



PATIENT

Icy Winford

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

5

WEIGHT

3.52kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Manes

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr Manes

INVOICE 24754

DATE
05/08/2026

PRESENTING CLINICAL SIGNS

History 5/7/26: has not E at all today, did not E this morning, pt started V+ yesterday morning after breakfast undigested food, and than once again in evening, today has been V+ every couple hours watery liquid, pt has been pretty lethargic today, O states in the middle of moving,

Symptoms: V+, Not E, lethargic

History 5/7/26: New Concerns: pt got cerenia injection and subq fluids and sent home with gabapentin, mirtazapine, and cerenia tabs, pt was given mirtazapine last night around 11pm, since than pt has not E or Dr anything and has been very lethargic and hiding

Abnormal PE/Chem/CBC/UA Results: General Appearance: Lethargic, Hydration: Slightly dehydrated, Eyes: Bilateral mydriasis, Oral Cavity: Tacky mm, Abdomen: Abnormal: Possible very firm fecal ball or thickened intestines palpated mid abdomen, Musculoskeletal: Thin BCS

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 3.4 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was



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

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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited moderate fluid retention with irregular strongly shadowing lumen echo measuring ~ 3 cm in diameter. The stomach echo appeared to exhibit linear component extending through the pyloric outflow.

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The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The small intestinal wall measured up to 0.37 cm. No obvious pathology at the level of the ileocolic junction. Within the segmental jejunum mild irregular shadowing content was present. Segmental dilated duodenum with a hypoechoic linear structure to echo in the duodenal lumen subjectively extending into the jejunum.

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Mild upper duodenal corrugation. Potential for emerging pyloroduodenal intussusception. The jejunal echo measured ~ 2 cm in diameter.

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Overtly normal visible colon wall layers were present. The colon contained non-formed to variably formed segmentally shadowing fecal matter.

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Pancreas

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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.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

R. McKenzie Daniel,
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(Canine and Feline)

Primary

- Retained gastric fluid with gastric foreign body appearing to extend into duodenum and probable jejunum with intestinal linear component, moderate retained gastric fluid and segmental intestinal fluid
- Concurrent generalized enteropathy exhibiting thickened wall layering and altered wall layer ratio
- Sonographically normal pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Gastrointestinal foreign bodies are confirmed in this patient with concurrent mild gastric to upper intestinal obstructive pattern. The concurrent enteropathy may indicate inflammatory criteria i.e. IB or other while potential for emerging to low grade neoplasia i.e. lymphoma not excluded.

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Exploratory laparotomy with expectation toward gastrotomy, enterotomy to potential enterotomies and intestinal biopsies at time of surgery recommended. Possible passed foreign material in descending colon vs formed fecal matter possible. Brief sonographic reassessment prior to surgery recommended if extended time between ultrasound study and interpretation.

