



PATIENT PRESENTING CLINICAL SIGNS

Olive Dubois Vomited piece of plastic bag 2 days ago; vomited food and bile at 8 am today. Lip licking during abdominal palpation

SPECIES Abnormal PE/Chem/CBC/UA Results: Labwork pending

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment was present without evidence of calculus formation. The urine sediment may indicate cellular or crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

SEX

FS

AGE

3y

The area of the iliac trifurcation was free of pathology.

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 3.6 cm in length. The right kidney measured 3.6 cm in length.

WEIGHT

10.5 lbs.

INTERPRETED BY

Adrenal Glands

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

No overt pathology was noted in the area of the left or right adrenal glands.

Spleen

IMAGING PERFORMED BY

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.

Vincent Ravancho, CVT

Liver/ Gallbladder

HOSPITAL NAME

Animal General
 Hudson

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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.

REFERRING VET

Dr. Lang

Gastrointestinal

INVOICE

10910

The stomach presented an intact, mildly thickened stomach wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of anechoic fluid and gas. The gastric body wall width measured up to 0.45 cm.

DATE

5/26/26

The small intestine presented 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 duodenum wall measured 0.22 cm width. The jejunum wall measured 0.20 cm width.



PATIENT

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

Olive Dubois

Pancreas

SPECIES

The area of the pancreas was sonographically normal.

Feline

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

- Mild hypomotile gastritis
- Normal empty small intestine
- Normal area of pancreas
- Formed fecal matter in colon

FS

AGE

3y

WEIGHT

10.5 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of mechanical gastrointestinal obstruction or current foreign material. Potential for small amounts of passed foreign material in the colon cannot be definitively excluded. There is no indication for immediate surgical intervention. Gastrointestinal support and empirical therapy for gastritis potentially secondary to gastric irrigation owing to previous foreign body with dietary indiscretion, is recommended. Correlation with lab work +/- spec fPL or a GI panel to include PLI/TLI/Cobalamin/Folate to assess for occult intestinal disease or pancreatitis is recommended. Sonographic reassessment is indicated if nonresponsive or persistent gastrointestinal signs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Animal General Hudson

