



PATIENT

Winky Currie

SPECIES

Feline

BREED

Sphynx

SEX

Spayed Female

AGE

2 Years 7 Months

WEIGHT

5.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Hospital of
 Boone

REFERRING VET

Dr. Shutt

INVOICE

15650

DATE

05/01/26

PRESENTING CLINICAL SIGNS

P presented for vomiting, diarrhea not eating. Treated supportively did well for 2 days no back to ADR lethargy, vomiting diarrhea

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. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild/moderate 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.

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 3.0 cm in length. The right kidney measured 3.0 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 0.40 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 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 moderately fluid distended with intact wall layering. No evidence of obstruction to pyloric outflow.

The small intestine presented intact wall layering with maintained wall layer ratio. Concurrent mild duodenal ileus extending caudally to an approximate level of the distal duodenum, possible upper jejunum. A strongly shadowing echo was present exhibiting mild near-field hyperechogenicity at the



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level of the distal duodenum to possible upper jejunum measuring approximately 1.3 cm to 1,4 cm in diameter. The jejunum distal to the echo was empty to the level of the colon.

Normal visible colon wall layers were present with semi formed fecal matter and lumen gas.

Pancreas

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

Free Abdomen

No obvious visualized omental lymphadenopathy or peritoneal effusion was present.

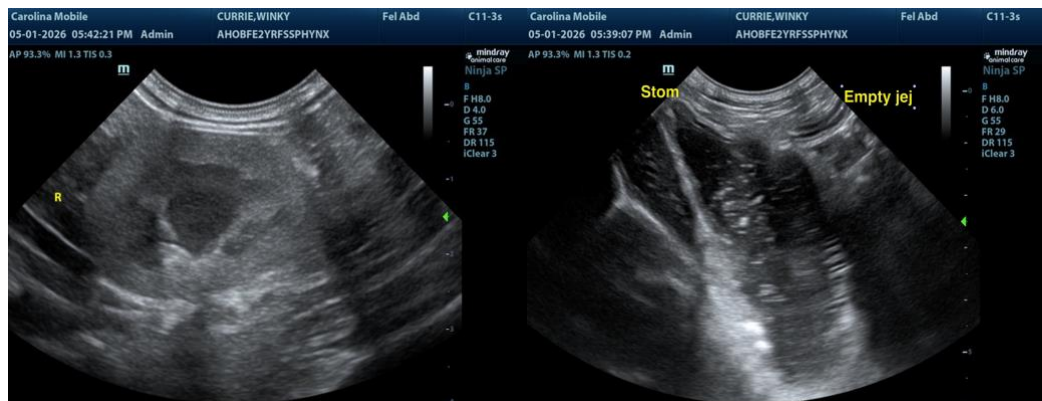
ULTRASONOGRAPHIC FINDINGS

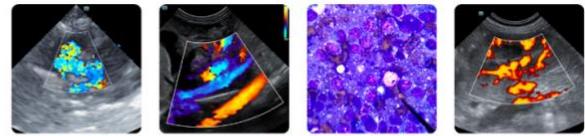
- Distal duodenal/upper jejunal foreign body with mild proximal gastroduodenal obstructive pattern, empty small intestine distal.
- Possible concurrent low-grade left limb pancreatitis.
- Semi formed fecal matter in colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given time frame between ultrasound study and interpretation, brief sonographic reassessment would be ideal to ensure location of the intestinal foreign body.

Exploratory laparotomy with gross inspection of the gastrointestinal tract and expectation toward enterotomy is recommended. Intestinal biopsies at time of surgery are suggested to assess underlying intestinal disease given generalized gastrointestinal signs. Correlation with urinalysis is recommended with culture and sensitivity indicated if evidence of inflammatory sediment.





