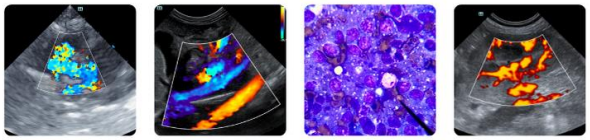


PATIENT

Alice Splihte

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

4

WEIGHT

14

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

10378

DATE

11/20/25

PRESENTING CLINICAL SIGNS

re check from yesterday , straining overnight in litterbox , now vomiting while straining , can't hold down water

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or 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.

No evidence of pathology in the area of the aortic trifurcation.

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 3.9 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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.

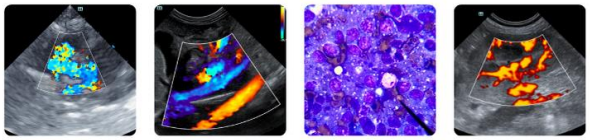
Liver/ Gallbladder

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. 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.

Gastrointestinal

The visualized stomach presented overtly normal intact visible wall. The stomach was nondistended containing mild pyloric fluid and gas.

The small intestine presented intact wall layering with a normal 1:3 muscularis/mucosa ratio and non-thickened wall. The small intestine was primarily empty with mild segmental intestinal ileus. The ileocolic junction was not definitively visualized.



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Normal intact visible colon wall was present. The colon exhibited persistent generalized distention with non-formed fecal matter to the approximate level of the urinary bladder and colorectum. The degree of colon distention was subjective static compared to the previous study.

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 were evident.

Free Abdomen

No significant omental lymphadenopathy was visualized. No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal nondistended urinary bladder
- Persistent static diffuse distended colon with non-formed fecal matter
- Structurally unremarkable gastrointestinal tract with mild subjective nonobstructive gastric and segmental intestinal ileus
- Normal area of pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Similar gastroenterocolic presentation compared to the previous study with subjective decreased degree of intestinal ileus. There is no definitive evidence of a gastrointestinal mechanical obstructive pattern, i.e., foreign material, mural pathology, etc. Nonspecific gastroenterocolitis, i.e., infectious disease, enterotoxin, acute nonstructural inflammatory bowel or emerging IBD, occult parasitism, mild pancreatitis, less likely occult neoplasia or definitive foreign material are all potentials.

Continued gastrointestinal support is indicated. If not done, a spec fPL or a GI panel to include PLI/TLI/Cobalamin/Folate to assess for occult disease may be considered. Sedated rectal palpation to rule out non-visualized colorectal abnormality may be considered. There is no evidence of lower urinary tract obstruction or pathology.

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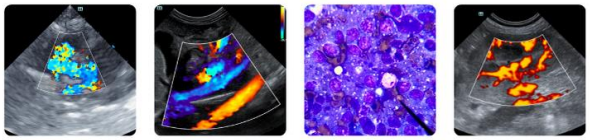

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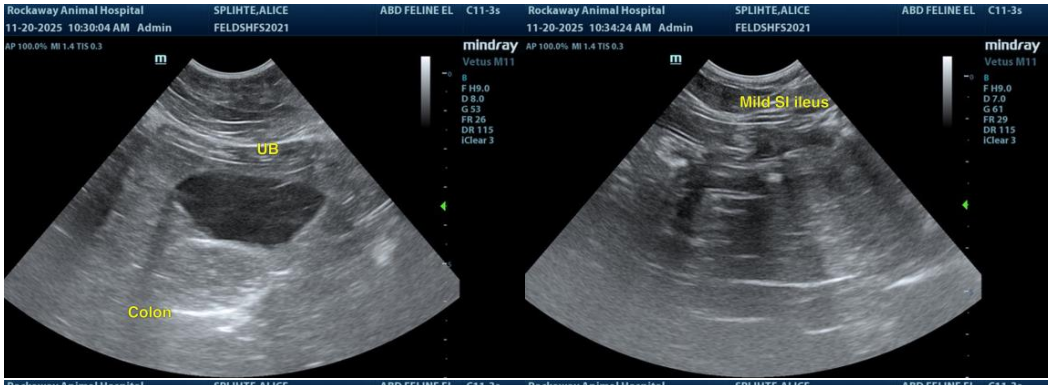

