



PATIENT

Noodle France

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

6

WEIGHT

3.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Burns

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Sarah Burns

INVOICE

11026

DATE

6/18/26

PRESENTING CLINICAL SIGNS

Owner was sent here from rDVM (VCA Keizer) and was sent here for 106 fever and fluid in the chest. Owner said been off for few days and not eating.

Xrays from rDVM 06/17/2026:

1. Bronchointerstitial pattern
2. Enlarged aorta, suspected anatomic variant

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 43 (N), WBC 29.54 (H), neut 24.28 (H), *bands suspected, monos 0.99 (H), eos 0.04 (L), plt 103 (L) Chem10: TP 11.1 (H), Globulins 8.2 (H), Albumin 2.8 (N), BUN 20 (N), Creat 0.9 (N) EPOC: iCa 1.14 (L), K+ 3.7 (N)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Nondependent, particulate, mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

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 4.1 cm in length.

Adrenal Glands

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

Spleen

The spleen was mildly enlarged, exhibiting 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. The spleen measured 1.0-1.1 cm width at the level of the mid-spleen.

Liver/ Gallbladder

The liver was borderline enlarged in size with normal 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 containing primarily anechoic content with mild gallbladder debris. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material.

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 small Intestinal wall width measured 0.2 cm.

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

Pancreas

The pancreas was normal in size with symmetrical contour and subtle nonhomogeneous hypoechoic parenchyma compared to adjacent nonreactive omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild splenomegaly
- Normal gastrointestinal tract with mild nonshadowing gastric ingesta – most consistent with food echogenicity
- Mild gallbladder debris
- Non-enlarged subtle nonhomogeneous hypoechoic pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of mechanical gastrointestinal obstruction or foreign material with the gastric ingesta consistent with food echogenicity. This is nonspecific, given the reported inappetence. Correlation with the most recent meal ingestion is recommended. Nonobstructive metabolic gastric ileus is possible, potentially secondary to low-grade pancreatitis. Correlation with a spec fPL is suggested.

If the patient is non-sedated with normal clotting status and using a 25-gauge needle, splenic FNA cytology is recommended to assess for occult disease, given hyperglobulinemia. Gastrointestinal support with monitoring of gastric motility is recommended.



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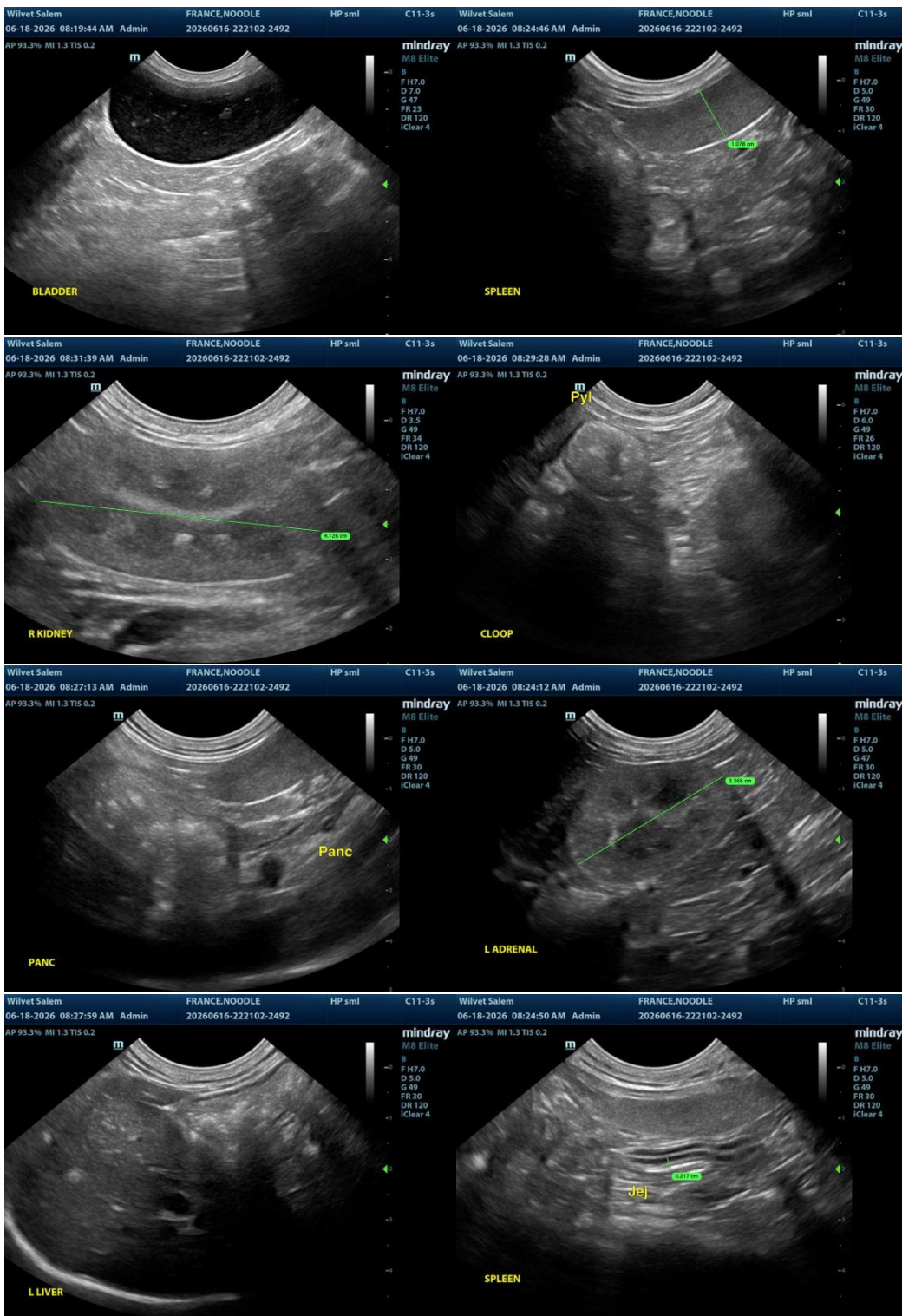
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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