



PATIENT

TRIXIE PYATT

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

14yr

WEIGHT

12.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Tiffany Boomer

HOSPITAL NAME

Moyock Animal
Hospital

REFERRING VET

Dr Tracy Eure

INVOICE
23688

DATE
01/27/2026

PRESENTING CLINICAL SIGNS

- 1/22/26 - O CAME IN SAYING THAT SHE THOUGHT THE P WAS HAVING HAIRBALL ISSUES....NOT ACTUAL VOMITING BUT "GAGGIN" PER O LIKE SHE WAS TRYING TO VOMIT. HAD NOT SEE A BOWEL MOVEMENT IN 2 DAYS. NOT NORMAL FOR P. WAS NOT INTERESTED IN FOOD AT ALL THAT DAY, BUT WOULD EAT A FEW TREATS. O WAS WORRIED ABOUT CONSTIPATION ALSO, BUT RADS WERE GASSY, INTESTINES FREE OF STOOL. THERE WAS MATERIAL IN THE STOMACH ON RADS...FOOD? HAIRBALL? OTHER? WE GAVE CAT LAX, SQF AND CERENIA INJ (AND WENT HOME W/ 4 PILLS SID) AND P WAS DOING BETTER THE NEXT DAY. DOING OK NOW BUT STILL JUST NOT 100%...ONLY A FEW SMALL BOWEL MOVEMENTS WITH HAIR IN THEM. DID SEEM TO WANT TO EAT THIS AM BUT O DID NOT FEED DUE TO SEDATION FOR U/S.

Abnormal PE/Chem/CBC/UA Results: FAIRLY NORMAL. SLIGHT INCREASE IN GLUC. SLIGHT DECREASE IN BUN AND UNDER 10 ON ALT. THYROID OK, CBC OK

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.8 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 0.34 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 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/Gallbladder

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



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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

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The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained echogenic to progressively shadowing ingesta suggestive of a hairball density or similar without overt evidence of obstruction to pyloric outflow.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.23 cm in width.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

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The left pancreas was normal in size with mild capsule asymmetry. Non-homogenous remodeled parenchyma compared to adjacent non-reactive omentum was present.

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Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

WEIGHT

Primary

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- Hairball type density in stomach.
- Normal empty small intestine.
- Possible mild left limb chronic pancreatitis.
- Mild chronic renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Given reported NPO, hospitalization with gastrointestinal support including IV fluids, to potentially aid in gastrointestinal motility, as needed gastroprotectants and hairball therapy with radiographic and sonographic monitoring for evidence of gastric emptying or a potential persistent retained gastric hairball type density is recommended.

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If persistent hairball type density and continued current clinical signs without resolution, exploratory laparotomy with gastric evacuation may be indicated. A spec FPL could be considered to correlate with the pancreas.