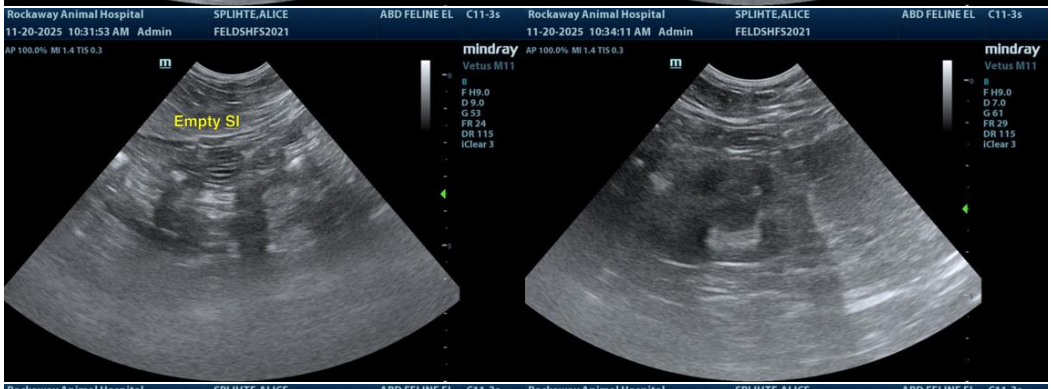

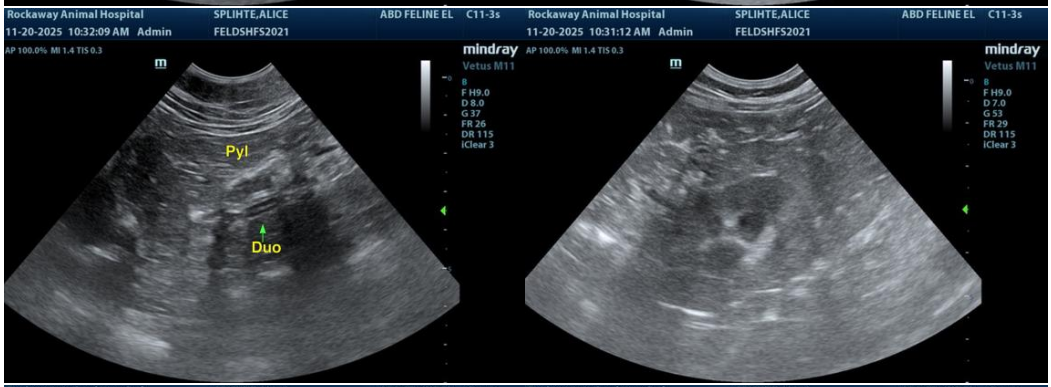

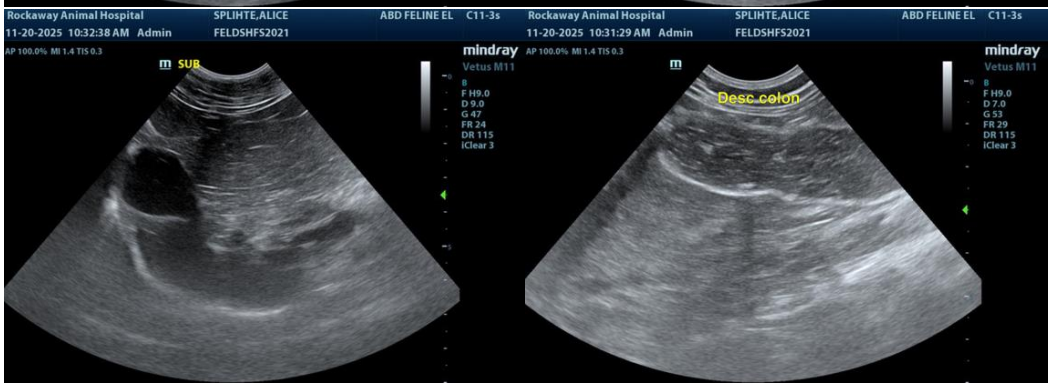

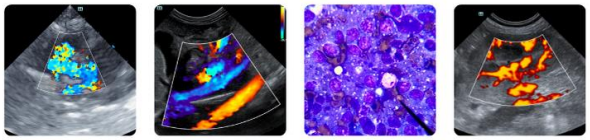

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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