



PATIENT

Morphius Ryan

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11mo

WEIGHT

4.09kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Bennett

HOSPITAL NAME

Wilvet South

REFERRING VET

Bennett

INVOICE

24656

DATE

04/29/2026

PRESENTING CLINICAL SIGNS

History: Lethargic for a couple of days. Ate dinner last night then vomited multiple times (all of the food and then fluid). History of eating things he shouldn't, but owners are extremely vigilant about not leaving things out for him to eat, so unsure what he might have eaten.

Abnormal PE/Chem/CBC/UA Results: Exam: febrile temp 103.1. Fractious, most of exam performed while sedated. No FB or strings noted on oral exam. Doughy abdomen with enlarged spleen noted on palpation. CBC: WNL. Chem 10: Glu 261, all other wnl. EPOC: HCT 32, Lact 0.47, Glu 297, all other wnl. POCUS: fluid and some shadowing material in stomach. No intestinal dilation noted. *Radiograph interpretation in specialist notes due to character limit*

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width. No obvious pathology area of the right adrenal gland

Spleen

The spleen exhibited mild enlargement and 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. The spleen measured 1.1 cm in width at the level of the mid spleen.

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 stomach exhibited moderate distension with retained fluid extending into the pyloric outflow. No evidence of obstruction to pyloric outflow.

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The small intestine presented overall intact wall layering with maintained muscularis/mucosa ratio. Generalized duodenal ileus subjectively extending into the jejunum. Strongly shadowing mild irregular echo present in the mid abdomen most consistent with distal duodenal or jejunal location consistent with foreign body. Normal appearance of the empty small intestine distal to the level of the colon. The duodenum wall measured 0.22 cm width. The jejunum wall measured 0.21 cm width.

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

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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

- Small intestinal foreign body with proximal gastrointestinal obstructive pattern, empty small intestine distal
- Mild splenomegaly most suggestive of benign criteria i.e. hyperplasia, hematopoiesis, splenitis or sedation if clinically applicable

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with gross inspection of the gastrointestinal tract and expectation toward enterotomy is recommended. Given clinical history, gastrointestinal biopsies at time of surgery is suggested to assess for underlying structurally insignificant disease. No evidence of peritonitis.

