



## PATIENT

Tyson Nunez

## SPECIES

Feline

## BREED

DSH

## SEX

Male Neutered

## AGE

4Y

## WEIGHT

10.5lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Carmen

## HOSPITAL NAME

Animal Clinic of  
Queens

## REFERRING VET

Dr. Singh

## INVOICE

74799

## DATE

4-28-26

## PRESENTING CLINICAL SIGNS

Pt vomited foreign material last night. (Gift wrap ribbon). Held food down this morning. BAR.

## RADIOGRAPHIC STUDY OF ABDOMEN & THORAX

Orthogonal views of the abdomen are available for review totaling 4 images. Two ventrodorsal views, one right lateral and one left lateral view.

## RADIOGRAPHIC FINDINGS

### ABDOMEN

The stomach is moderately to markedly distended, containing heterogeneous ingesta of mixed radiopacity, with admixed fluid and gas. The intragastric gas distribution varies between projections.

On the left lateral projection, the duodenum is identifiable, appearing linear and without evidence of plication or duplication.

No radiopaque foreign body is identified within the stomach or intestinal tract.

The small intestines are normally distributed, with some segments containing fluid and others gas. No abnormal distension, plication, bunching, or radiographic evidence of mechanical obstruction is observed.

The colon is moderately distended with fecal material, without abnormal features.

The liver, spleen, and renal silhouettes are within normal radiographic limits. Abdominal serosal detail is preserved.

The urinary bladder is moderately distended, containing homogeneous soft tissue opaque content.

### THORAX

The trachea is within normal limits.

On the left lateral projection, there is mild focal gas retention within the esophagus dorsal to the cardiac silhouette.

The pulmonary parenchyma is normal in opacity and volume of expansion. Pulmonary vessels are within normal limits.

The cardiac silhouette is within normal size and contour, spanning approximately 2.5 intercostal spaces and approximately 50% of the thoracic width (VHS ≈ 7.0).

The pleural space and mediastinum are unremarkable.

The diaphragm, ribs, and thoracic wall are within normal limits.

## RADIOGRAPHIC DIAGNOSIS

- Moderate to marked gastric distension with mixed ingesta, fluid, and gas, with variable appearance between projections. Differential diagnoses include postprandial gastric



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distension (most likely, given the clinical history of recent food intake) and less likely, early or partial pyloric outflow delay.

- No radiopaque foreign body identified.
- Incidental mild esophageal gas retention.
- Otherwise, unremarkable abdominal and thoracic radiographic study.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

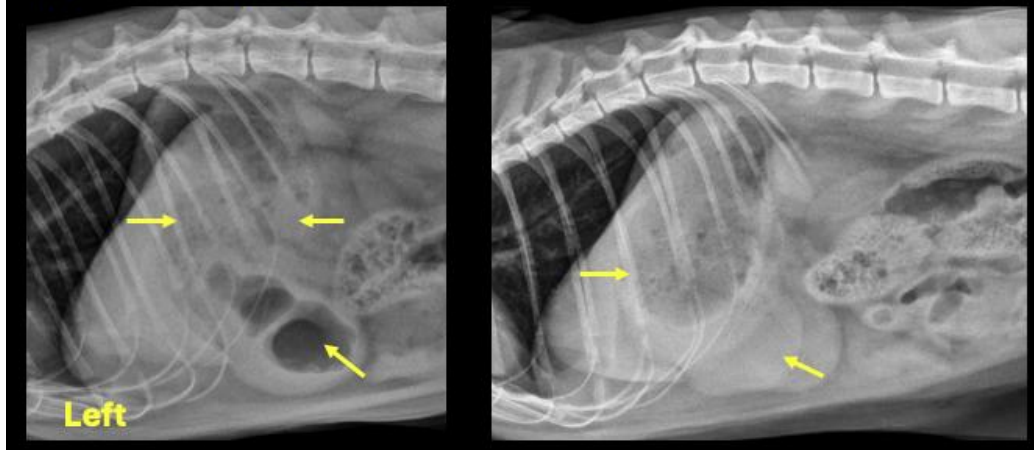
The radiographic findings do not support a current mechanical gastrointestinal obstruction or radiopaque foreign body.

Given the history of ribbon ingestion, a non-radiopaque or linear foreign body cannot be entirely excluded in the pyloric region; however, there are no secondary radiographic signs (e.g., intestinal plication or segmental small intestinal distension) at this time.

If clinical signs resolve, no immediate further imaging may be necessary.

If vomiting recurs or clinical status worsens, abdominal ultrasound is recommended for further evaluation, given its higher sensitivity for detection of linear foreign material. Repeat abdominal radiographs in several hours (6-8) may also be considered to reassess gastric contents and evaluate for interval changes.

### Moderate to marked gastric distension with mixed ingesta, fluid, and gas showing variable appearance across projections





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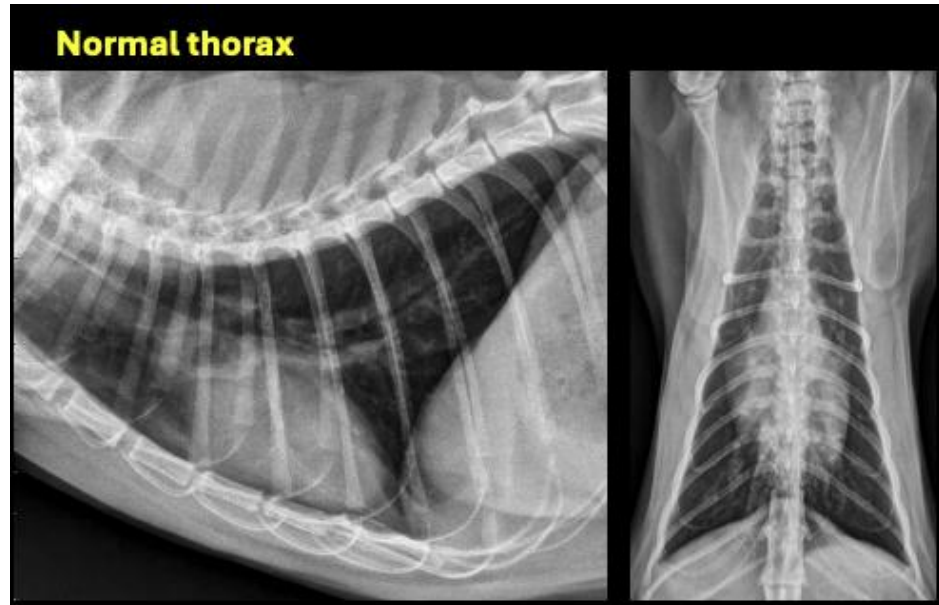
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet**  
[info@sonopath.com](mailto:info@sonopath.com)