



PATIENT

Smudge Meillier

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3 Years

WEIGHT

7.8 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Veterinary
Services

REFERRING VET

Dr. Rodriguez

INVOICE

14964

DATE

04/09/26

PRESENTING CLINICAL SIGNS

Chronic intermit vomiting. Vomited Tuesday (hairball then fluid and bile). Has not eaten since Monday. Issue since January.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 right kidney while the left kidney exhibited borderline subnormal size. 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 3.7 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 0.50 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 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 intact thickened wall. Intact wall layering was maintained and distinct. The thickened gastric body wall measured 0.73 cm width. The stomach contained a mild to moderate amount of irregular strongly shadowing ingesta/content and mild retained fluid without obstruction to pyloric outflow. The pylorus wall measured 0.51 cm wall width.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and mild altered 1:3 muscularis / mucosa ratio owing to propensity for mildly prominent muscularis layer. The duodenum



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wall measured 0.31 cm wall width. The jejunum wall measured 0.29 cm wall width. Empty intestinal lumen without evidence of obstructive pattern or shadowing intestinal content to the level of the colon. The ileocolic wall measured 0.41 cm wall width.

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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.

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Free Abdomen

Intermittent mildly enlarged mesenteric 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. No evidence of peritoneal effusion.

AGE

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

7.8 pounds

- Thickened stomach with shadowing ingesta/content and retained fluid.
- Empty small intestine exhibiting intact mildly thickened wall.
- Intermittent mild mesenteric lymphadenopathy.
- Normal area of the pancreas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The shadowing gastric ingesta/content is strongly suggestive of non-obstructive gastric foreign material. Generalized inflammatory gastrointestinal etiology i.e. IBD, nonspecific gastroenteritis or other with mild benign mesenteric lymphadenopathy suggestive of reactive hyperplasia or possible mild lymphadenitis favored. Minor potential for emerging to occult gastrointestinal neoplasia, i.e. lymphoma thought less likely, yet not definitively excluded.

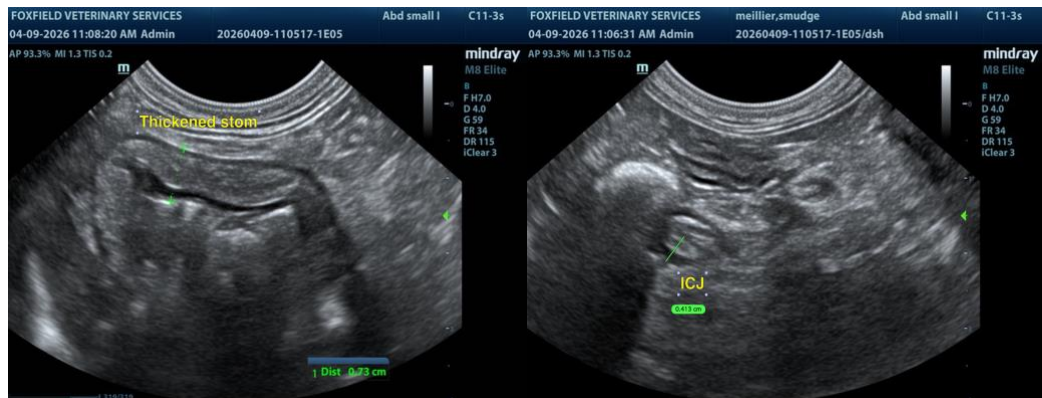
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Exploratory laparotomy with expectation toward gastrotomy and with gastrointestinal biopsies considered essential despite exploratory findings is recommended. Perioperative gastrointestinal support pending biopsies is recommended.

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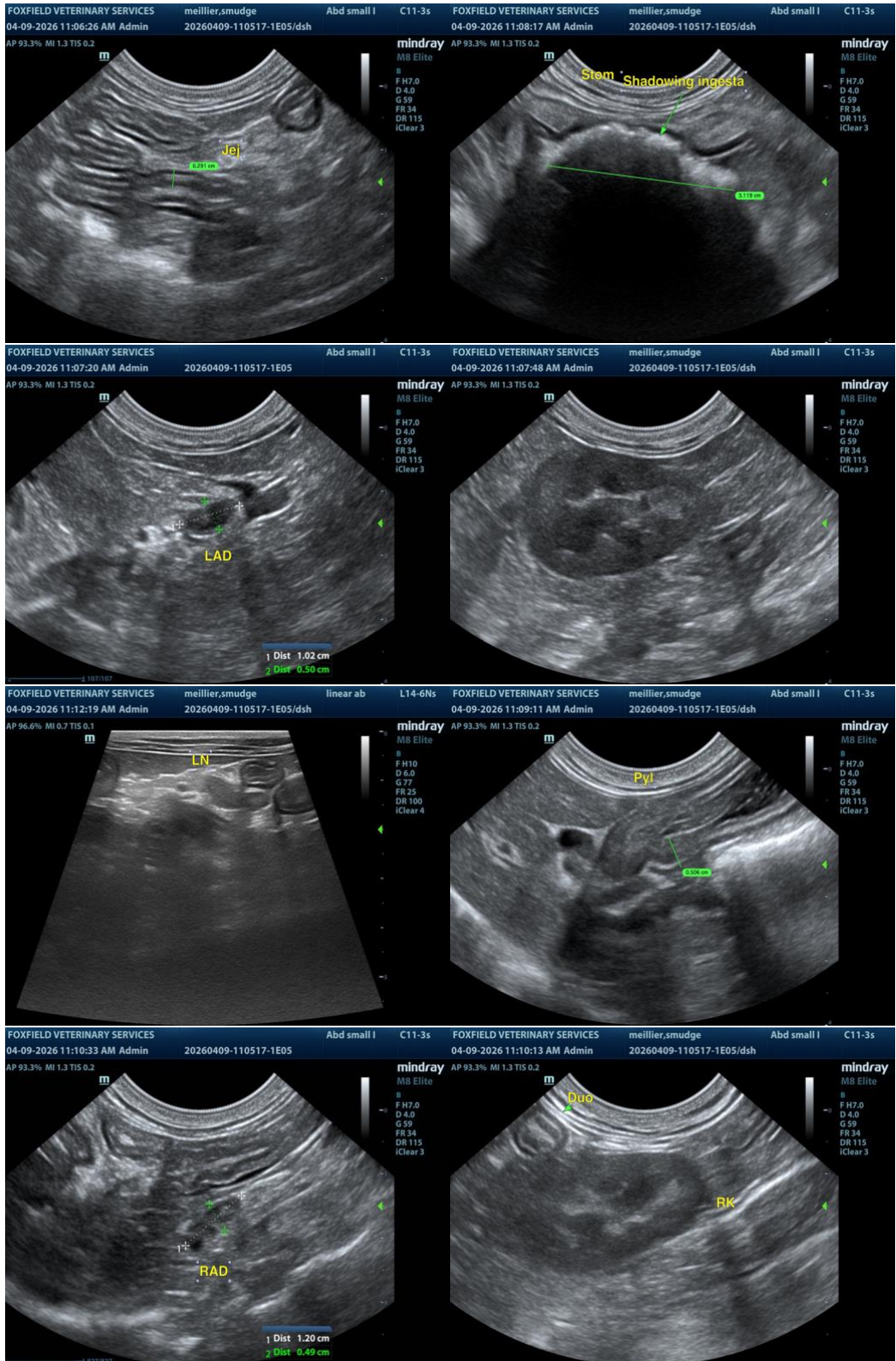
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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