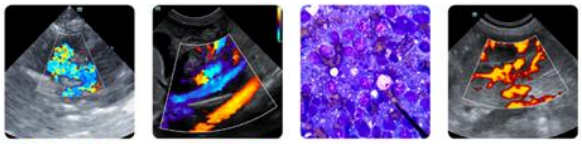


PATIENT
Poseidon Ross

SPECIES
Feline

BREED
American Shorthair

SEX
MN

AGE
5yr

WEIGHT
13lb

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

IMAGING PERFORMED BY
Dr. Lara Cabugawan

HOSPITAL NAME
Kew Gardens Animal Hospital

REFERRING VET
Dr Nader

INVOICE
23898

DATE
02/26/2026

PRESENTING CLINICAL SIGNS

- Presented for onset of vomiting multiple since yesterday, no appetite , episode of constipation .
- Abnormal PE/Chem/CBC/UA Results: PE: sedated (fractious) , negative oral exam , mild thickened GI loops.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor 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.

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 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

No obvious pathology area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width.

Spleen

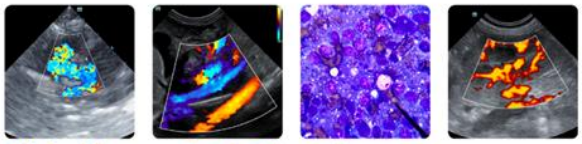
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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. 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 mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained moderate retained anechoic fluid.



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The small intestine presented overall intact wall layering with normal muscularis/mucosa ratio. Progressively shadowing hyperechoic content visualized in the cranial abdomen intestinal segments adjacent to the right kidney potentially suggestive of duodenal location. The progressively shadowing content measured ~ 2-3 cm in length. Concurrent segmental mild intestinal ileus with empty intestinal segments also present.

Overtly normal visible colon wall layers were present with strongly shadowing formed feces in lumen.

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.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Moderate fluid distended stomach
- Segmental hyperechoic to progressively shadowing intestinal content with concurrent mild segmental intestinal ileus and empty intestinal segments- shadowing intestinal content suspected to be duodenal in location
- Non-distended colon with shadowing fecal matter

Secondary

- Minor urine sediment
- Mild gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mechanical upper gastrointestinal obstruction and upper intestinal to duodenal foreign body is suspected in conjunction with retained gastric fluid and in conjunction with patient clinical signs. Additional non-visualized intestinal content or passed material currently within the colon cannot be definitively excluded yet no overt visualized evidence of additional intestinal mechanical obstruction.

Exploratory laparotomy with gross inspection of the gastrointestinal tract, expectation toward enterotomy and with intestinal biopsy suggested despite exploratory findings to rule out underlying intestinal disease is recommended. Hospitalization with IV fluid / gastrointestinal support, documented 12-18 hour fast and sonographic monitoring would be more conservative.

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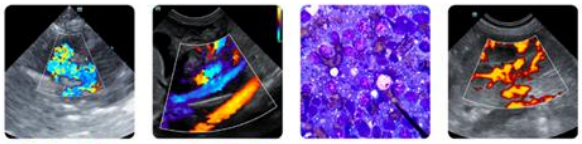

