



PATIENT

Chucky Lobue

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2yr

WEIGHT

6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Catherine Alexander,
LVT

HOSPITAL NAME

NorthStar Veterinary
Sonography, PLLC

REFERRING VET

Dr. Phillips

INVOICE 22989

DATE

11/19/2025

PRESENTING CLINICAL SIGNS

p presented for vomiting that started yesterday. pet vomited up rose petals on yesterday . pet also is not interested in drinking water or eating food. no diarrhea reported. x-rays were unremarkable and bloodwork was normal. x-ray report: Radiographic Conclusions/Recommendations: Normal plain films of the thorax. I do not see definitive evidence of a mechanical obstruction or foreign object in the abdomen. The mineralized opacity represents a Bates body and is incidental. Gastroenteritis, mild pancreatitis, exposure to a toxin or inflammatory bowel disease is most likely. I cannot definitively rule out nonobstructing lucent foreign debris in the stomach or small bowel. Fluid therapy and medical management are recommended. If the clinical signs worsen, an ultrasound examination of the abdomen should be considered.

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 3.8 cm in length. The right kidney measured 4.2 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 not definitively visualized, no overt pathology in the area of the right adrenal gland.

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 primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was overall empty with mild lumen gas.

The small intestine presented intact wall layering with maintained muscularis/mucosa ratio. A solitary, strongly shadowing subjective ovoid to curvilinear echo was present in intestinal segment lumen, measuring ~ 1.5 cm in diameter. Potential concurrent associated or adjacent hyperechoic echo possibly extending either orally or aborally the in area of the intestinal lumen echo. The small intestinal wall measured 0.22 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Generalized empty gastrointestinal tract with solitary strongly shadowing intestine lumen echo - potentially located in area of the duodenum
- Indistinct yet possible associated cranially or distally extending hyperechoic linear echo -no evidence of intestinal obstructive pattern or plication

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The strongly shadowing intestinal lumen echo and possible associated hyperechoic linear echo is highly suggestive of focal to possible linear foreign body. The foreign body does not appear to be obstructive at this time. In conjunction with patient clinical signs, exploratory laparotomy with gross inspection of the gastrointestinal tract, expectation toward enterotomy and with consideration for gastrointestinal biopsies despite exploratory findings to rule out underlying intestinal disease is recommended.