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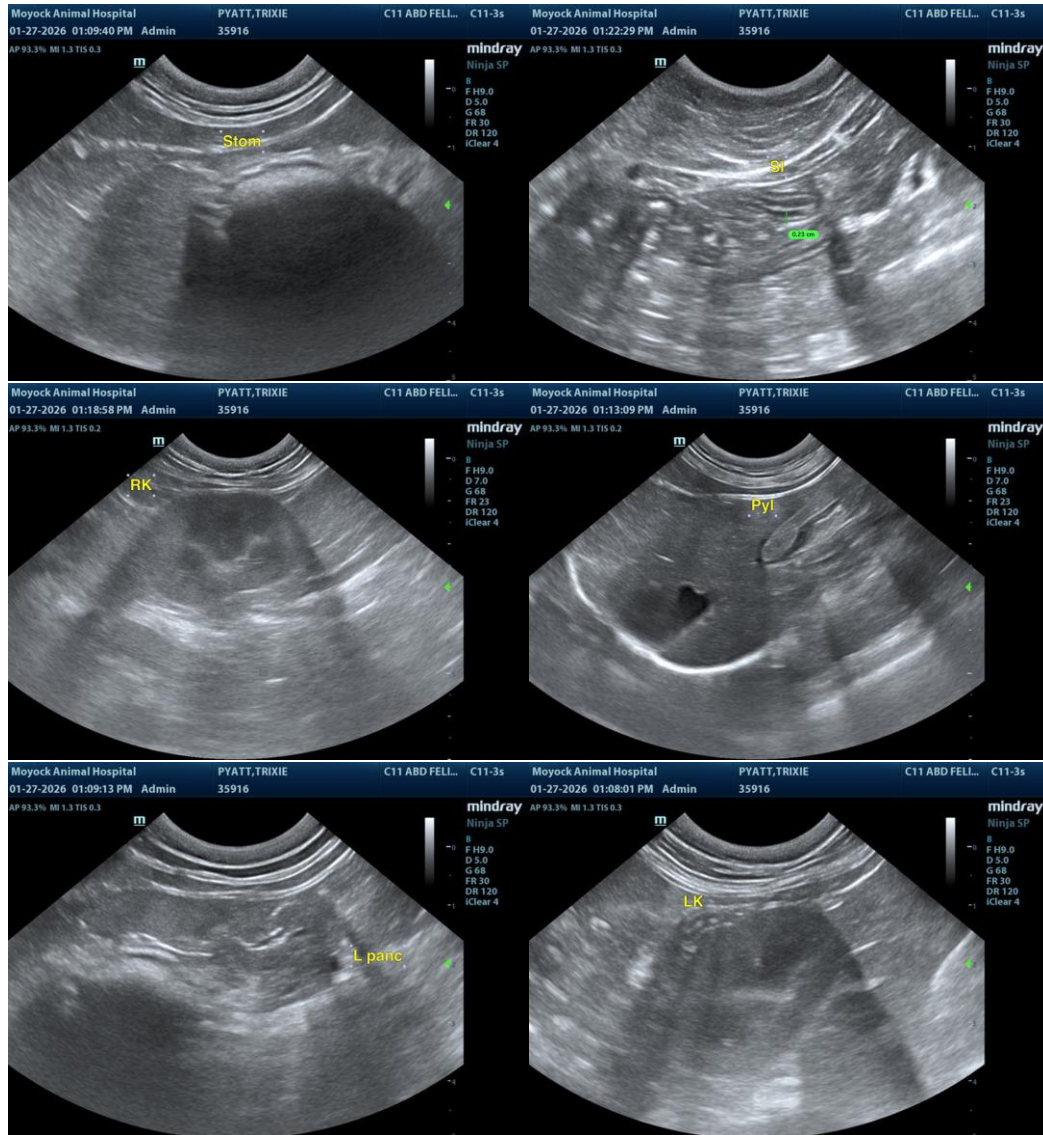
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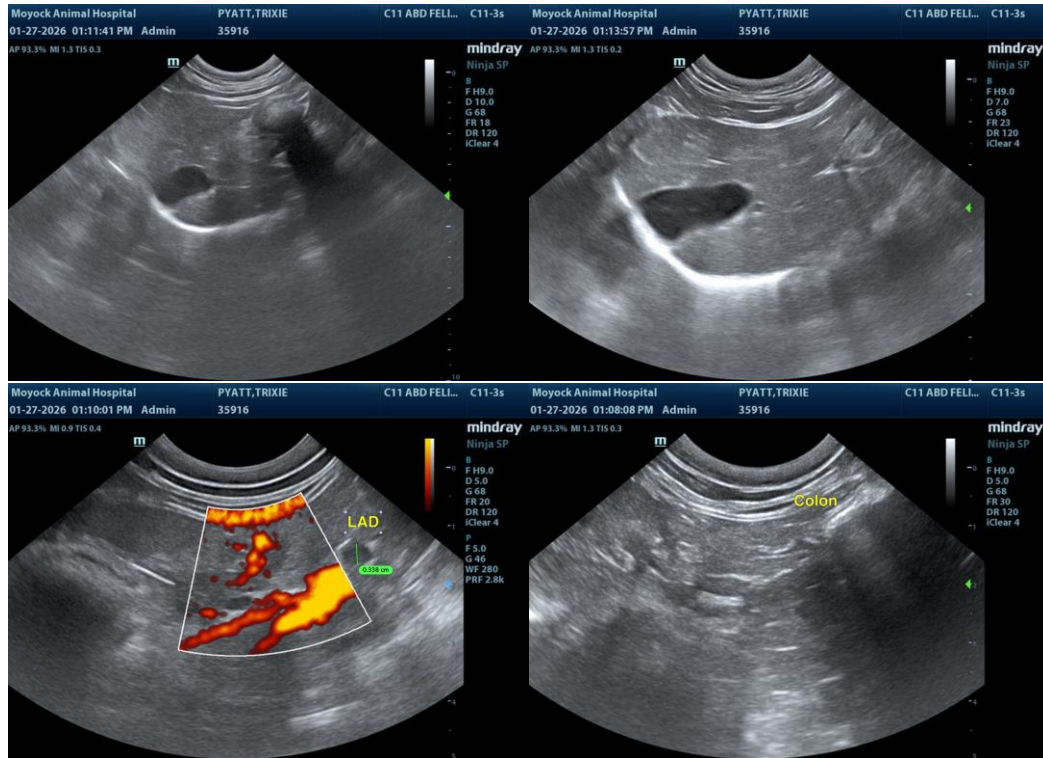
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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