



PATIENT	PRESENTING CLINICAL SIGNS
Finnegan Davidson	Chronic vomiting. Started about 2 years ago where would vomit digested food +/- hairballs about once a month. In past 6 months vomiting increased to approximately once a week. In past 3 days vomiting 2-3x/day. Vomit is always digested food or hairballs. On hairball prevention. Dental disease but otherwise WNL
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: Normal bloodwork (CBC, Chem, UA, T4) and thoracic/abdominal radiographs 6 months ago. CBC/Chem and Texas GI panel pending.
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Ragdoll	Urinary System
SEX	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 mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.
MN	
AGE	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 4.3 cm in length. The right kidney measured 4.4 cm in length.
7yr	
WEIGHT	The area of the aortic trifurcation was free of pathology.
6.9kg	Adrenal Glands
INTERPRETED BY	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	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.
Dr. Meghan Myers	Liver/Gallbladder
HOSPITAL NAME	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 minor non-organized debris. The cystic and common bile ducts were normal.
Hershey Animal Emergency Center	Gastrointestinal
REFERRING VET	
Dr. Kim Davidson	
INVOICE	
23098	
DATE	
12/3/2025	



PATIENT Finnegan Davidson	The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a mild amount of mildly hyperechoic ingesta exhibiting mild distal dirty acoustic shadow and mild retained anechoic pyloric fluid. No evidence of obstruction to pyloric outflow. The pylorus wall measured 0.24 cm in width. The stomach wall measured 0.27 cm in width.
SPECIES Feline	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. Normal visible colon wall layers were present with apparent formed feces in lumen.
BREED Ragdoll	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.
SEX MN	Free Abdomen No omental masses, overt lymphadenopathy or peritoneal effusion was present.
AGE 7yr	ULTRASONOGRAPHIC FINDINGS Primary <ul style="list-style-type: none">• Mild hypomotile stomach with retained fluid and suspect mild non-obstructive hairball type density• Sonographically normal empty small intestine• Normal area of pancreas• Urinary bladder sediment
WEIGHT 6.9kg	Secondary <ul style="list-style-type: none">• Minor gallbladder debris
INTERPRETED BY R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS No evidence of gastrointestinal mural pathology i.e. IBD criteria, masses or sonographic evidence of pancreatitis. Given patient history, a small non-obstructive gastric hairball type density is suspected. Correlation with pending GI panel to assess for non-structural small intestinal disease or mild pancreatitis both of which may present sonographically normal is recommended. No indication for immediate surgical intervention. Continued gastrointestinal support, which may include dietary trial, gastric protectants and continued hairball therapy with clinical monitoring would be appropriate. Upper gastrointestinal endoscopy may be considered if persistent vomiting.
IMAGING PERFORMED BY Dr. Meghan Myers	
HOSPITAL NAME Hershey Animal Emergency Center	
REFERRING VET Dr. Kim Davidson	
INVOICE 23098	
DATE 12/3/2025	



