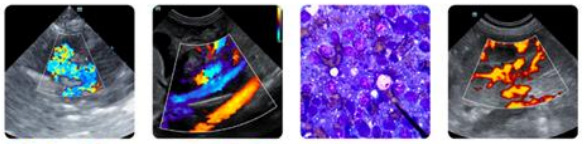


PATIENT

Benji Simpson

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

4

WEIGHT

11.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr Maniar

INVOICE
24956

DATE
05/27/2026

PRESENTING CLINICAL SIGNS

Possibly ate foam or plastic , threw it up and ate it again

Abnormal PE/Chem/CBC/UA Results: ALT 148

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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.

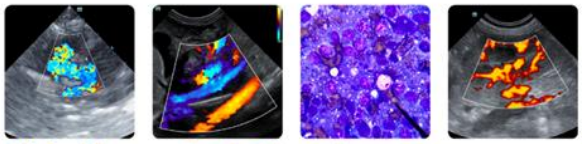
Liver/Gallbladder

The liver presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. Normal vascular volume. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The gastric and fundus were empty with a mild amount of retained non-shadowing antrum and pyloric ingesta/ chyme with no obstruction to pyloric outflow. The pylorus wall measured 0.34 cm in width.

The small intestine presented intact mildly thickened wall and mild altered wall layering owing to propensity for mildly thickened muscularis layer. Segmental mild non-shadowing intestinal ingesta/ chyme to the level of the colon. The small intestinal wall measured 0.26-0.27 cm in width.



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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Primarily empty stomach with mild non-shadowing antrum/ pyloric chyme
- Intact mildly thickened small intestinal wall with mild segmental intestinal chyme
- Hypoechoic liver- suspect acute to mild hepatopathy
- Normal gallbladder
- Mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstructive pattern or overt foreign material. The intact mildly thickened small intestine is non-specific with possible patient variant yet suggestive of mild inflammatory enteropathy criteria. Technically a minor potential for emerging to occult intestinal round cell neoplasia or multi-centric intestinal and hepatic neoplasia not excluded yet thought less likely.

Further assessment may include assuming normal clotting status and a using 25ga needle, hepatic FNA cytology to assess for evidence of inflammation in conjunction with elevated ALT. Hepatic and gastrointestinal support recommended with clinical monitoring for evidence of persistent gastrointestinal signs, weight loss or progressive hepatopathy. Sonographic reassessment indicated if progressive hepatopathy or gastrointestinal signs.

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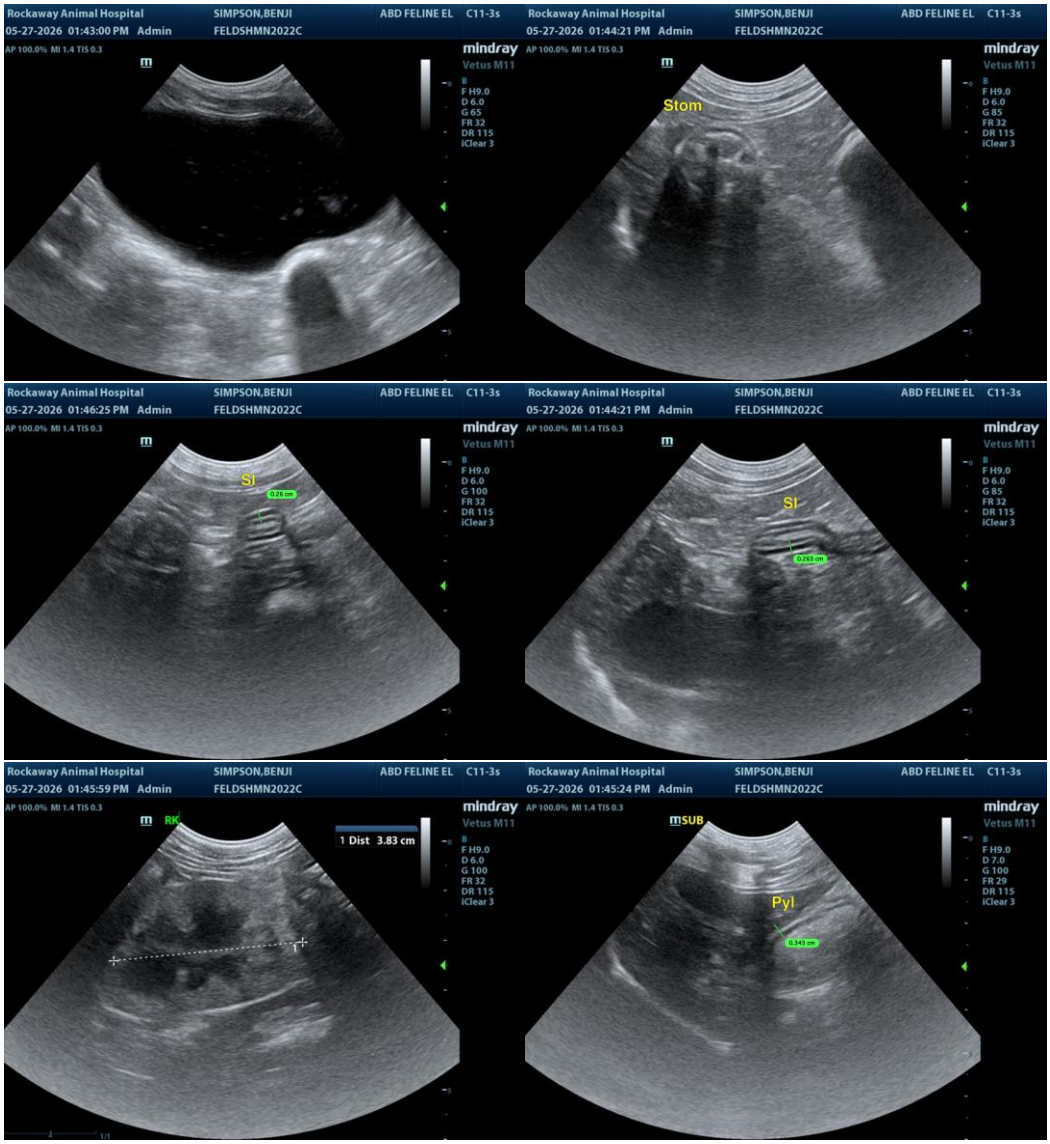

