



PATIENT

Nemo Eads

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

1 Year

WEIGHT

7.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

15094

DATE

04/14/26

PRESENTING CLINICAL SIGNS

Diet restricted for weight management. Ate last night but refused canned food and ate kibble. This morning vomited up kibble that was eaten and refused canned food. HX of FB ingestion including hair ties, bread ties, etc. Presumably no other food eaten since this AM.

Abnormal PE/Chem/CBC/UA Results: Chem NSF, CBC NSF HGB 17.9 (10-17). Rads- ingesta in stomach but nothing metallic or solid opacity noted in stomach. r/o FB, gastritis, vs other. PE NSF. BCS 7/9

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. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

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 4.0 cm in length. The right kidney measured 4.1 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 0.39 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 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



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, moderate nonshadowing to regionally shadowing ingesta exhibiting hyperechoic shadowing ingesta echoes. Nonshadowing ingesta was present in the pylorus without evidence of obstruction to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental intestinal ileus and segmental gas with possible small nonobstructive intestinal lumen echo in the area of the gas in the mid abdomen consistent with jejunal location.

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

Intermittent mildly prominent jejunocolic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Moderate variably echogenic shadowing to nonshadowing gastric ingesta including hyperechoic ingesta echoes.
- Minor nonobstructive segmental intestinal ileus and gas, possible small nonobstructive intestinal lumen echo versus gas pocket.
- Intermittent mild benign jejunocolic lymphadenopathy- consistent with reactive hyperplasia or possible mild lymphadenitis or immunologic immaturity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given patient is reported NPO, the presence of gastric ingesta may indicate metabolic or functional non-obstructive gastric ileus. However, concern for areas of intermixed foreign material within the retained ingesta is indicated. Possible non-obstructive to passing foreign material within the small intestine cannot be excluded, although no evidence of intestinal obstructive pattern.

Hospitalization with gastrointestinal support including IV fluids, additional documented 12 to 15 hour fast and sonographic monitoring of the gastrointestinal tract for evidence of gastric evacuation or persistent retained gastric ingesta would be reasonable. If persistent gastric ingesta, exploratory laparotomy with gross inspection of the gastrointestinal tract and gastric evacuation via gastrotomy would be indicated. Surgery should be considered sooner if persistent gastrointestinal signs and inappetence.



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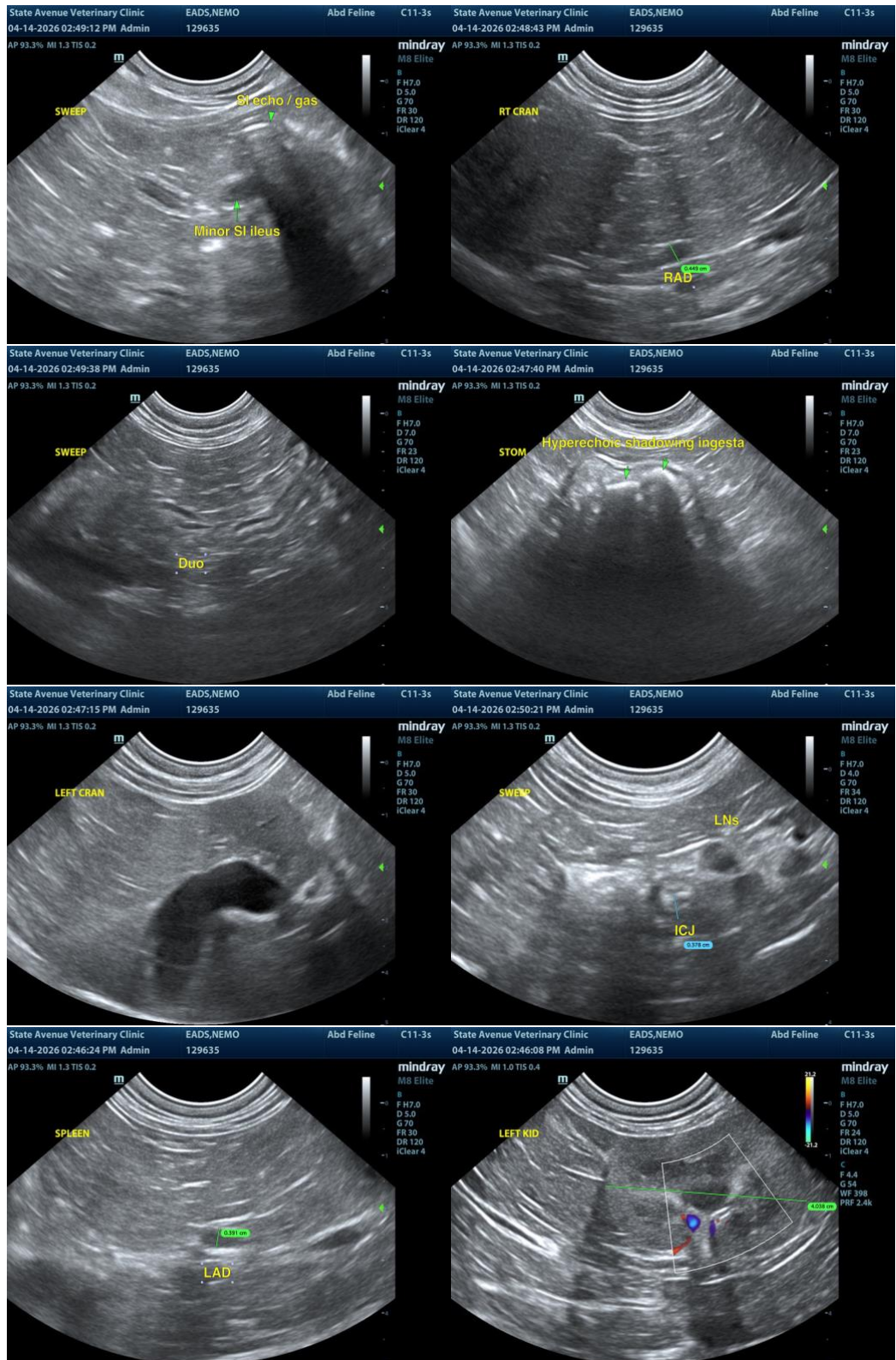
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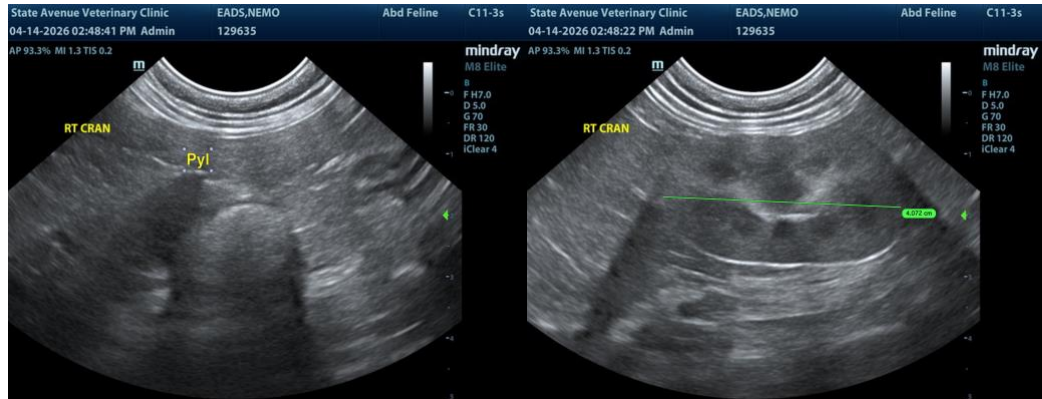
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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