

**PATIENT**

Archie Tang

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

4 Years

**WEIGHT**

Not Provided

**INTERPRETED BY**

Bradley Harris, DVM,  
 DACVECC, DACVIM  
 (cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Creditview- Eglington  
 AH

**REFERRING VET**

Dr. Ghobrial

**INVOICE**

14737

**DATE**

03/30/26

**PRESENTING CLINICAL SIGNS**

- Initially seen Mar 23, 2026 for acute vomiting. BW reveals mild hypokalemia. X-ray inconclusive for f.b obstruction. revealed improvement on Mar 25, eating and no vomiting. Today, started vomiting again. ate food then vomited. Changed diet to cooked fish. last vomit was brown liquid. Pet is still active but hiding.
- Current Medications: Metronidazole 100mg/ml, famotidine 5 mg/ml

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is adequately distended with anechoic urine. The bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. The left kidney measures 3.55 cm. The right kidney measures 3.69 cm.

**Adrenal Glands**

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measures 0.21 cm. The right adrenal gland measures 0.34 cm.

**Spleen**

The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measures 0.73 cm at the hilus.

**Liver**

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

**Gastrointestinal**

The stomach is non-distended with normal wall thickness and maintenance of normal wall layering. The PDJ appears patent and small intestine has multiple segments that are mild to moderately distended with echogenic contents. Within several loops there are angular, hyperechoic shadowing



**PATIENT**

Archie Tang

structures most consistent with foreign material. However, no overt small intestinal mechanical obstruction is identified. The small intestinal walls are normal in thickness with maintenance of normal wall layering. The colon contains normal shadowing feces.

**SPECIES**

Feline

**Pancreas**

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

**BREED**

DSH

**Free Abdomen**

There is no significant lymphadenopathy. There is a scant volume of anechoic free peritoneal effusion noted in the mid abdomen between intestinal loops.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

4 Years

- There is suspected small intestinal foreign material within the small intestinal lumen. No overt mechanical small intestinal obstruction is identified, however, given the recurrence of signs and occult obstruction is of concern.
- The scant free fluid may represent a sterile inflammatory peritonitis, however, a septic peritonitis can't be definitively excluded ultrasonographically.

**WEIGHT**

Not Provided

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Bradley Harris, DVM,  
 DACVECC, DACVIM  
 (cardiology)

Abdominocentesis with fluid analysis and cytology is recommended to further characterize the free peritoneal effusion if the volume is sufficient for safe sampling. Given the recurrence of clinical signs and the material within the small intestine, an exploratory laparotomy could be considered. The owner should be counseled on possibility of negative explore. Alternatively, hospitalization with IV fluid therapy and gastroprotectants as clinically indicated is reasonable as long as serial imaging and close clinical monitoring is performed.

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Creditview- Eglington  
 AH

**REFERRING VET**

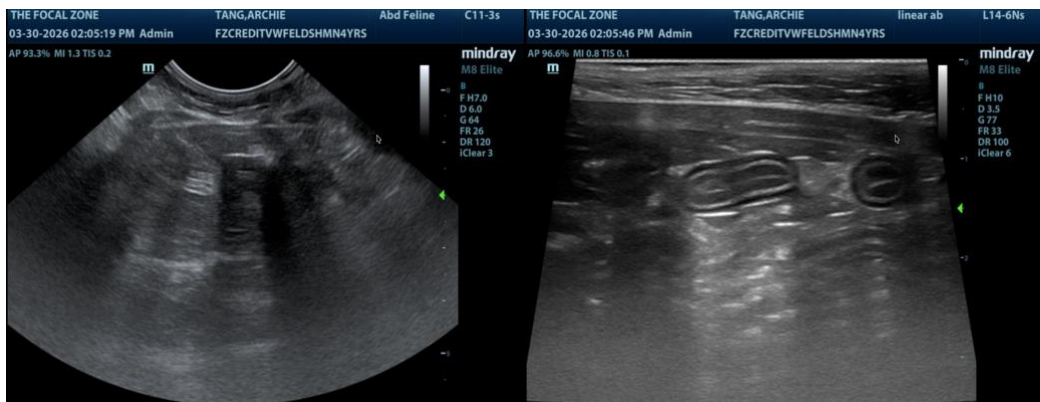
Dr. Ghobrial

**INVOICE**

14737

**DATE**

03/30/26





**PATIENT**

Archie Tang

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

4 Years

**WEIGHT**

Not Provided

**INTERPRETED BY**

Bradley Harris, DVM,  
 DACVECC, DACVIM  
 (cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Creditview- Eglington  
 AH

