

**PATIENT**

Solstice Johnson

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

3 Years

WEIGHT

3.52 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Raul Casas-Dolz

HOSPITAL NAME

State Avenue Vet Clinic

REFERRING VET

Dr. Raul Casas-Dolz

INVOICE

72584

DATE

12/15/25

PRESENTING CLINICAL SIGNS

4-5 days Hx of V approx 6 days ago; Tx with maropitant, SQ fluids and buprenorphine; symptoms resolved; now presented with a 36hr Hx of V

Abnormal PE/Chem/CBC/UA Results: Questionable pain on abd palp; CBC/chem was WNL 6 days ago

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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were 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 3.2 cm in length. The right kidney measured 3.2 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 0.35 cm.

Spleen

The spleen was subjectively subnormal in size, suggestive of volume contraction, measuring 0.52 cm in width at the level of the mid 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

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 proximal common bile duct was dilated and mildly tortuous without overt post hepatic obstruction. This finding may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained progressively shadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction to pyloric outflow, or foreign material. Pylorus wall measured 0.25 cm.



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The small intestine presented generalized intact wall layering with mild altered jejunal wall layer ratio owing to mildly prominent jejunal muscularis layer yet without evidence of jejunal wall thickening. Duodenum wall measured 0.24 cm. Jejunum wall measured 0.24-0.25 cm. Ileocolic wall measured 0.32 cm. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus or ingesta to the level of the colon.

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Progressively shadowing gastric ingesta – likely food echogenicity, potential for intermixed non-obstructive gastric hairball type density.
- Non-thickened small intestine with subjective mildly prominent jejunal muscularis layer.
- Normal area of pancreas.
- Mild non-obstructive proximal common bile duct dilation – patient variant owing to anorexia, possible low-grade cholangitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with most recent meal ingestion recommended. However, given patient history and assuming NPO, metabolic gastric stasis with retained ingesta and potential intermixed hairball type density is possible. No evidence of mechanical small intestinal obstructive pattern. Underlying to mild enteropathy such as non-specific enteritis or IBD is suspected. GI panel to include PLI, TLI, cobalamin and folate for further clarification and assessment for mild pancreatitis, which may present sonographically normal, is warranted. Gastrointestinal support with documented 12 hour fast and sonographic reassessment of the gastrointestinal tract is recommended. If persistent retained progressively shadowing gastric ingesta despite documented fast, laparotomy with gastric evacuation and with gastrointestinal biopsies considered essential may be indicated.

