



PATIENT

Bebe Miller

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

19 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Arielle Roldan, CVT

HOSPITAL NAME

Milford Animal
Hospital

REFERRING VET

JoAnna Morales, DVM

INVOICE

16416

DATE

05/22/26

PRESENTING CLINICAL SIGNS

Patient presented for vomiting copious amount. Owner noted string in the vomit however could not find the rest of the string from the toy. Patient had radiographs taken- will attach. May need exploratory.

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. 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 asymmetrical margination was present in the left kidney with subnormal right kidney size compared to the left kidney. A normal 1:3 cortex / medulla ratio and mild indistinct corticomedullary border demarcation were present with areas of mild medullary mineral. Mild increased right kidney cortex echogenicity. The left kidney measured 4.1 cm in length. The right kidney measured 3.9 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 exhibited moderate fluid retention with overtly normal intact wall layering. No obvious visualized shadowing gastric content or definitive obstruction to pyloric outflow.

The small intestine exhibited overall visible intact wall layering. Segmental intestinal plication with concurrent segmental intestinal lumen echo in areas of plication. Empty intestinal segments were also present. The small intestine wall measured 0.20 cm wall width.

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

Pancreas



PATIENT

The area of the pancreas was sonographically normal.

Bebe Miller

Free Abdomen

SPECIES

No overt visualized significant omental lymphadenopathy or peritoneal effusion was present.

Feline

ULTRASONOGRAPHIC FINDINGS

BREED

- Segmental intestinal linear foreign body with associated intestinal plication.
- Retained gastric fluid.
- Bilateral early to mild chronic renal changes.

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Exploratory laparotomy with gross inspection of the gastrointestinal tract with expectation toward enterotomy to potential enterotomies is recommended. Intestinal biopsy at time of surgery, pending gross evaluation of the gastrointestinal tract may be considered. Full lab work and urinalysis given renal changes are suggested prior to anesthesia.

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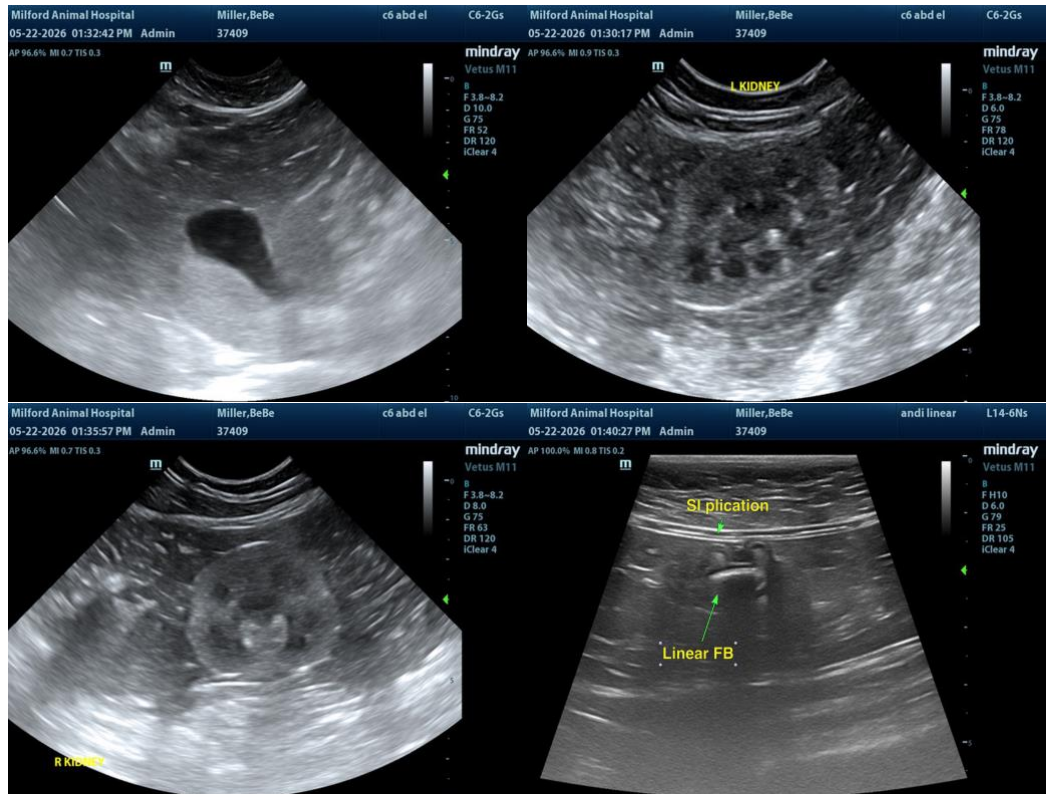
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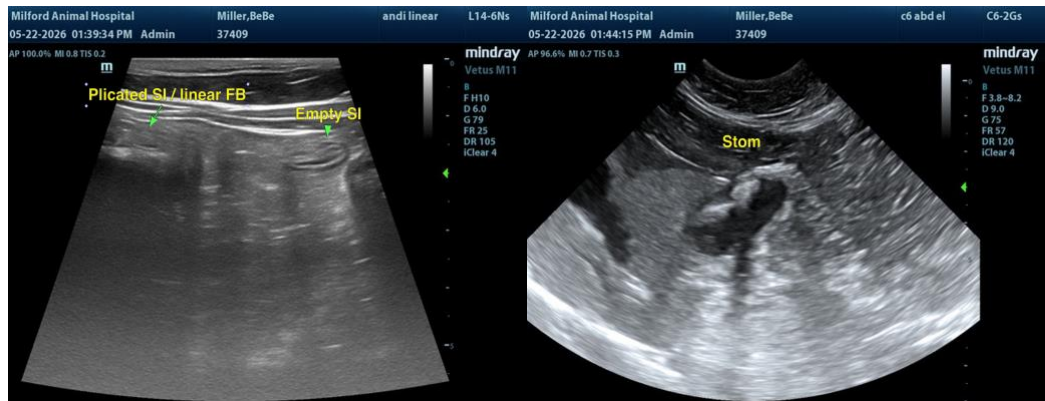
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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