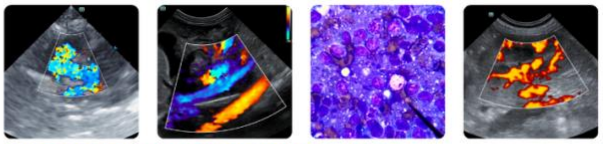


PATIENT

October Wyatt

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

14.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Nader Shafik

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr. Nader Shafik

INVOICE

16225

DATE

05/14/26

PRESENTING CLINICAL SIGNS

Vomiting for three days, right after eating.

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 3.9 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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.

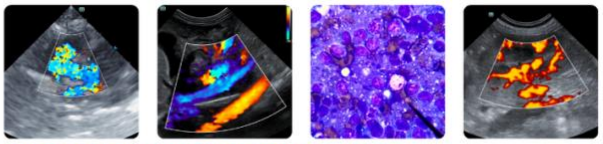
The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach was non-distended containing mild to moderate content exhibiting mild near field hyperechogenicity with regional progressive to strong distal acoustic shadowing along with non-shadowing ingesta. No obvious obstruction to pyloric outflow.

The visualized segments of small intestine presented overtly normal intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The small intestine wall measured 0.20 cm wall width.

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



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Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild to moderate progressive to strongly shadowing gastric ingesta/content and retain non-shadowing ingesta.
- Sonographically normal empty visible small intestine.
- Normal area of pancreas.
- Mild urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No visualized evidence of gastrointestinal mural pathology or active pancreatitis. Correlation with most recent meal ingestion is recommended given reported vomiting. If documented NPO, mild metabolic gastric stasis with retained variably dense ingesta or foreign material such as hairball type density is possible. No evidence of intestinal obstructive pattern.

Document 12-hour fast with gastrointestinal support which may include IV fluid therapy to promote gastrointestinal motility and gastric emptying with sonographic reassessment recommended if persistent shadowing gastric content. Gastric evacuation via laparotomy with gastrointestinal biopsies may be considered. Correlation with full recheck lab work and urinalysis +/- culture and sensitivity if inflammatory urine sediment.

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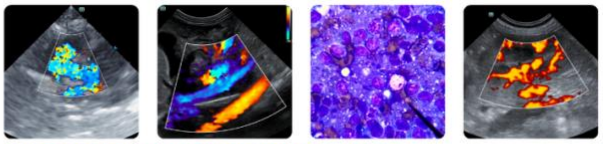

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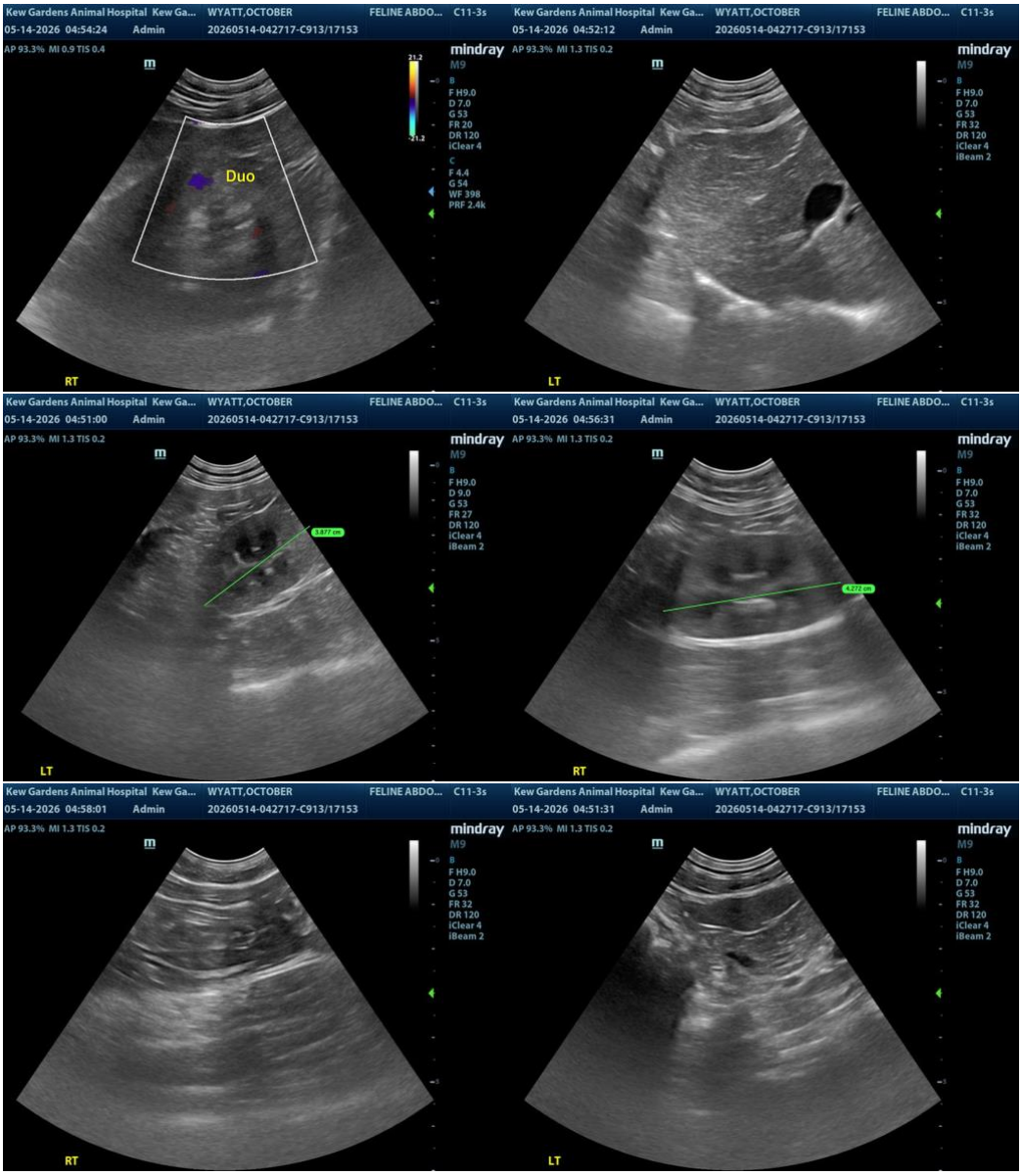

