



PATIENT

Mila Marich

SPECIES

Feline

BREED

Ragdoll

SEX

FS

AGE

7.5yr

WEIGHT

6.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Carlie Koltek RVT

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr Lameg

INVOICE

24596

DATE

04/24/2026

PRESENTING CLINICAL SIGNS

-Chronic intermittent vomit for approx. 1 year (bouts).
-Last 4-5 months worst.
-May vomit 1-3x week.

-Recently had a dental, FORL 304 and was extracted. No vomit for 2 weeks after the dental procedure.

-Lots of household changes.

Abdominal ultrasound to check for neoplastic changes, i.e. lymphoma, IBD, pancreatitis

Abnormal PE/Chem/CBC/UA Results: CBC/CHEM/snap PLI WNL

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 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. The left kidney measured 3.8 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 was present in the area of the bilateral adrenal glands.

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 with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.27 cm in width.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.26 cm width. The jejunum wall measured 0.21 cm width. No pathology at the level of the ileocolic junction.

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

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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

AGE

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- Sonographically unremarkable empty gastrointestinal tract
- Normal area of pancreas

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6.6kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of overall visceral, specifically gastrointestinal or pancreatic pathology as an obvious contributing factor to the patient's historical vomiting. Bland or hydrolyzed diet trial and as needed gastro protectants with clinical monitoring may prove beneficial. A GI panel to include PLI/TLI/Cobalamin/Folate may be considered.

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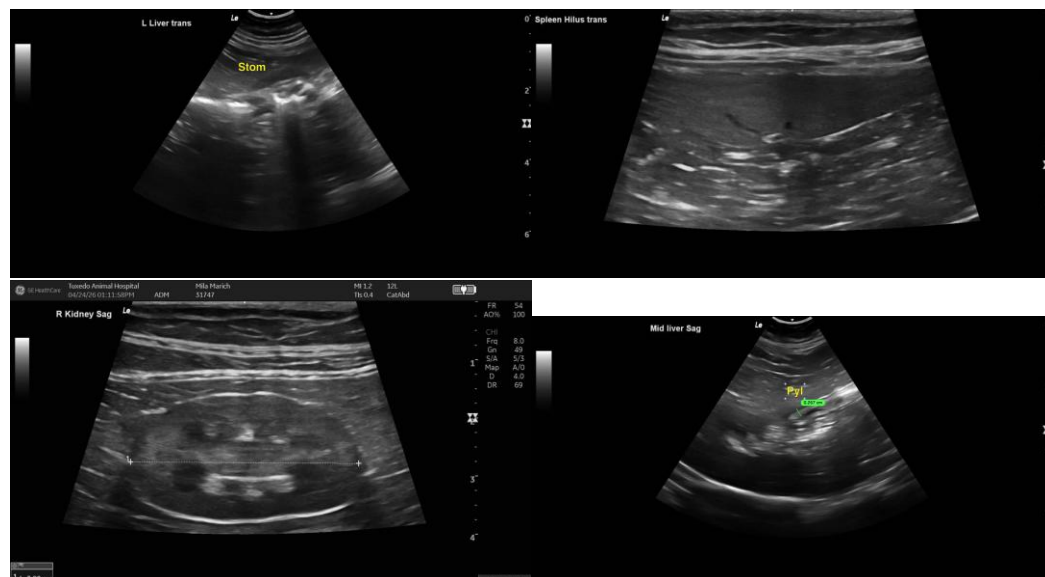
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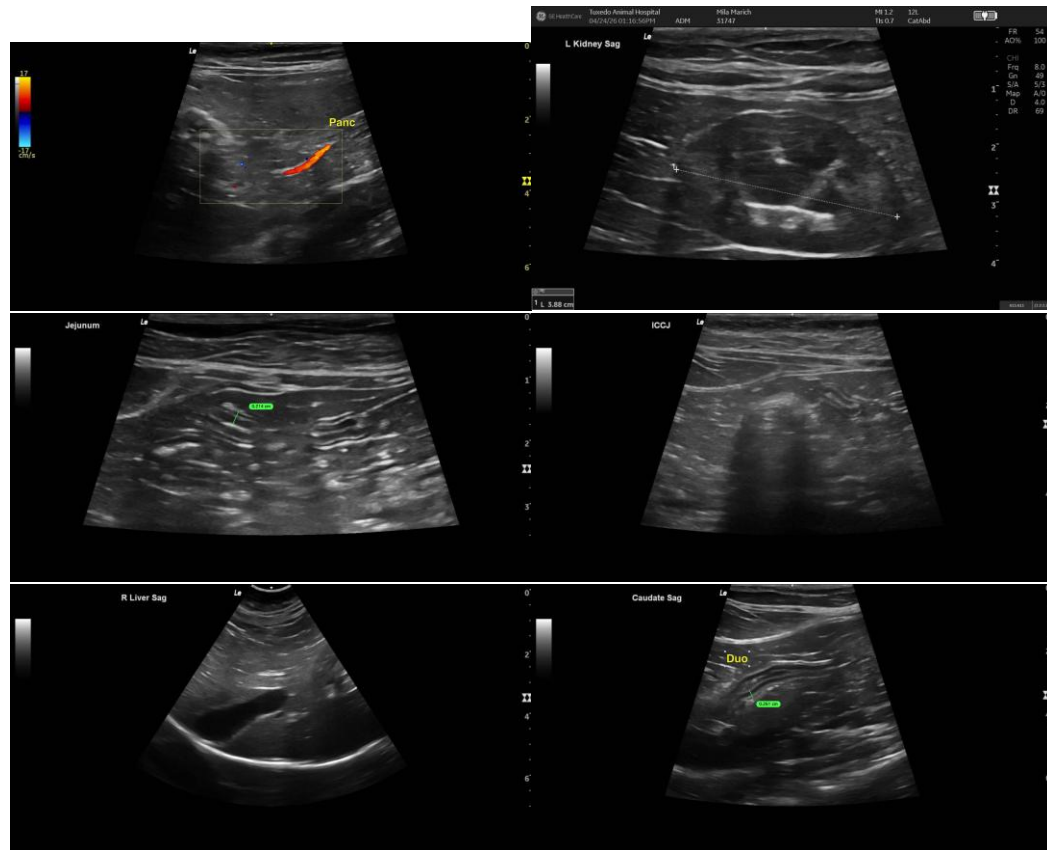
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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