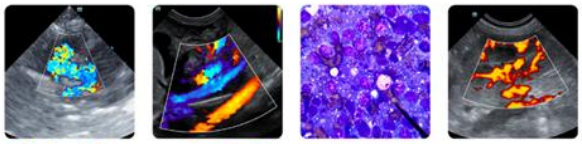


PATIENT

Toby Mathews

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

1yr

WEIGHT

4.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary Clinic

REFERRING VET

Mohamed Zaid

INVOICE
22963

DATE
11/17/2025

PRESENTING CLINICAL SIGNS

History of Chronic (2 weeks) vomiting, inappetence, Hospitalized for 2 days a week ago and responded to supportive care. 5d after discharge symptoms resumed (Vomiting, lethargy, painful). AUS recommended to investigate: Non-obstructive FB, inflammatory dz: food sensitivity, gastritis, IBD, pancreatitis, others

Abnormal PE/Chem/CBC/UA Results: Mild azotemia on initial presentation resolved with supportive care. No diagnostics repeated on recheck. Initial radiographs suggestive of gastric dilation and possible FB, resolved after trending with supportive care.

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 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 3.8 cm in length. The right kidney measured 4.0 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 0.31 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.27 cm width.

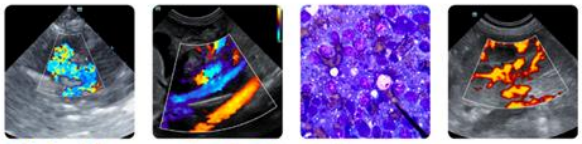
Spleen

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 non-distended in size with thin walls and mild non-organized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The stomach was non-distended containing mild retained anechoic fluid and mild lumen gas. No evidence of obstruction to pyloric outflow. The pylorus wall measured 0.22 cm in width.

The small intestine presented intact wall layering exhibiting non-thickened to mild segmental thickened wall. Segments of small intestine exhibited moderate distension with non-shadowing ingesta / chyme. Focal to possible two shadowing intestinal echoes noted within distended intestinal segments with non-shadowing ingesta / chyme. Concurrent empty small intestinal segments suspected to be distal to ingesta / chyme distended intestinal segments also present. The small intestinal wall measured 0.22 to 0.27 cm in width.

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

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 overt significant lymphadenopathy or peritoneal effusion was present.

Subjective mild mid-abdomen peri-intestinal hyperechoic to reactive omentum was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild retained stomach fluid and gas.
- Segmental ingesta / chyme distended small intestinal segments with possible to two strongly shadowing lumen echoes.
- Concurrent empty small intestine.
- Mild mid-abdomen/ peri-intestinal hyperechoic omentum

Secondary

- Mild gallbladder debris, suspect secondary to anorexia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The retained gastric fluid combined with segmental small intestine ingesta / chyme distension and concurrent empty small intestinal segments likely distal consistent with obstructive criteria is suspected to be secondary to focal or possible two intestinal foreign bodies. Concurrent emerging primary intestinal mural pathology i.e. inflammation less likely neoplasia or FIP cannot be definitively excluded. Regardless, obstructive intestinal criteria is met.

Exploratory laparotomy with gross inspection of the gastrointestinal tract, expectation toward enterotomy and with intestinal biopsies strongly recommended despite exploratory findings is recommended.

