



PATIENT

Missy Sadowski

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

1yr

WEIGHT

8.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

AH of Roxbury

REFERRING VET

Dr Elia

INVOICE 23829

DATE

02/06/2026

PRESENTING CLINICAL SIGNS

possible FB, odd area on xray, but vomiting despite fasting fluids and famotidine.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 no evidence of urine/lumen sediment, mineral, or calculi. 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. Suspect small lateral right kidney infarct. The left kidney measured 3.6 cm in length. The right kidney measured 3.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.26 cm. The right adrenal gland measured 0.32 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering. The stomach was non-distended containing a mild amount of lumen gas and suspect mildly hyperechoic to progressively shadowing ingesta/ content. No overt obstruction to pyloric outflow.

Within the subjective upper small intestinal segments, likely mid distal jejunum or upper duodenum, a strongly shadowing irregular echo measuring ~ 3-4 cm was visualized. Retained mid upper duodenal fluid was present with empty sonographically normal intestinal segments distal. No overt visualized evidence of additional shadowing intestinal content or mechanical /metabolic ileus to the level of the colon.



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

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Pancreas

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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.

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Free Abdomen

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

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

Primary

FS

- Intestinal foreign body likely in mid distal duodenum or upper jejunum
- Suspect concurrent retained nonspecific gastric ingesta without evidence of gastric distension
- Mild proximal retained duodenal fluid with empty small intestine distal

AGE

Secondary

1yr

- Normal kidneys with suspect small lateral right kidney cortical infarct

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

8.6lb

Exploratory laparotomy with gross inspection of the gastrointestinal tract, expectation toward enterotomy +/- gastrotomy and consideration for intestinal biopsies at time of surgery to assess for underlying intestinal disease is recommended.

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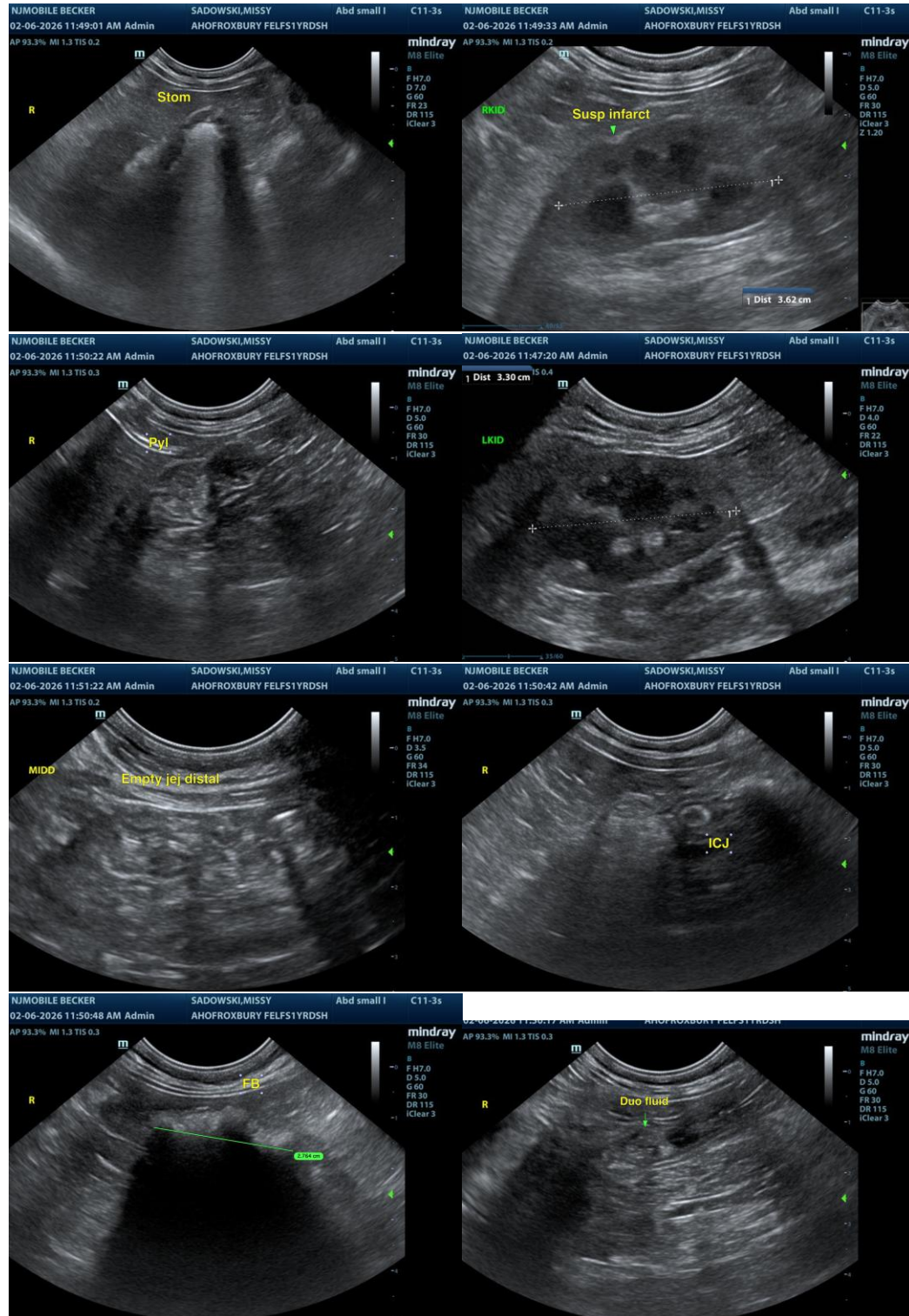
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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.

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info@sonopath.com

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