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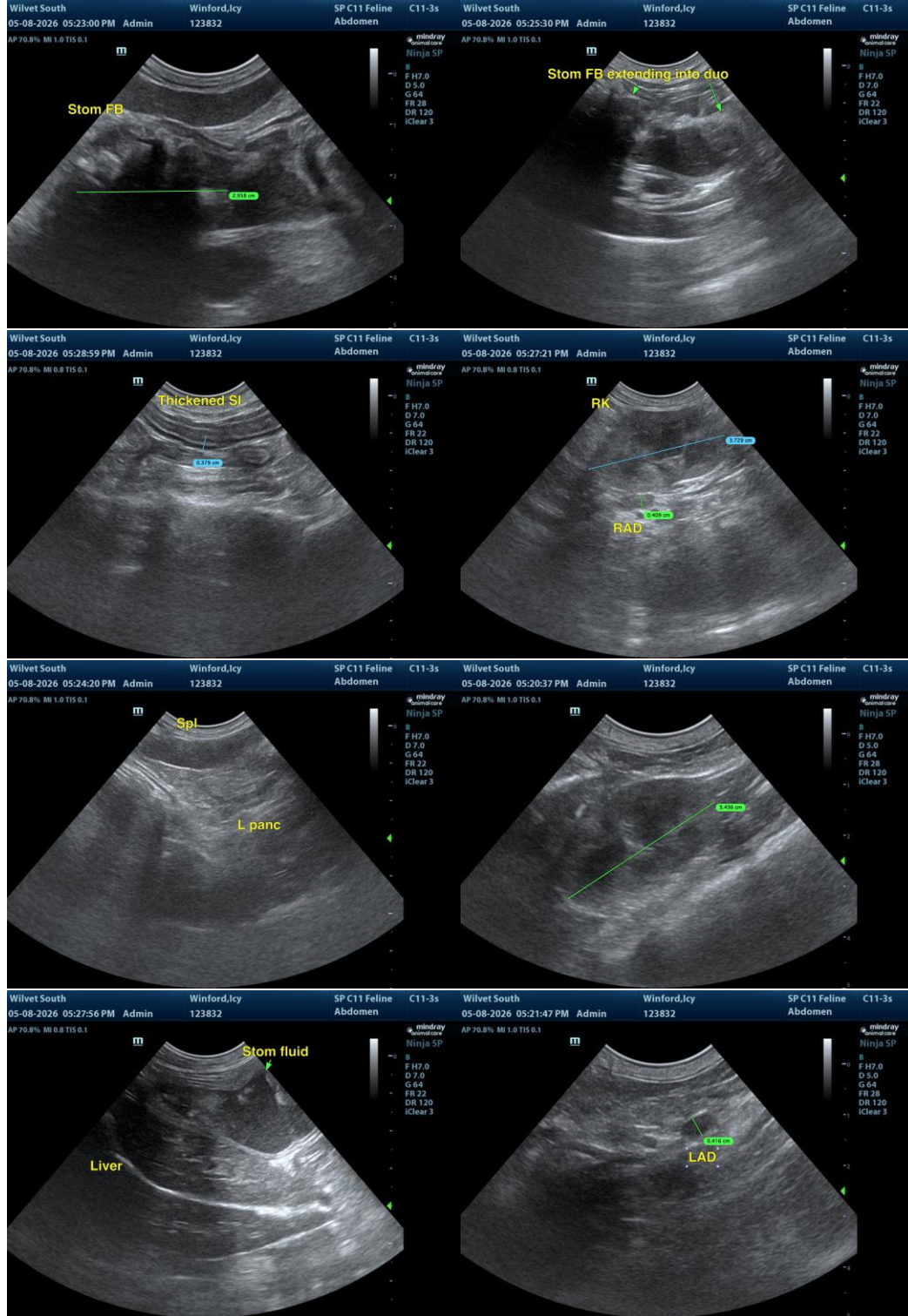
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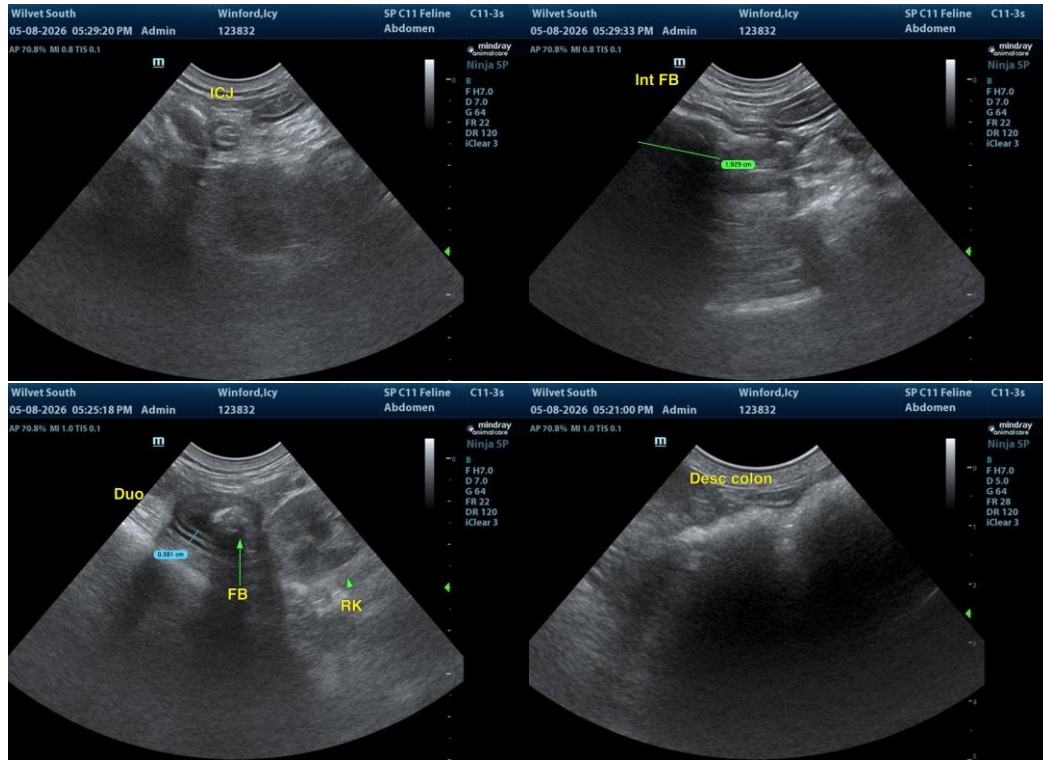
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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