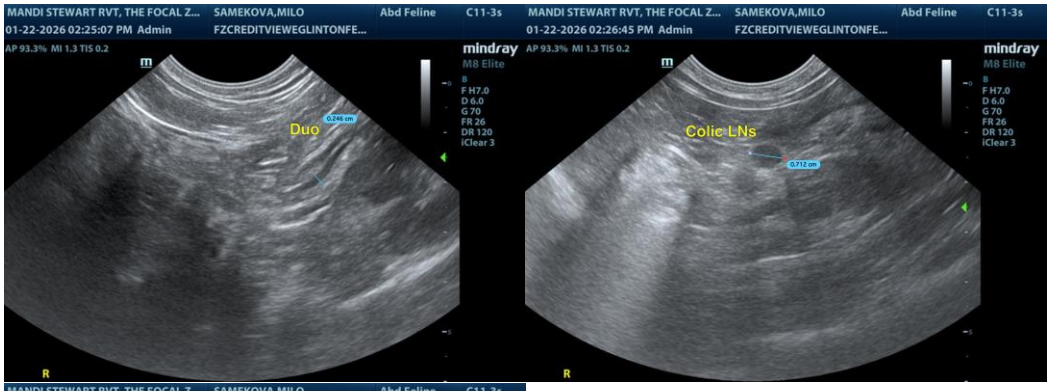

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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