**REFERRING VET**

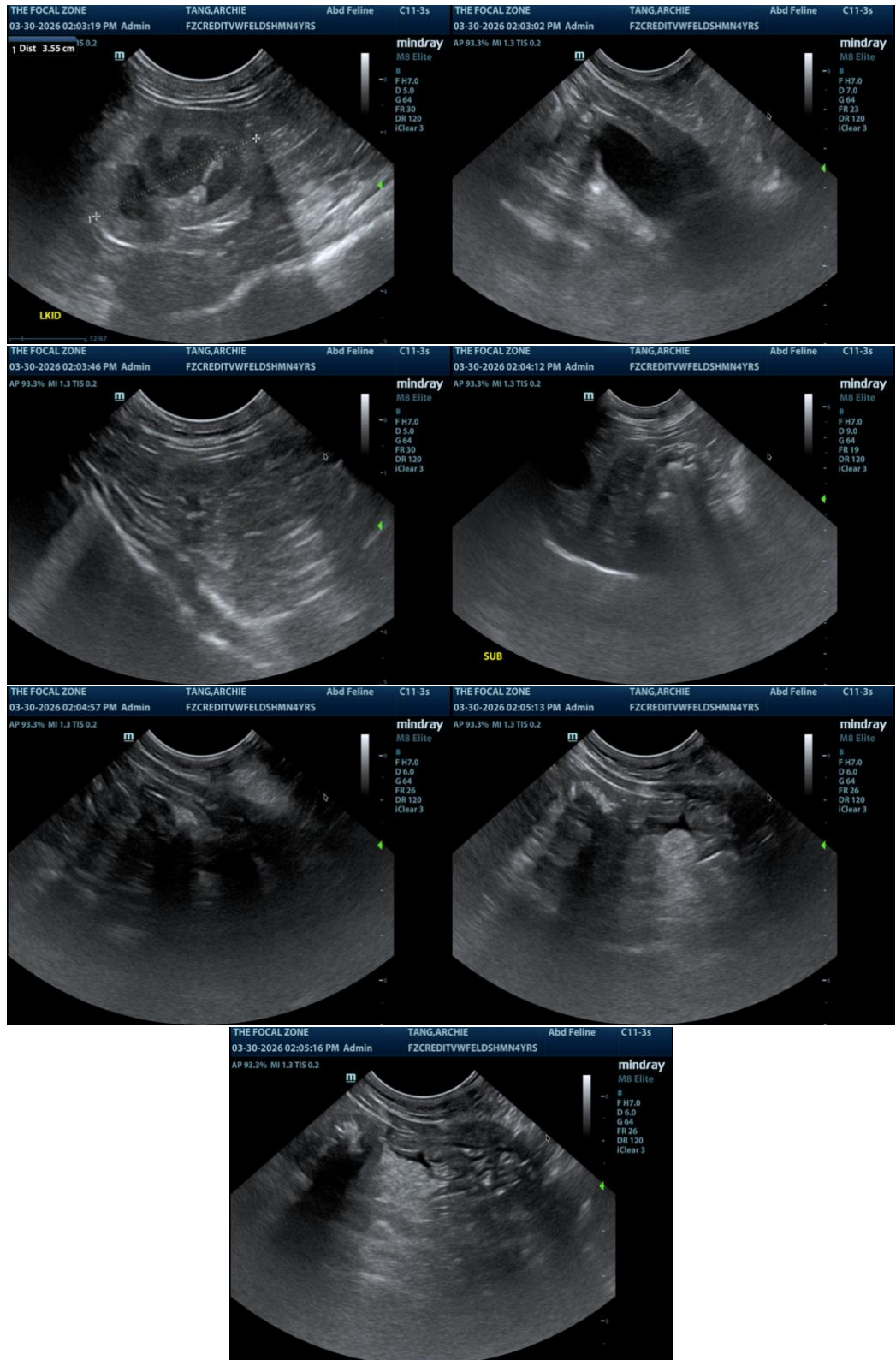
Dr. Ghobrial

**INVOICE**

14737

**DATE**

03/30/26





**PATIENT**

Archie Tang

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

4 Years

**WEIGHT**

Not Provided

**INTERPRETED BY**

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

**IMAGING  
PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Creditview- Eglington  
AH

**REFERRING VET**

Dr. Ghobrial

**INVOICE**

14737

**DATE**

03/30/26

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.

**Bradley Harris, DVM, DACVECC, DACVIM (cardiology)**

[info@SonoPath.com](mailto:info@SonoPath.com)