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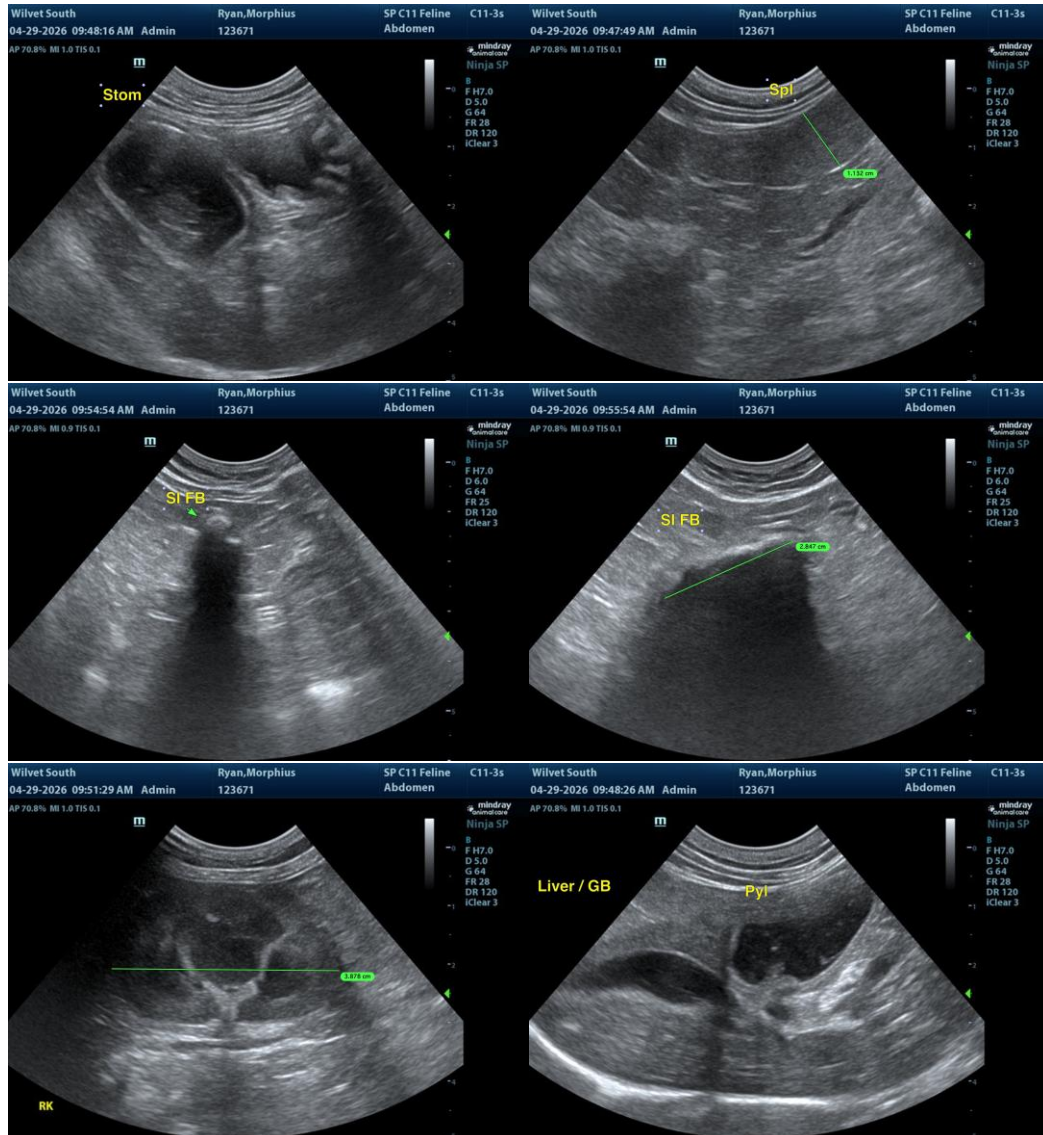
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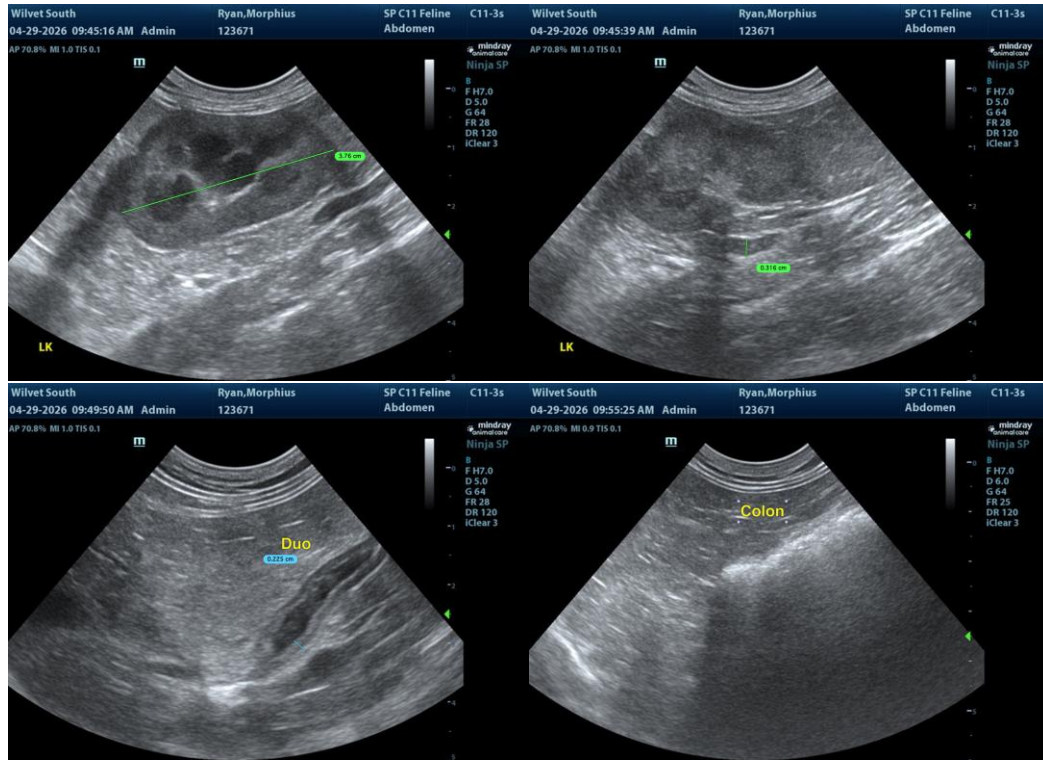
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com

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