



PATIENT

Binoo Luu

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

8 Months

WEIGHT

4.0 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Petzoic Vet Clinic

REFERRING VET

Dr. Poffenroth

INVOICE

15013

DATE

04/10/26

PRESENTING CLINICAL SIGNS

Patient had ex-lap for duodenal foreign body about 2 weeks ago. Slightly slow recover but eventually discharged and was doing well. Now is vomiting, some diarrhea. Was potentially eating some foam. Has had 2 foreign body removal surgeries. Labs are normal

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 change were noted.

Normal size and margination was 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 3.1 cm in length. The right kidney measured 3.4 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 0.33 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. 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.

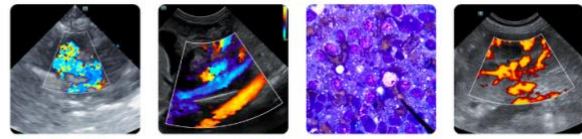
Liver & Gallbladder

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. 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 mild thickened wall most notable in the pylorus without evidence of obstruction to pyloric outflow. Intact wall layering was maintained and distinct. The pylorus wall measured 0.33 cm width. The stomach contained a mild amount of retained anechoic fluid and lumen gas.



PATIENT

Binoo Luu

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

8 Months

WEIGHT

4.0 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Petzoic Vet Clinic

REFERRING VET

Dr. Poffenroth

INVOICE

15013

DATE

04/10/26

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no evidence of mechanical/metabolic ileus or retained foreign material to the level of the colon. The duodenum wall measured 0.23 cm wall width. The jejunum wall measured 0.17 cm wall width. The ileocolic wall measured 0.28 cm wall width.

Normal visible colon wall layers were present with subjective soft fecal matter.

Pancreas

The left pancreas presented normal in size with symmetrical contour and mildly hypoechoic homogenous parenchyma compared to adjacent nonreactive omentum.

Free Abdomen

Intermittent jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild perilymphatic hyperechoic omentum. An example of lymph node size was 0.90 cm in diameter. Minor pockets of peritoneal effusion were present with generalized normal omental echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mild hypomotile gastritis.
- Sonographically normal empty small intestine.
- Soft fecal matter in colon.
- Possible mild left limb pancreatitis.
- Minor peritoneal effusion and intermittent mild jejunocolic lymphadenopathy- reactive hyperplasia or lymphadenitis secondary to persistent gastroenteritis or inflammatory bowel versus immunologic immaturity favored.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of recurrent or persistent gastrointestinal foreign material, obstructive pattern or gastrointestinal mural pathology. Persistent non-specific gastroenteritis with benign mesenteric lymphadenopathy is favored.

A GI panel to include PLI/TLI/Cobalamin/Folate and Diarrhea PCR panel are recommended. Continued gastrointestinal support with clinical and as-needed sonographic monitoring if persistent or progressive gastrointestinal signs is recommended.





