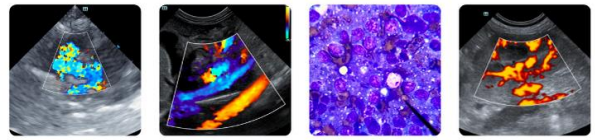




PATIENT	PRESENTING CLINICAL SIGNS
Stefan Aleksandrov	A six-year-old male neutered Angora cat presented for acute vomiting, inappetence. The patient presented for two episodes of vomiting that occurred the day prior to examination. The owner described the vomit as dark green, crumbly, and containing a large amount of hair, raising concerns for a hairball impaction. On the day of presentation, the cat was reported to be hiding at home, with no food or water intake since the previous day. His bowel movement status was unknown.
SPECIES	
Feline	
BREED	
Angora	
SEX	
NM	
AGE	
6 yrs old	
WEIGHT	
7.12 kg	
INTERPRETED BY	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Urinary System
	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were 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 4.6 cm in length. The right kidney measured 4.5 cm in length.
	Adrenal Glands
	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width. The right adrenal gland was overtly normal in size, position, and shape. The right adrenal gland measured 0.38 cm width.
IMAGING PERFORMED BY	Spleen
Dr. Jill Rankin	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.
HOSPITAL NAME	Liver/ Gallbladder
Aspen AH	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.
REFERRING VET	
Dr. Sharandeep	
INVOICE	
10455	
DATE	
12/11/25	



PATIENT	<i>Gastrointestinal</i>
Stefan Aleksandrov	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, primarily nonshadowing ingesta without signs of obstruction or foreign material. There was no obvious obstruction to pyloric outflow. The pylorus wall width measured 0.20 cm in width.
SPECIES	
Feline	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Empty intestinal segments were noted with concurrent nondistended intestine with nonshadowing ingesta / chyme. A segment subjective midabdomen jejunum contained shadowing content adjacent to mild ingesta distended intestinal segments potentially measuring 3.0-4.0 cm in length. The ileocolic junction measured 0.35 cm width. The duodenum wall measured 0.23 cm width. The jejunum wall measured 0.20 cm width.
BREED	
Angora	
SEX	
NM	Normal visible colon wall layers were present with apparent formed feces in lumen.
AGE	<i>Pancreas</i>
6 yrs old	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.
WEIGHT	<i>Free Abdomen</i>
7.12 kg	No obvious omental lymphadenopathy was visualized. No evidence of peritoneal effusion was present. Subjective mild increased peri intestinal omental echogenicity was noted in the area of ingesta distended intestine, as well as shadowing jejunal echo.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Segmental jejunal foreign body / hairball-type density with concurrent partial intestinal obstructive pattern • Mild retained nonshadowing gastric ingesta • Mild peri intestinal reactive possibly inflamed omentum - no evidence of peritonitis • Sonographically normal pancreas
IMAGING PERFORMED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Dr. Jill Rankin	Given the timeframe between the ultrasound study and interpretation, a brief sonographic reassessment would be ideal to ensure that the jejunal foreign body to hairball-type density has not moved. Otherwise, if not possible, exploratory laparotomy with gross inspection of the gastrointestinal tract and expectation toward enterotomy with suggested concurrent intestinal biopsies is indicated.
HOSPITAL NAME	
Aspen AH	
REFERRING VET	
Dr. Sharandeep	
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10455	
DATE	
12/11/25	



