PATIENT

Yoshi Fair

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

4 y

WEIGHT

11.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS, Certified Veterinary Sonographer

HOSPITAL NAME

Norfolk County VS

REFERRING VET

Tami ilovich, DVM

INVOICE

12931

DATE

12/12/25

PRESENTING CLINICAL SIGNS

History: Decreased appetite and then anorexia. Vomited bile once. Ate through a plastic bag 6 days ago. Tense abdomen on palpation. Temp elevated 103.8 on 12/10/25.

Meds: On Cerenia 1 mg/kg.

Rads: gas in proximal duodenum

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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, non-dependent, echogenic to 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.

Normal size and margination was 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 3.7 cm in length. The right kidney measured 4.3 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 0.36 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm.

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. The spleen measured 1.0 cm width level of the mid spleen.

Liver

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 mild, echogenic, nonmineralized biliary sludge. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, primarily non-shadowing to regional, progressively shadowing ingesta. No evidence of obstruction to pyloric outflow or obstructive pyloric mural pathology. Potential for small gastric hairball type density with an example measuring 1.1 cm in diameter.

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The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio. The lumen of the small intestine was generalized empty without evidence of mechanical or metabolic ileus or shadowing content to the level of the colon. Duodenum wall measured 0.29 cm, jejunum wall measured 0.24 cm, and ileocolic wall measured 0.38 cm.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

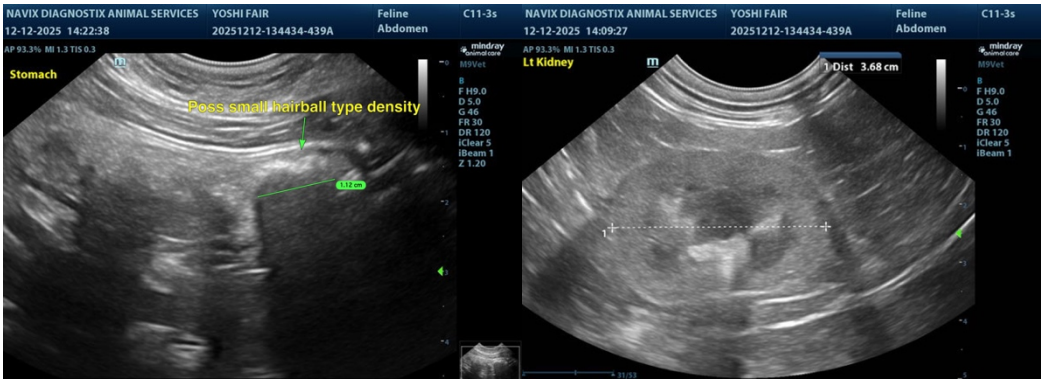
No evidence of significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Non-distended stomach with mild retained primarily non-shadowing to focally shadowing gastric ingesta – potential for small non-obstructive gastric hairball type density or similar
- Generalized empty sonographically unremarkable small intestine
- Normal area of pancreas
- Mild gallbladder debris
- Mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal obstructive pattern present. Correlation with most recent meal ingestion is recommended. Given reported anorexia, metabolic gastric stasis or structurally insignificant gastroenteritis potentially secondary to dietary indiscretion is favored. Documented 12-hour fast and sonographic reassessment of gastric emptying or for persistent non-obstructive potential for gastric hairball type density is recommended. Spec fPL, full GI panel to include PLI/TLI/Cobalamin/Folate and assessment of hepatic enzymes for evidence of occult disease as a contributing factor is recommended.



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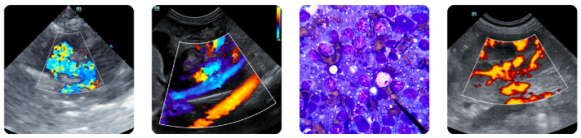

