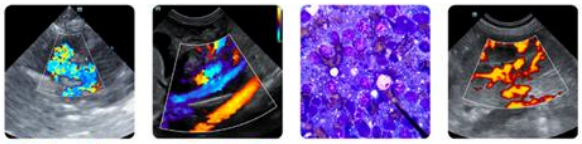


PATIENT

Roxy Smirnov

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

10yr

WEIGHT

9.74lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier Animal Hospital

REFERRING VET

Dr. Hannah Fearing

INVOICE
24132

DATE
03/05/2026

PRESENTING CLINICAL SIGNS

History of FLUTD

History of on and off again vomiting. More persistent vomiting starting 3/1

inappetence and not defecating starting 3/1

Abnormal PE/Chem/CBC/UA Results: BW done 3/3/26: CBC: leukocytosis 18.63, neutrophilia 11.35 (with suspected bands), monocytosis 1.28, thrombocytopenia 77 (suspect micro clots in the tube) Chemistry: mild hyperglycemia 178, low creatinine 0.7, low

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with moderate 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 3.7 cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm width. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

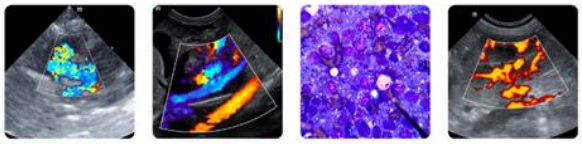
Spleen

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



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Within a cranial abdomen intestinal segment, caudal to the transverse colon, a strongly shadowing intestinal lumen echo was visualized measuring ~ 1 cm in diameter. The small intestinal wall measured 0.29 cm in width.

Normal visible colon wall layers were present with apparent 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

- Enteropathy with non-obstructive intestinal foreign body.
- Sonographically normal urinary bladder with moderate urine sediment.
- Normal bilateral kidneys.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given time frame between ultrasound study and interpretation, sonographic reassessment of the cranial abdomen and intestinal segments to ensure persistent shadowing intestinal echo is recommended. Laparotomy with gross inspection of the gastrointestinal tract, expectation toward enterotomy and with full thickness intestinal biopsies considered essential despite exploratory findings for further clarification of the enteropathy is recommended.

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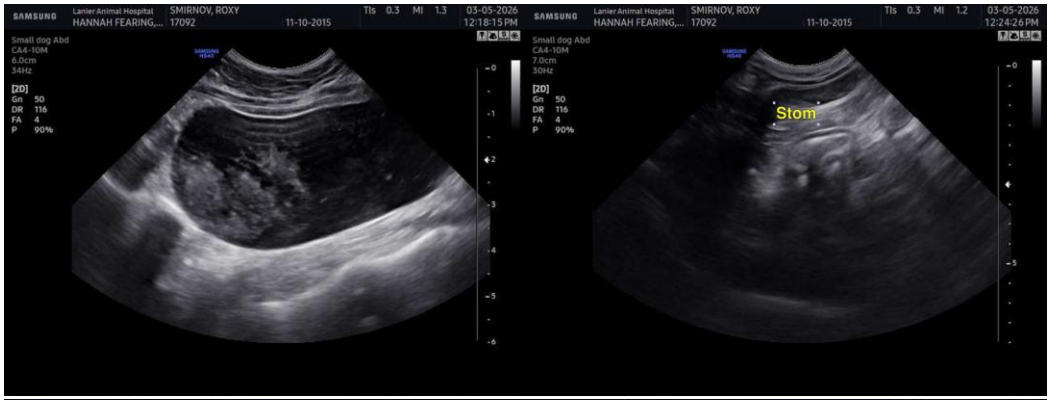

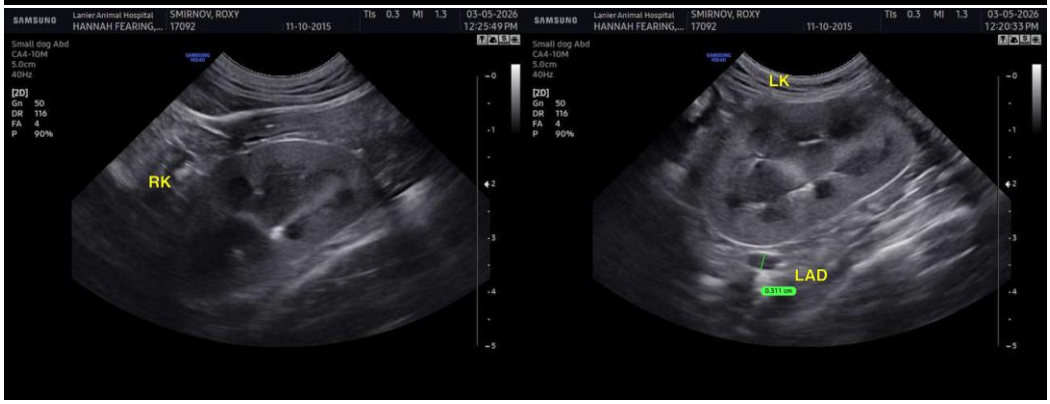

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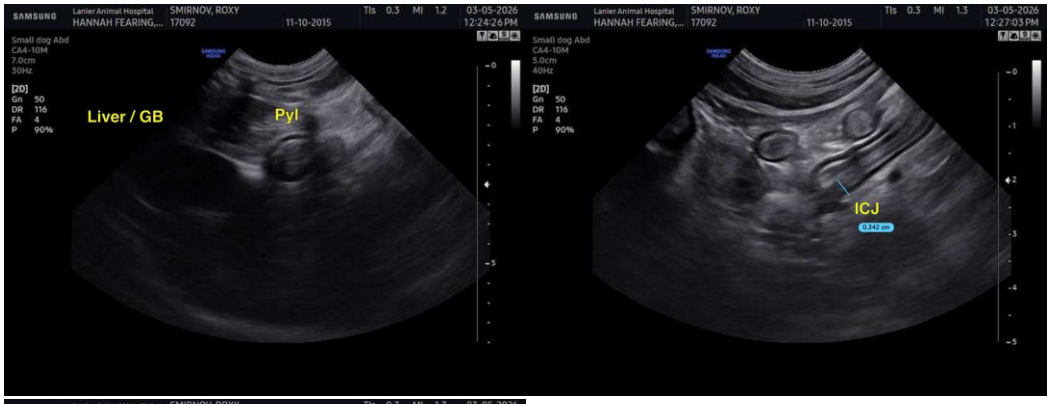

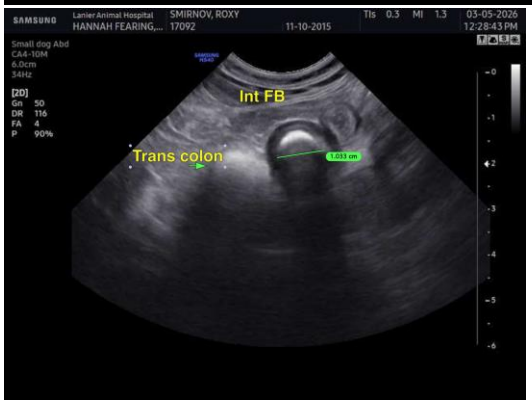

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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