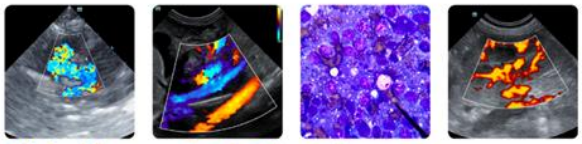

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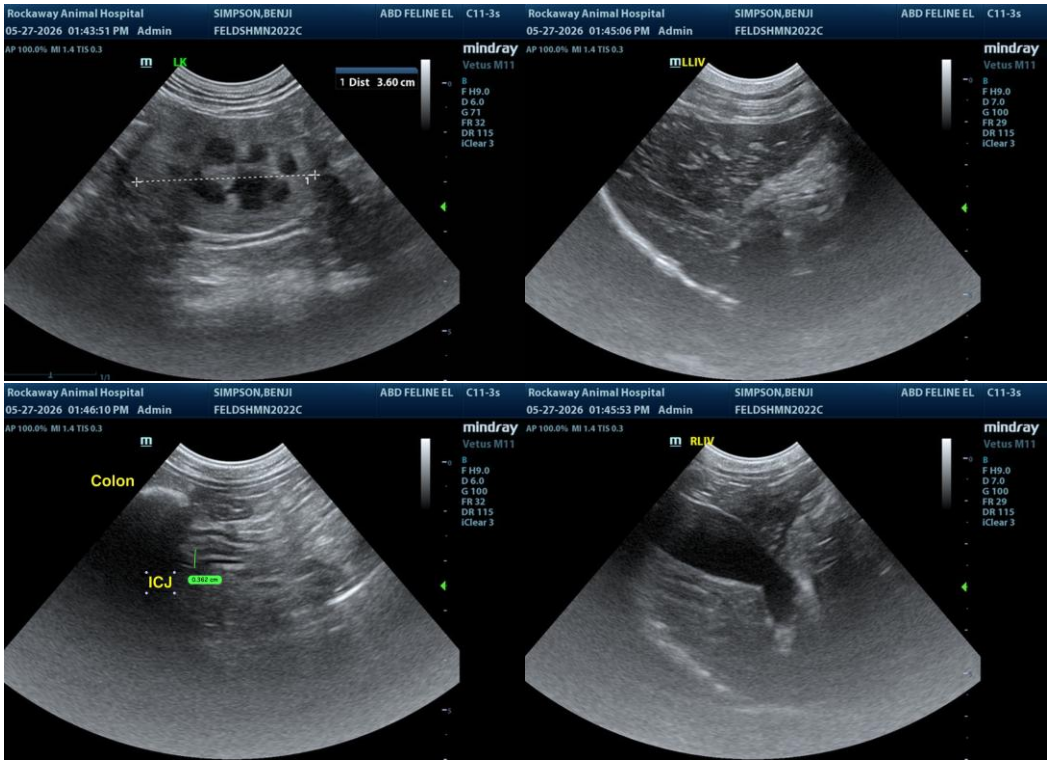

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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