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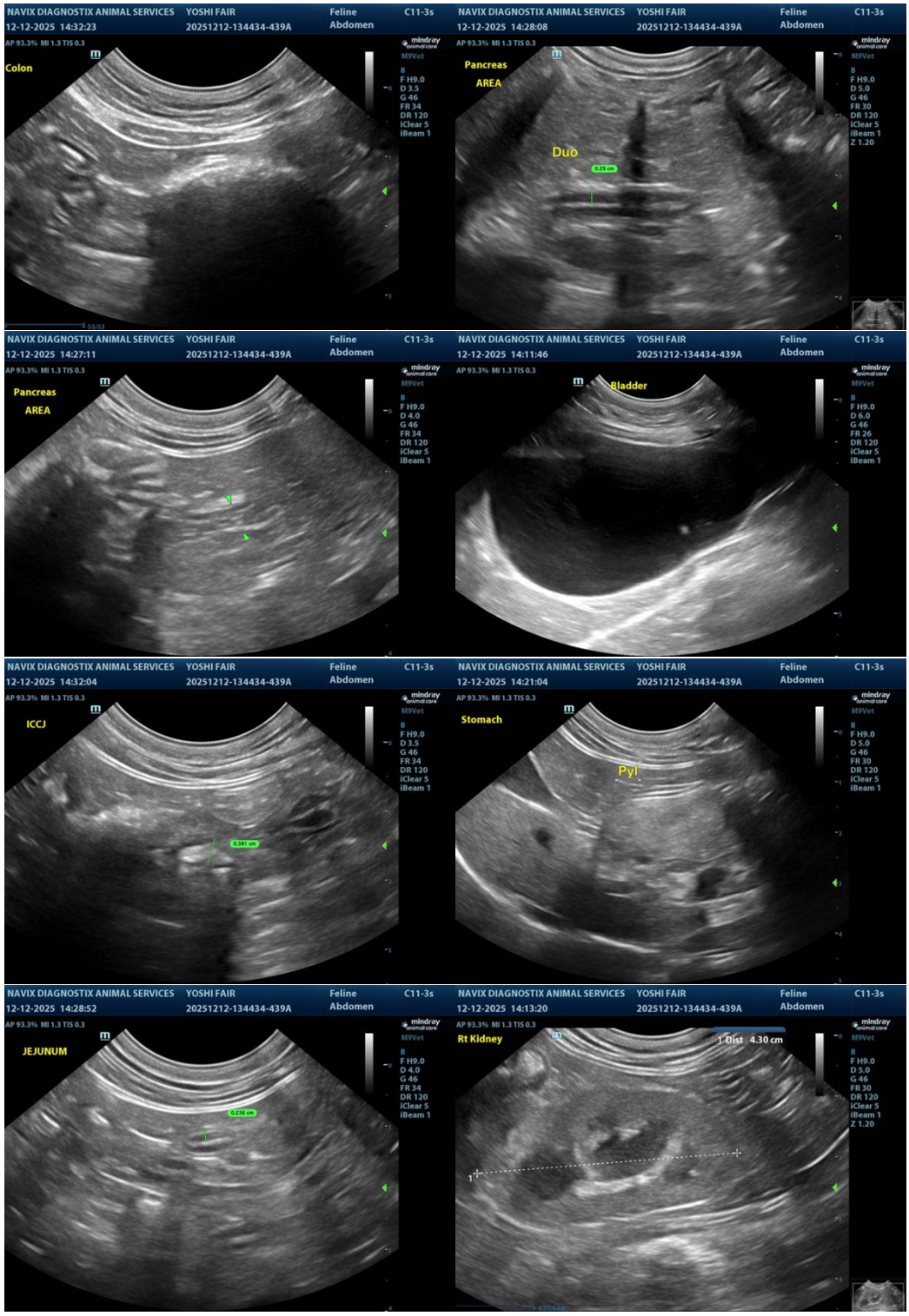

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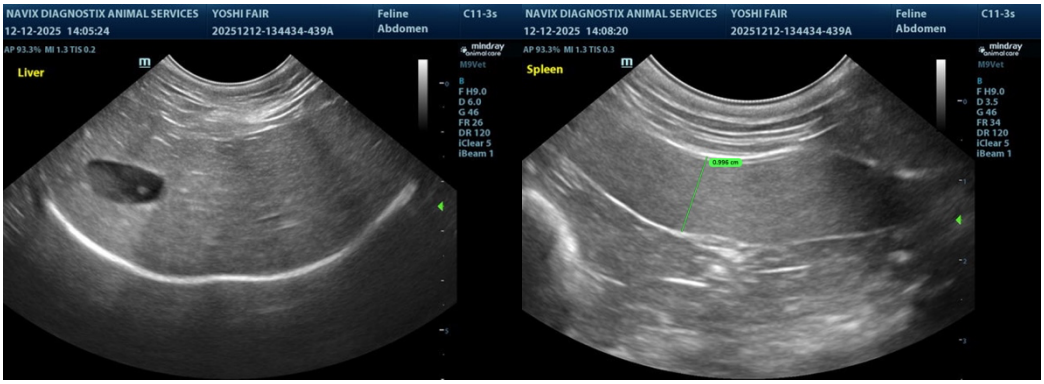

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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