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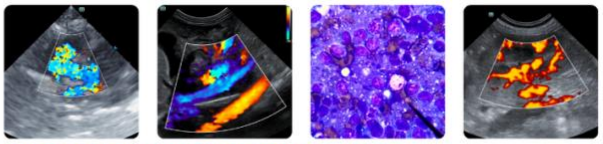

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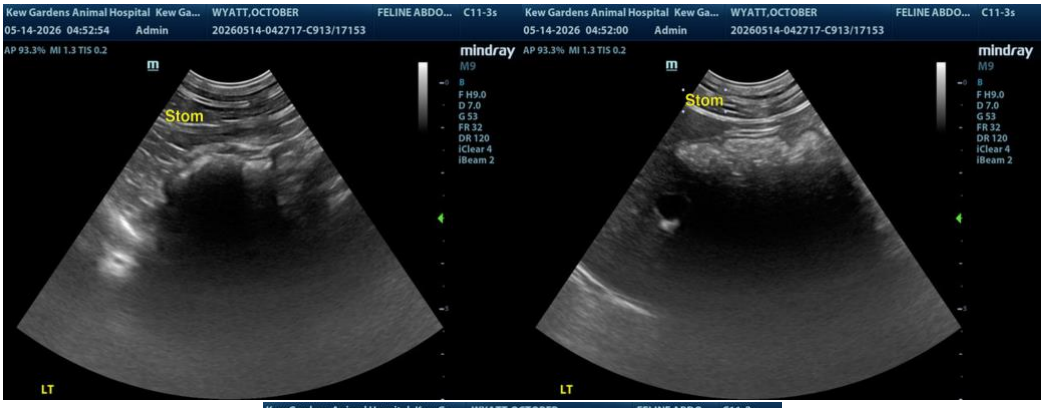

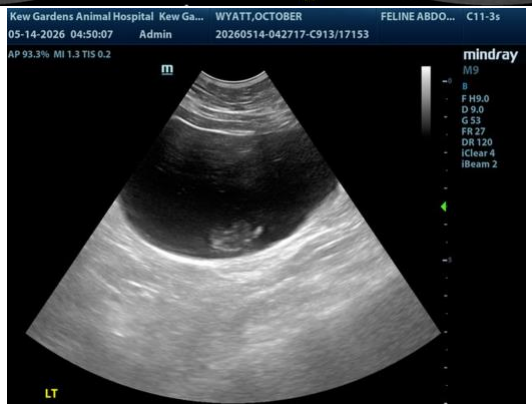

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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