Clinical Sonography & Telecytology
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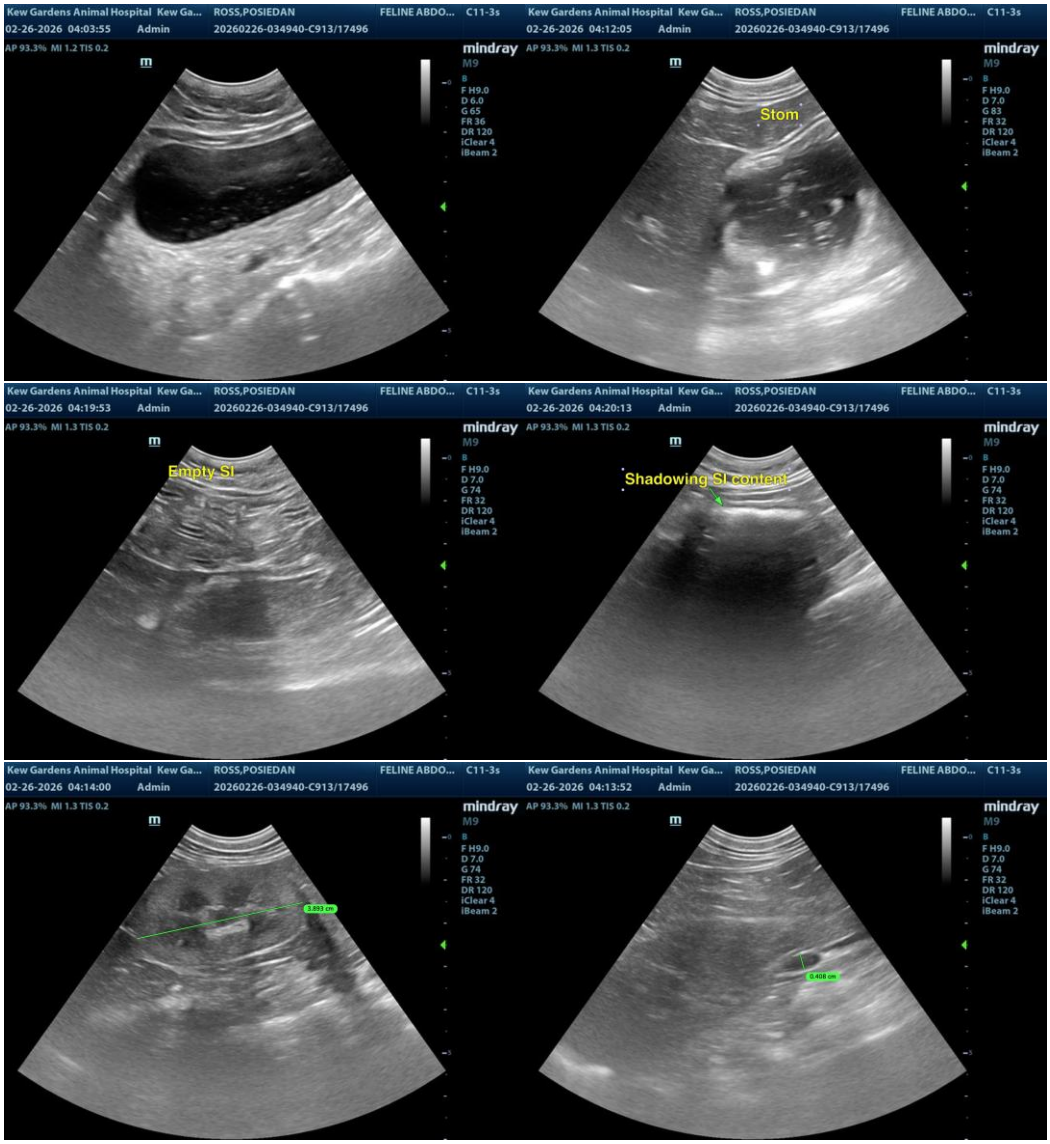

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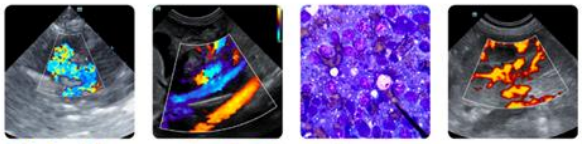

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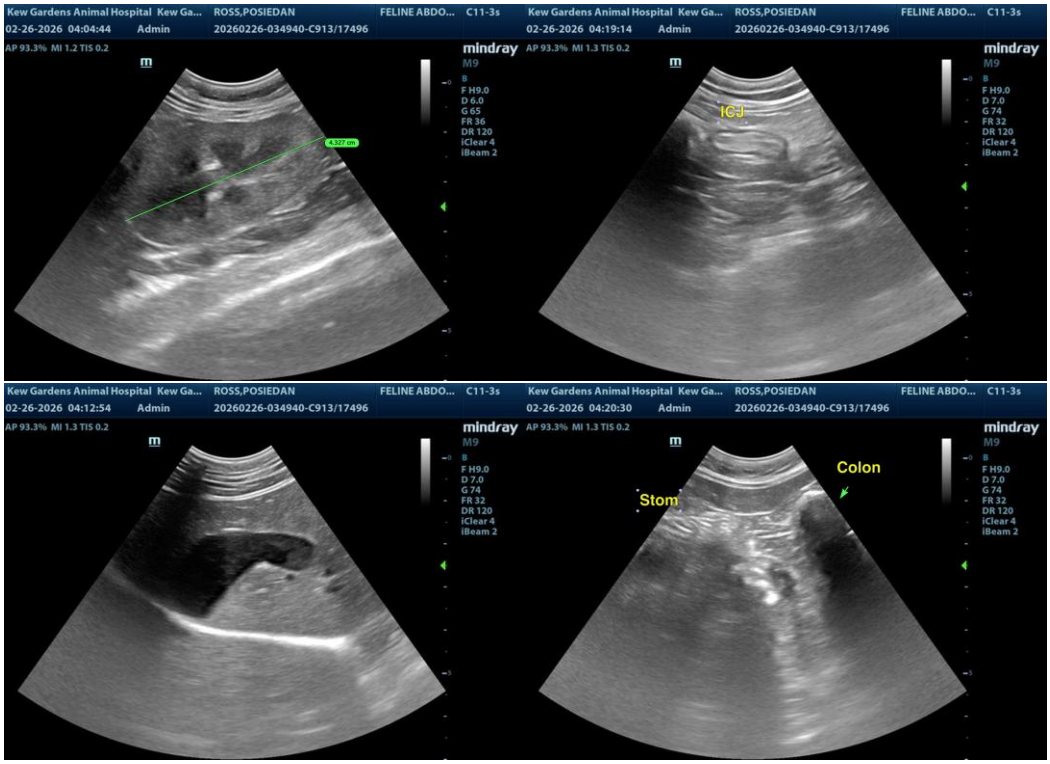

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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