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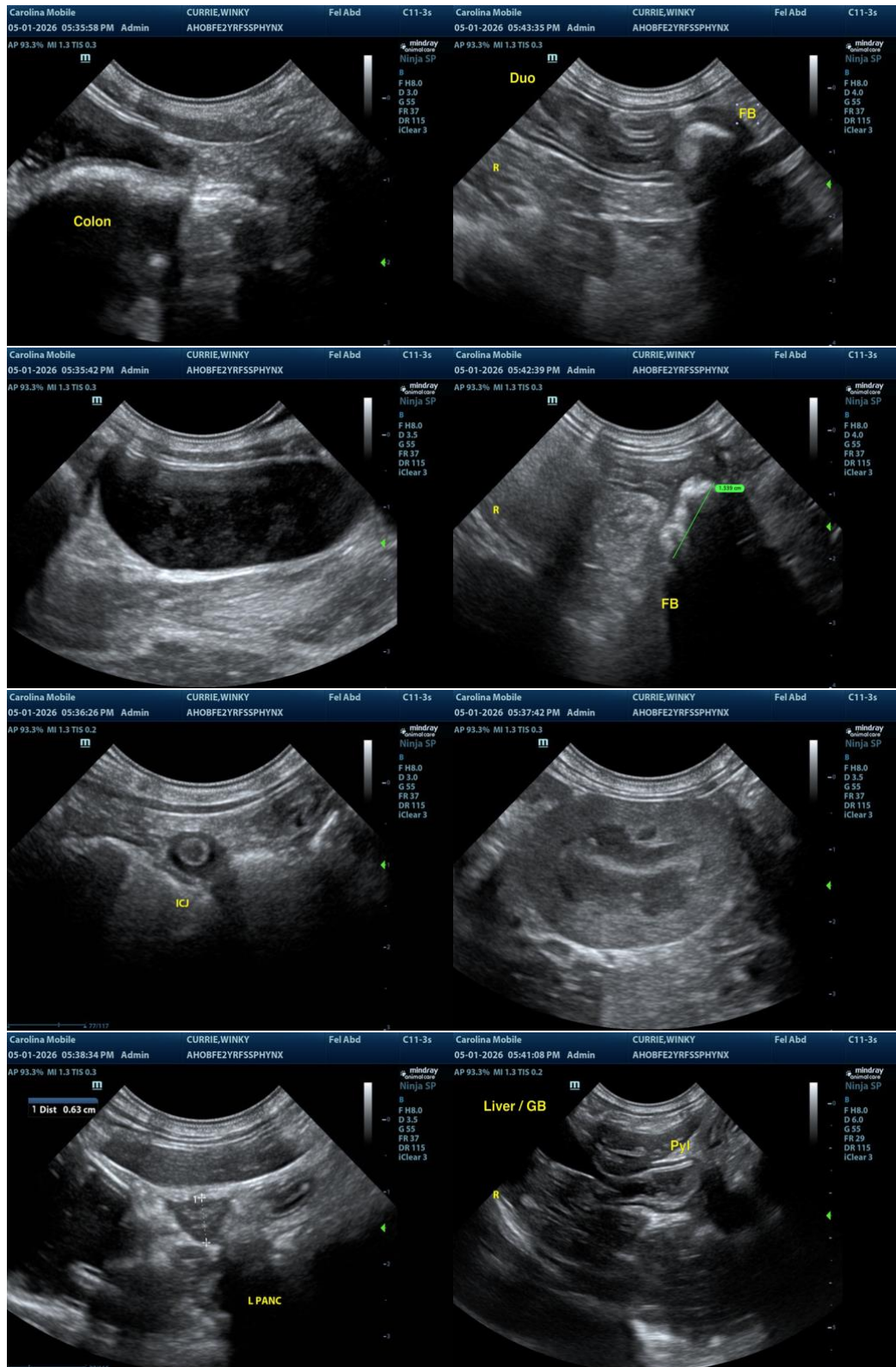
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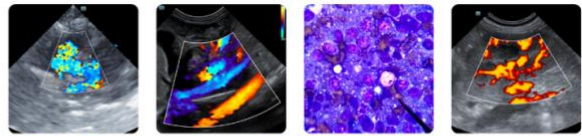
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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