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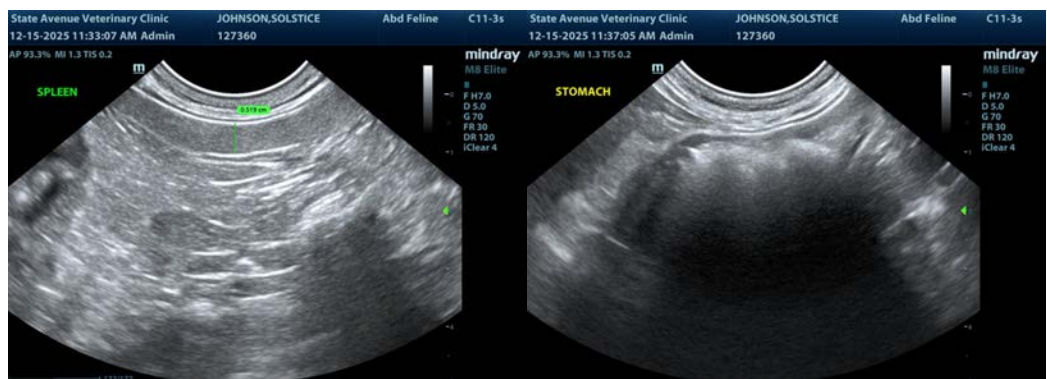
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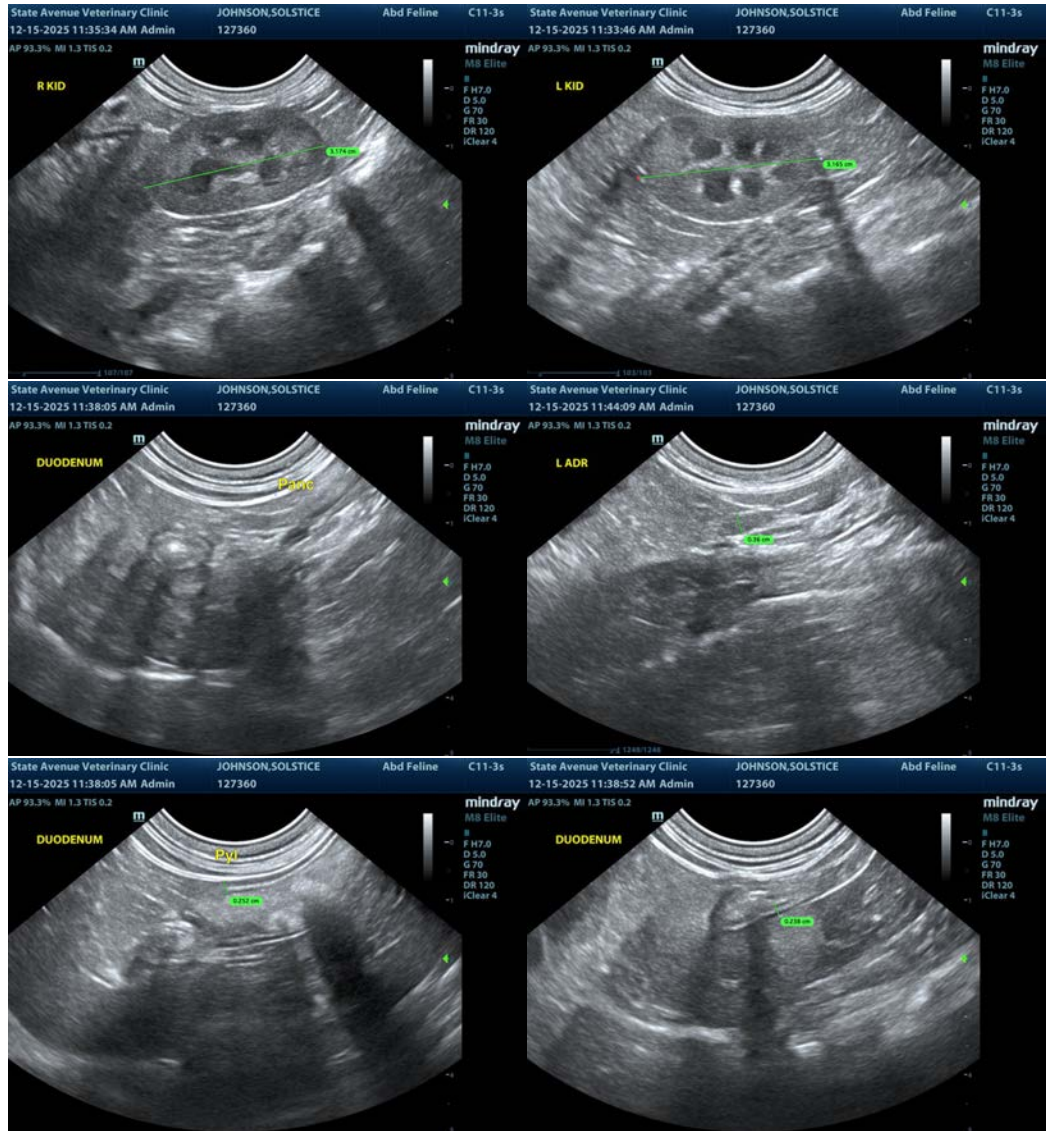
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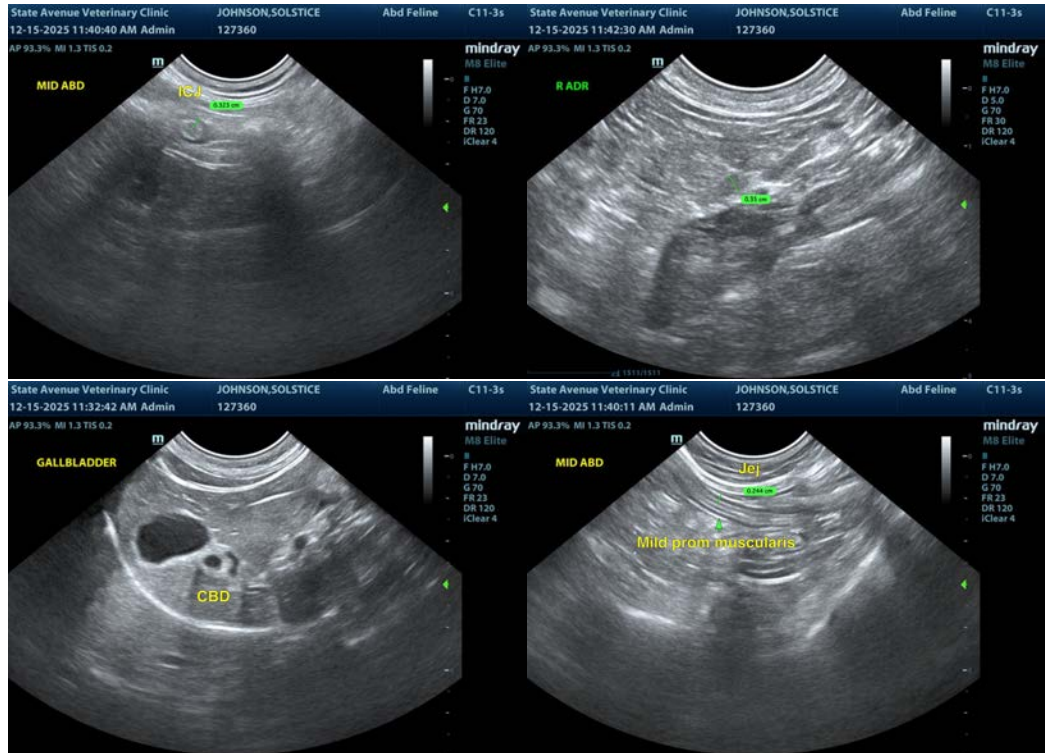
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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