



## PATIENT

Marshal Mathers  
Gautier

## SPECIES

Feline

## BREED

Devon Rex

## SEX

Male

## AGE

4 Years

## WEIGHT

9.4 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Lara Cabugawan

## HOSPITAL NAME

Kew Gardens Animal  
Hospital

## REFERRING VET

Dr. Lara Cabugawan

## INVOICE

16607

## DATE

05/29/26

## PRESENTING CLINICAL SIGNS

Presented for vomiting for the past 3 days, vomits right after eating. still has appetite, no diarrhea.

PE: Fractious, limited oral exam, but did not visualize string FB under the tongue, Abdominal palpation limited by patient temperament. Mild abdominal tension noted; unable to differentiate stress-related guarding from abdominal discomfort.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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 4.2 cm in length. The right kidney measured 4.1 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 presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with overall maintained wall layer ratio exhibiting segmental propensity for borderline thickened jejunum wall and borderline prominent jejunum muscularis layer. Segmental jejunum wall measured up to 0.26 cm wall width. Duodenum wall measured 0.24 cm wall width. No obvious visualized pathology area of the ileocolic junction.



**PATIENT**

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

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**Pancreas**

**SPECIES**

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Feline

**Free Abdomen**

**BREED**

No overt lymphadenopathy or peritoneal effusion was present.

Devon Rex

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Overall, sonographically normal gastrointestinal tract with borderline thickened segmental jejunum wall.
- Normal area of the pancreas.

Male

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

4 Years

No evidence of significant visceral, specifically gastrointestinal or pancreatic pathology. The borderline thickened jejunum wall is non-specific with possible patient variant or segmental enteritis. Potential for emerging IBD or other inflammatory disease could also be possible. No evidence of mechanical gastrointestinal obstruction or neoplastic criteria.

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9.4 lbs

Gastrointestinal support, which may include dietary therapy, gastroprotectants and empirical deworming if clinically indicated and monitoring is recommended. Recheck sonogram if persistent or recurrent gastrointestinal signs. GI panel to include PLI, TLI, cobalamin and folate for further assessment of the small intestine or for low-grade pancreatitis, which may present sonographically normal, may be considered.

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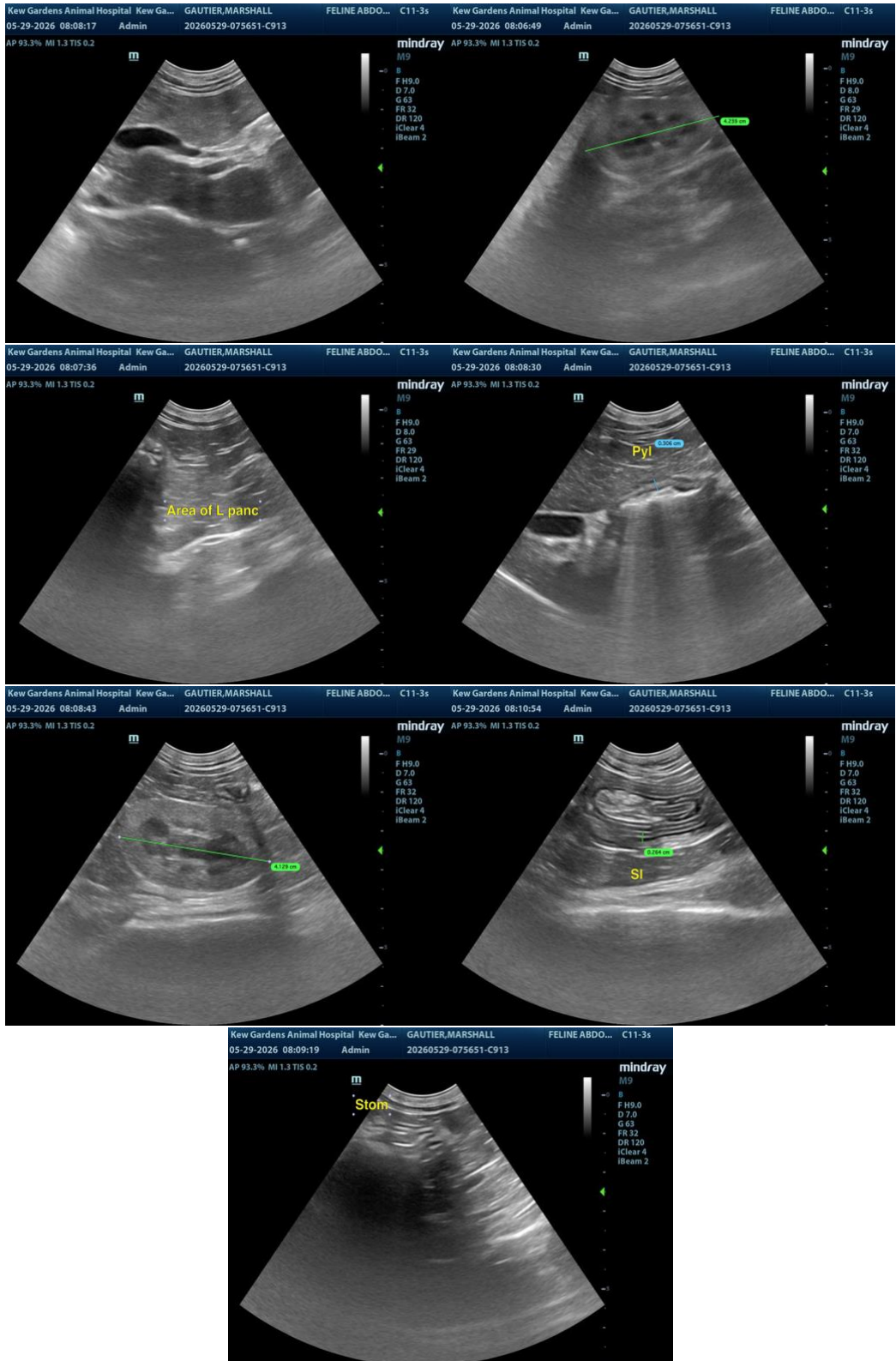
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)