



PATIENT

Cinnamon Lafortune

SPECIES

Feline

BREED

DSH

SEX

Female Spay

AGE

5Y

WEIGHT

4.9kg

INTERPRETED BY

Tilde Rodrigues Froes,
DMV, MSc., Dr. Med
Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

NB

HOSPITAL NAME

Green Dog Dental and
Wellness

REFERRING VET

Dr. Alzate

INVOICE

74712

DATE

4-21-26

PRESENTING CLINICAL SIGNS

1 week hx vomiting piles of undigested food. Unsure when in relation to eating. Energy and appetite still normal. Vomiting once or twice daily.

RADIOGRAPHIC STUDY OF ABDOMEN

Orthogonal views of the abdomen are provided for review totaling 3 images. One ventrodorsal view, one right lateral and one left lateral view.

RADIOGRAPHIC FINDINGS

The stomach is moderately to markedly distended and contains heterogeneous mixed content. This includes soft tissue opaque material intermixed with gas, consistent with ingesta.

Within the pyloric antrum, there is persistent retention of more fluid-like content associated with intermixed, mildly more radiopaque particulate debris. This pyloric region content appears consistently present across all projections.

The duodenum is normal in diameter and does not contain retained material.

The small intestinal loops are normally distributed, with no evidence of abnormal distension, plication, or radiopaque foreign material.

The colon contains a moderate amount of heterogeneous fecal material with associated gas, without evidence of abnormal distension.

The liver, spleen, renal silhouettes, urinary bladder, retroperitoneal space, and abdominal serosal detail are within normal radiographic limits.

The included musculoskeletal structures are unremarkable.

RADIOGRAPHIC DIAGNOSIS

- Moderate to marked gastric distension with heterogeneous ingesta and persistent retention of pyloric antral content (radiopaque debris). Findings are most consistent with a gastric outflow disorder localized to the pyloric region. Differential diagnoses include pyloric outflow obstruction due to non-radiopaque foreign material at the pylorus, functional pyloric obstruction (gastric ileus), and infiltrative or neoplastic pyloric disease.
- No radiographic evidence of small intestinal obstruction.
- Otherwise, normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The imaging findings support delayed gastric emptying with focal retention at the level of the pyloric antrum, which correlates with the clinical history of vomiting undigested food.

Correlation with the timing of relative to food intake is important for further clinical characterization and better interpretation. A repeat abdominal radiographic study after 6–8 hours of fasting is recommended to assess gastric emptying progression and better guide the next diagnostic steps.

Alternatively, abdominal ultrasound is suggested for further evaluation of the pyloric region, including exclusion of non-radiopaque foreign material and assessment of pyloric wall thickness, luminal narrowing, and motility.



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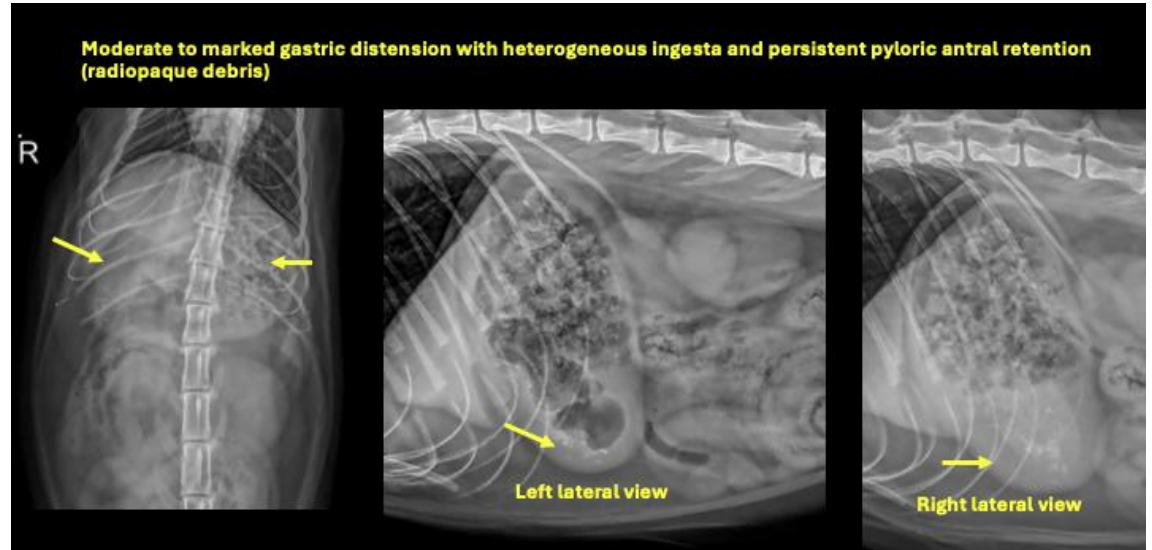
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Other options include contrast gastrography or upper gastrointestinal endoscopy for further evaluation, ideally performed after an appropriate fasting period.



The information and recommendations provided are based on the images presented by the referring veterinarian. 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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