REFERRING VET

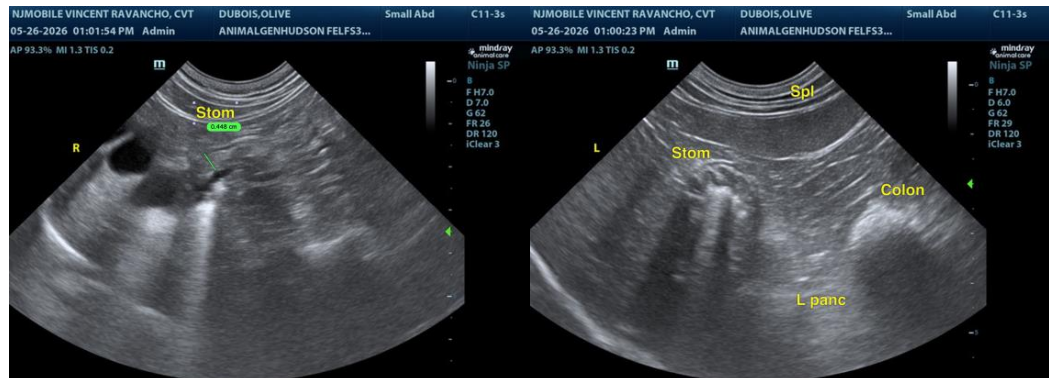
Dr. Lang

INVOICE

10910

DATE

5/26/26





PATIENT

Olive Dubois

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

3y

WEIGHT

10.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Animal General
 Hudson

REFERRING VET

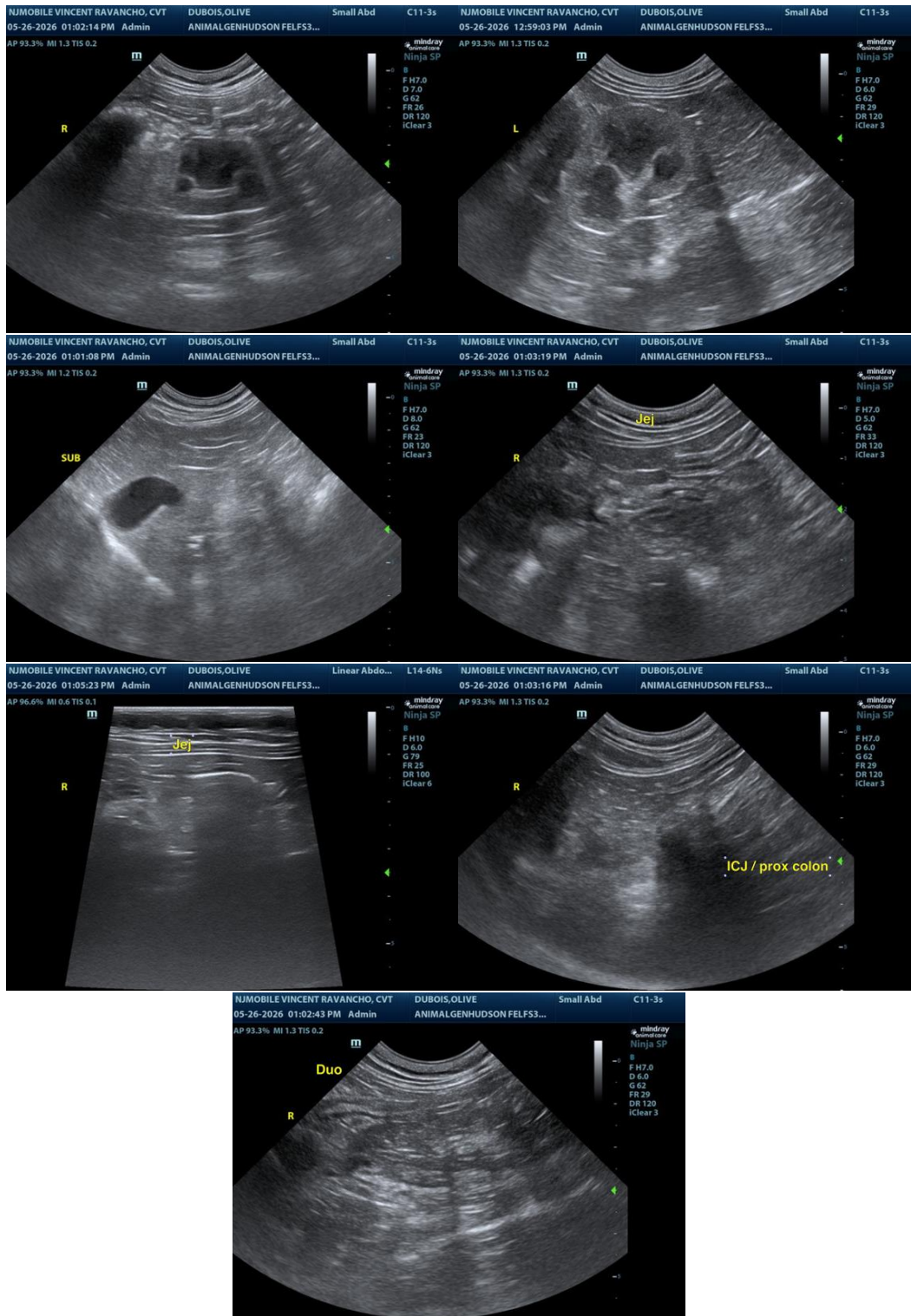
Dr. Lang

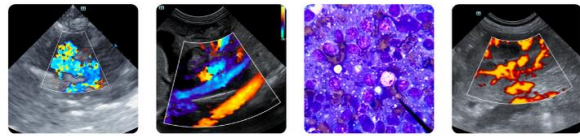
INVOICE

10910

DATE

5/26/26





PATIENT

Olive Dubois

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.

SPECIES

Feline

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.

BREED

DSH

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

SEX

FS

AGE

3y

WEIGHT

10.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Animal General
Hudson

REFERRING VET

Dr. Lang

INVOICE

10910

DATE

5/26/26