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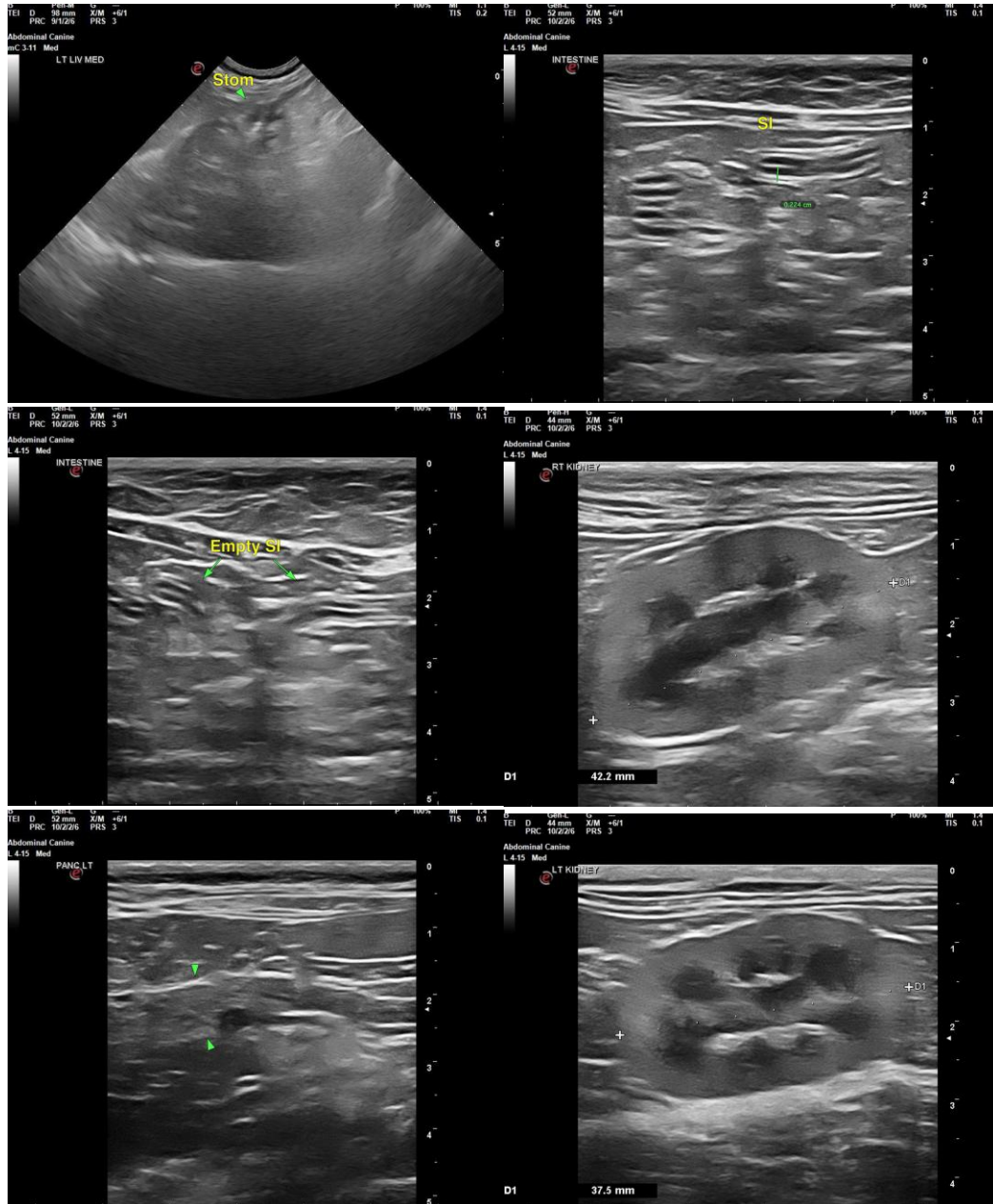
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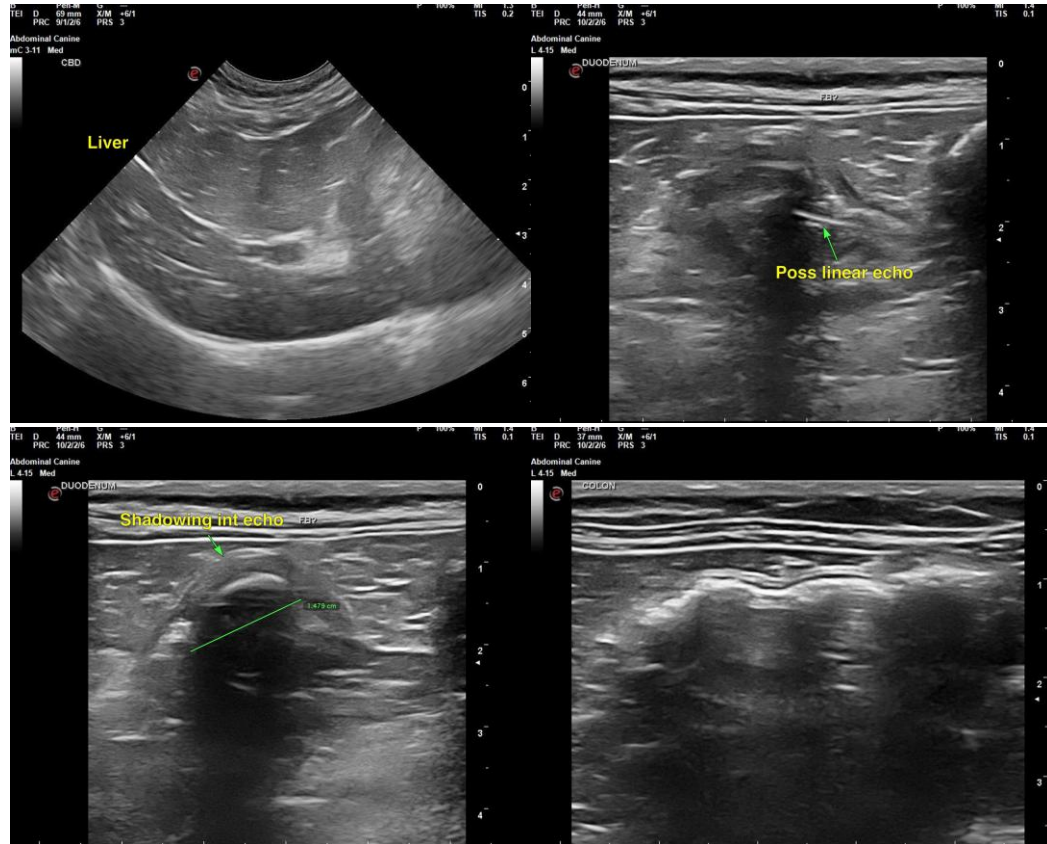
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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