PATIENT

Binoo Luu

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

8 Months

WEIGHT

4.0 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

**IMAGING
PERFORMED BY**

Dr. Sarah Barthelemy

HOSPITAL NAME

Petzoic Vet Clinic

REFERRING VET

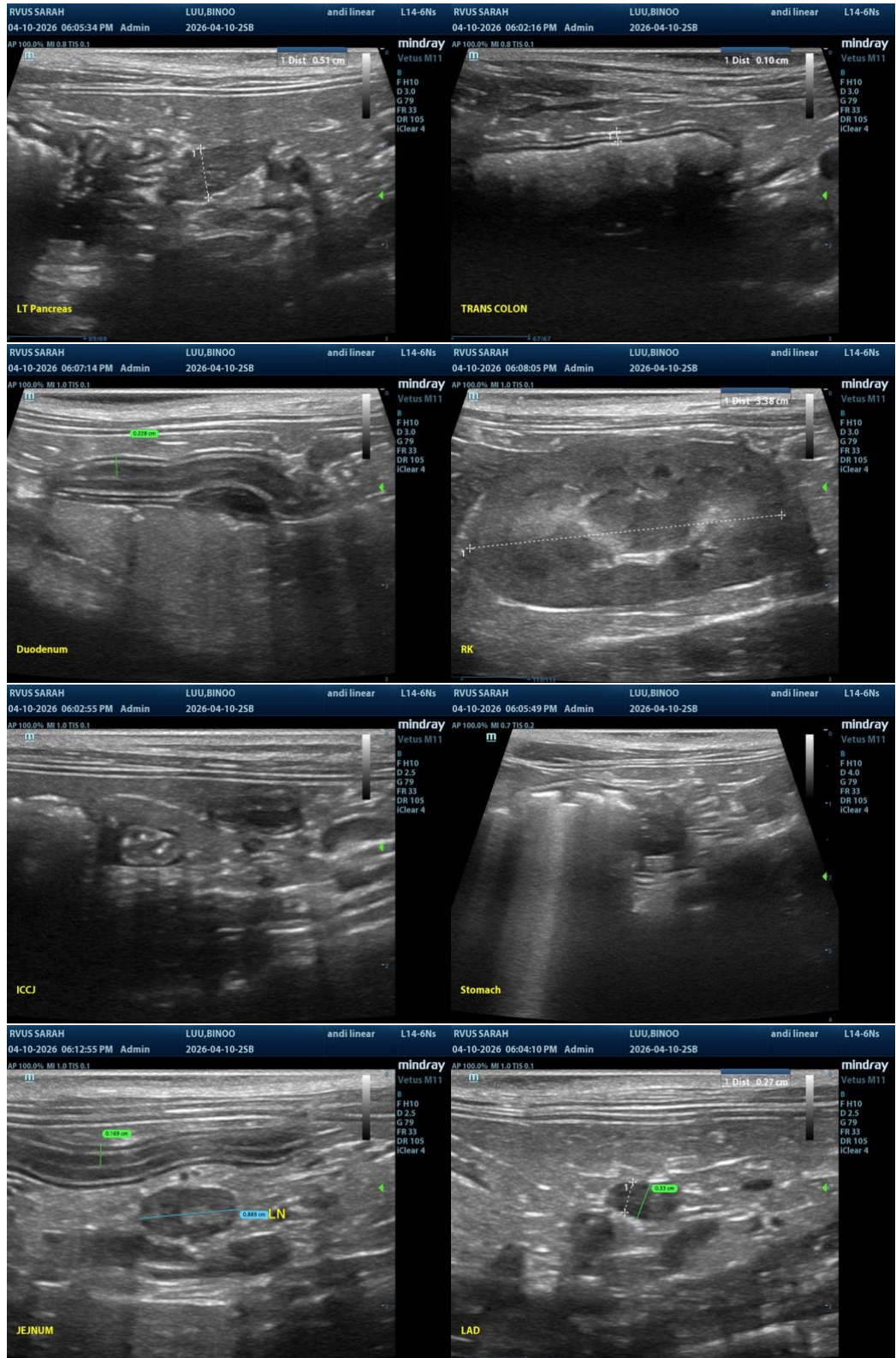
Dr. Poffenroth

INVOICE

15013

DATE

04/10/26





PATIENT

Binoo Luu

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

8 Months

WEIGHT

4.0 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Petzoic Vet Clinic

REFERRING VET

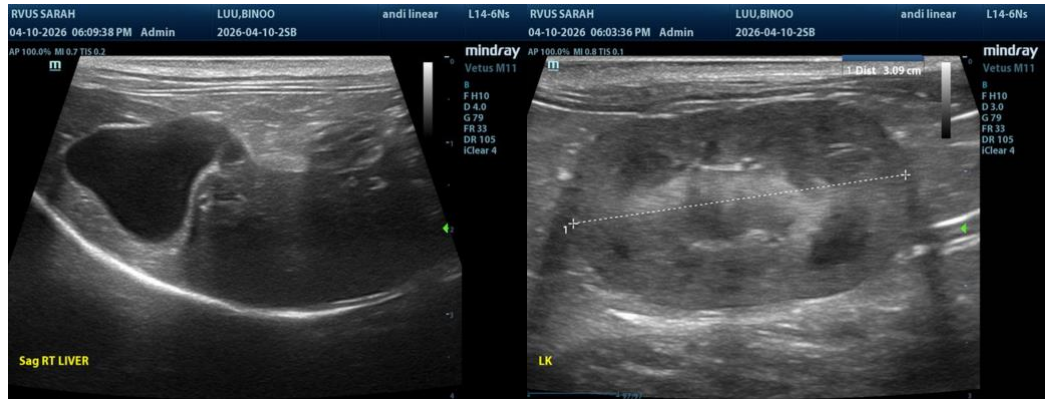
Dr. Poffenroth

INVOICE

15013

DATE

04/10/26



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