



PATIENT

Manu Boyer

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

6.9 kg

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

IMAGING PERFORMED BY

Dr. Maria Lara

HOSPITAL NAME

Allure Veterinary
Hospital & Urgent Care

REFERRING VET

Dr. Maria Lara

INVOICE

72804

DATE

12/28/25

PRESENTING CLINICAL SIGNS

Patient ingested 1/4 to 1/2 of a dryer sheet around 8:15pm on 12/27. He has previously done this but would vomit it up. He has been fasted for this study but seemed interested in food when the feeder went off this morning. Normal energy and normal stool this AM.

Abnormal PE/Chem/CBC/UA Results: Unremarkable PE No BW at this time.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. A small amount of echogenic luminal sediment is present, which is freely movable. The ureteral papillae, trigone and pelvic urethra (visible to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). Left kidney measures 4.1 cm. Right kidney measures 4.2 cm.

Adrenal Glands

The right adrenal gland is identified in its normal location. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The right adrenal gland measures 2.5 mm at the caudal pole. The left adrenal gland is not distinctly visualized, but the region appears unremarkable.

Spleen

The spleen is diffusely thickened, measuring 1.1 cm at the hilus. The capsular margins are irregular and the parenchyma is normal. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

Liver

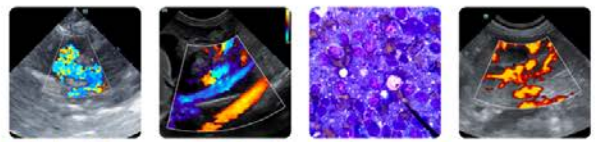
The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately distended with irregular material casting an anechoic shadow. The gastric wall is 2.0 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.



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The visible portions of the colon are of normal thickness (1.1 mm) with intact wall layering. The ileocecal junction is not seen.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Shadowing material in stomach

SECONDARY FINDINGS

- Mildly thickened spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The material in the stomach could be consistent with what a dryer sheet might look like, however dense normal ingest or a hairball might have the same appearance. Given the potential for toxicity associated with dry sheets, further investigation with endoscopy would be recommended, with the intention of performing gastric biopsy if no foreign material is found.

While the splenic thickness is technically increased (normal is <1.0 cm), the normal parenchyma and lack of inflammation suggest this may be within normal limits for this patient, especially given that this is a large cat.





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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.

Tam Mengine, DVM, DABVP (canine/feline practice)

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