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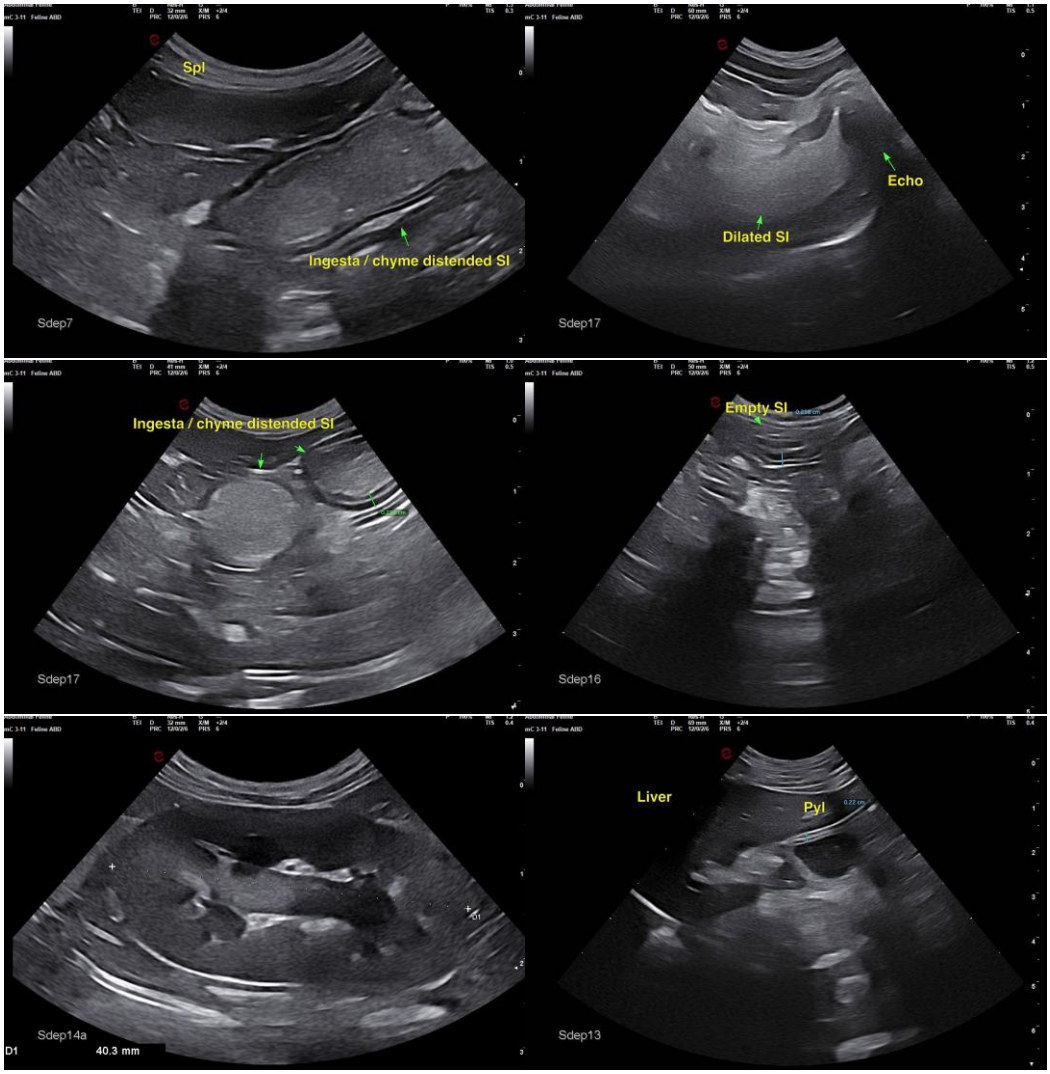

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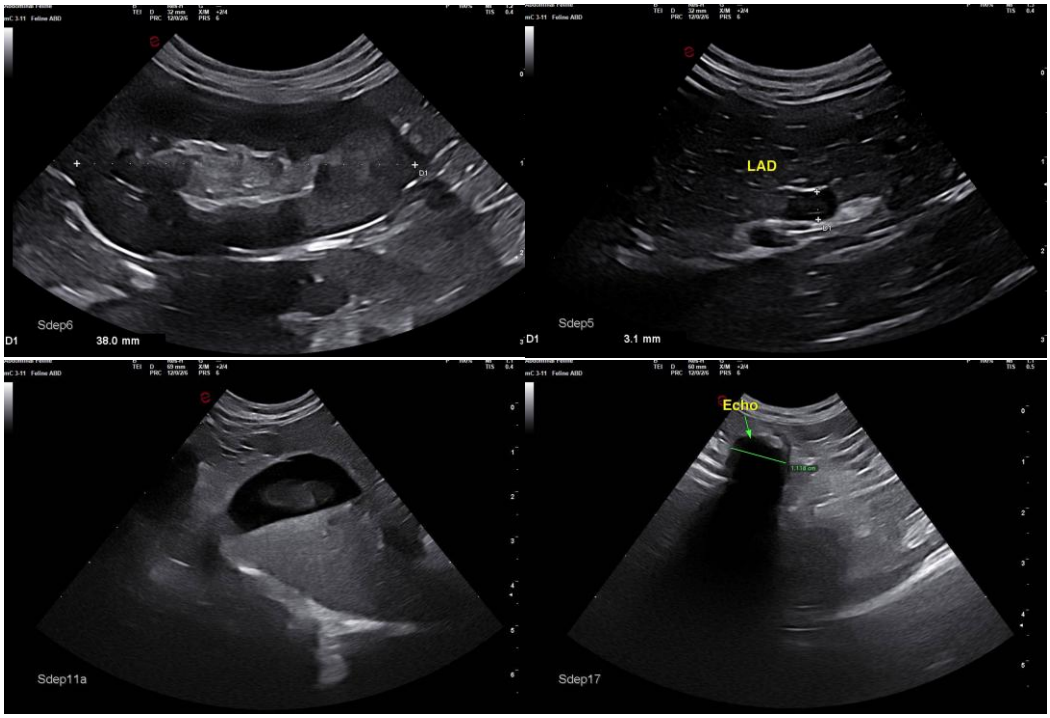

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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