PATIENT

Finnegan Davidson

SPECIES

Feline

BREED

Ragdoll

SEX

MN

AGE

7yr

WEIGHT

6.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

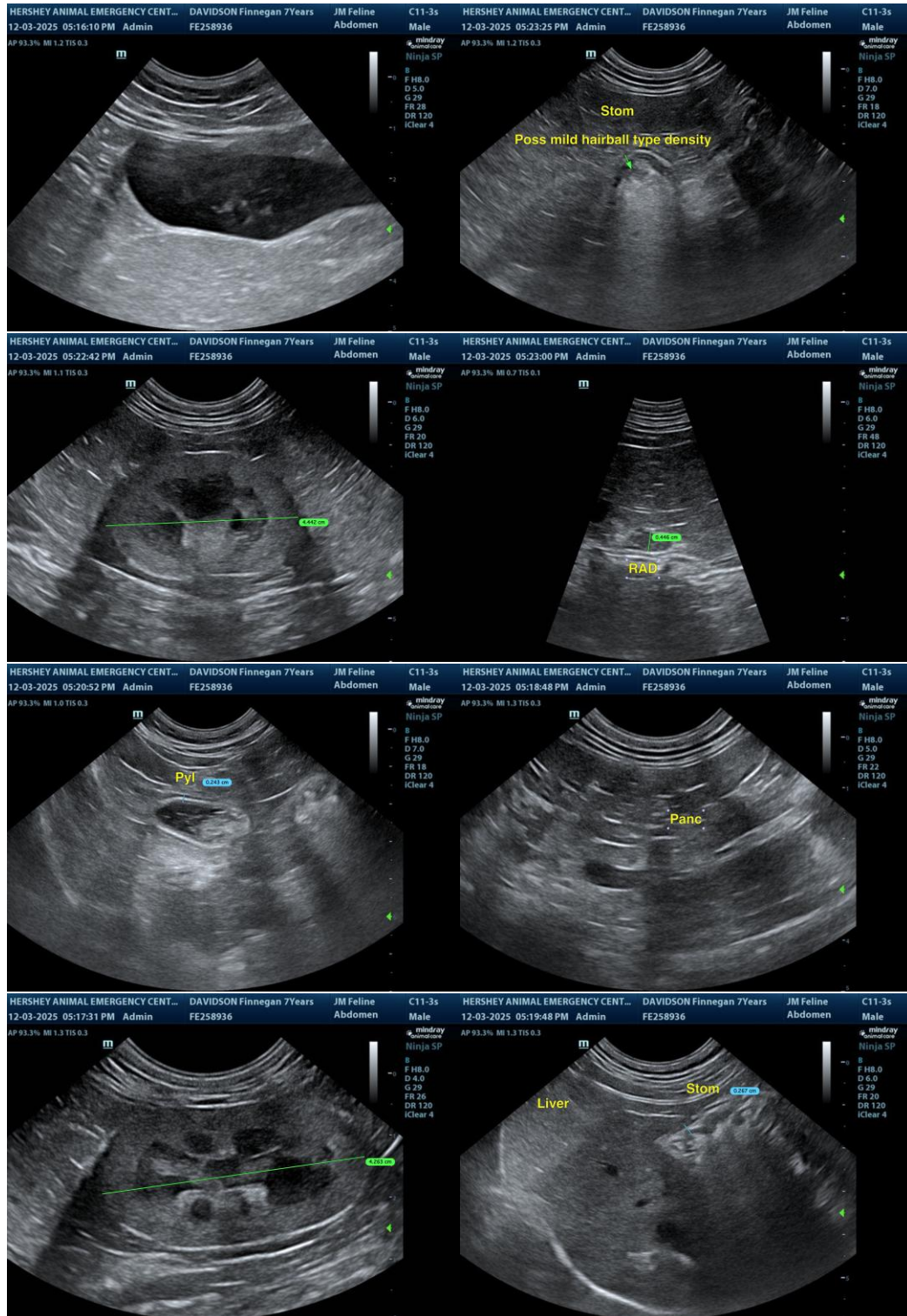
Dr. Kim Davidson

INVOICE

23098

DATE

12/3/2025





PATIENT

Finnegan Davidson

SPECIES

Feline

BREED

Ragdoll

SEX

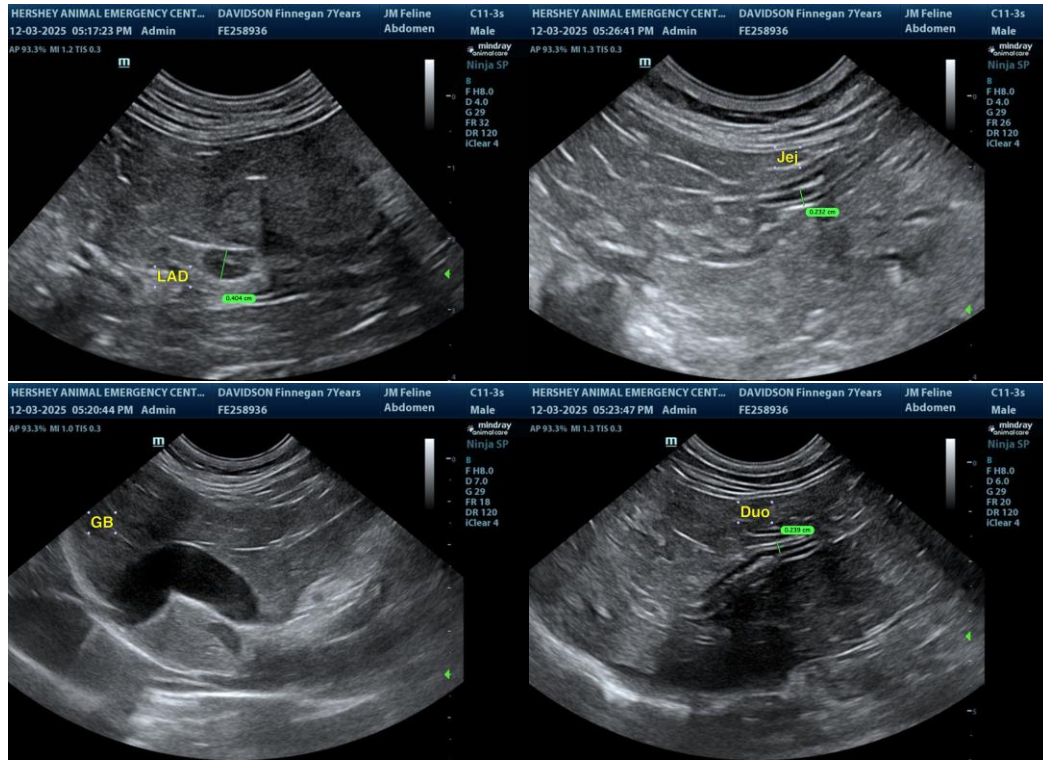
MN

AGE

7yr

WEIGHT

6.9kg



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.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Dr. Meghan Myers

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Kim Davidson

INVOICE
23098

DATE
12/3/2025