PATIENT

Stefan Aleksandrov

SPECIES

Feline

BREED

Angora

SEX

NM

AGE

6 yrs old

WEIGHT

7.12 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Aspen AH

REFERRING VET

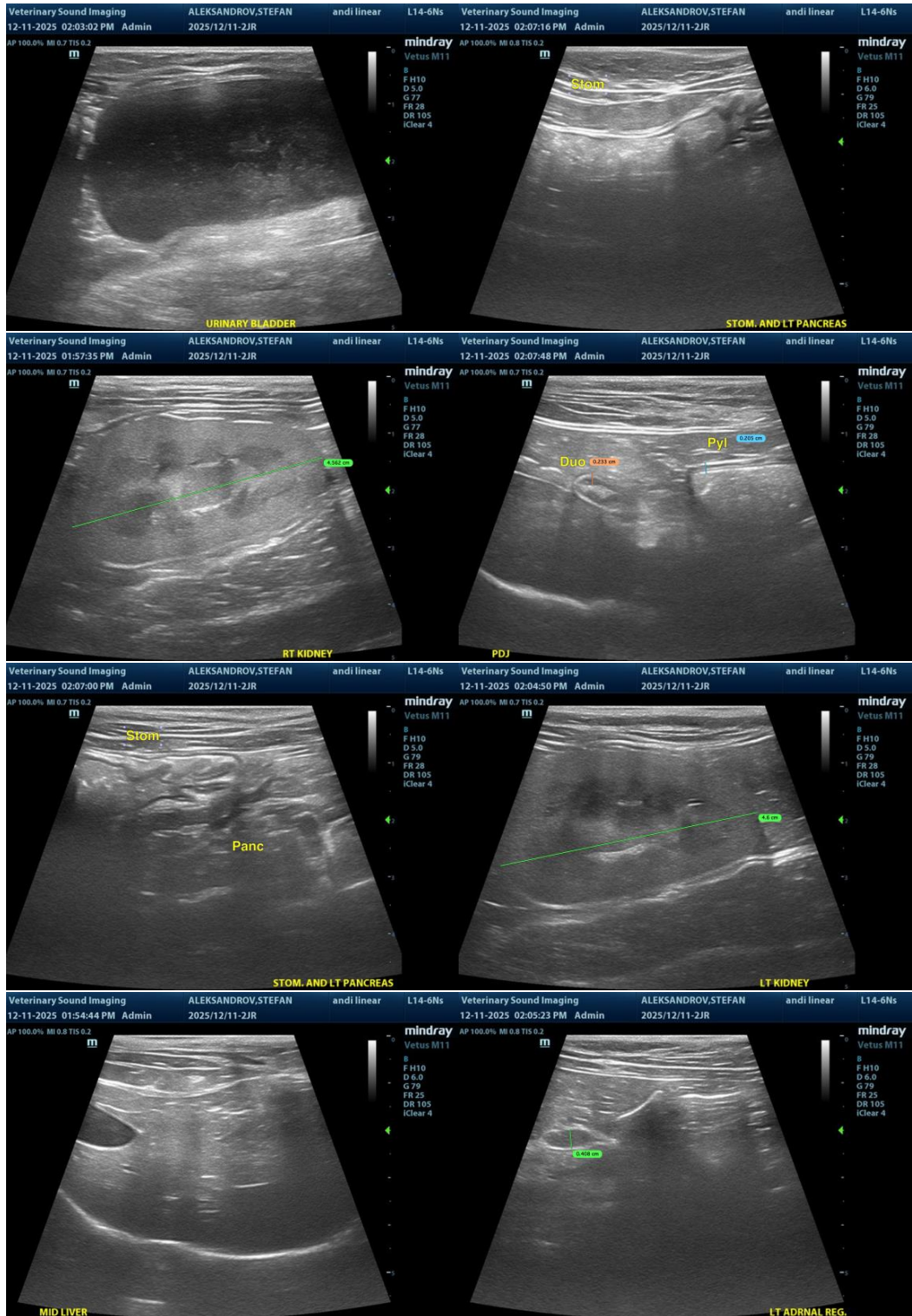
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DATE

12/11/25





PATIENT

Stefan Aleksandrov

SPECIES

Feline

BREED

Angora

SEX

NM

AGE

6 yrs old

WEIGHT

7.12 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Aspen AH

REFERRING VET

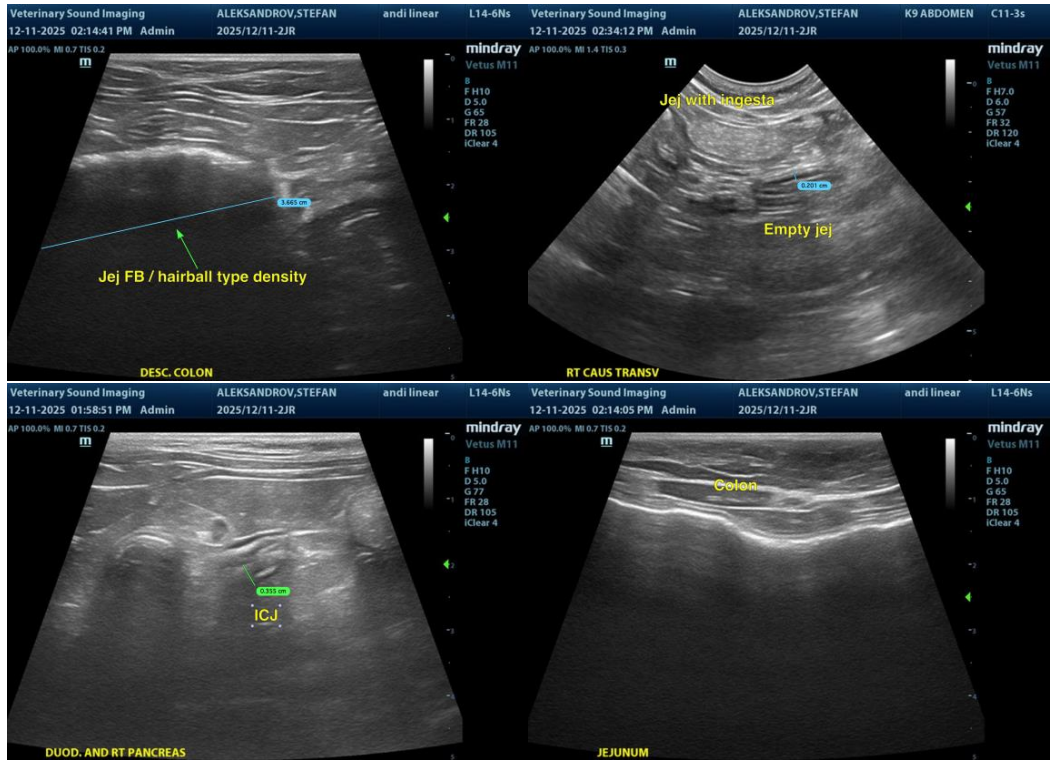
Dr. Sharandeeep

INVOICE

10455

DATE

12/11/25



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