



## PATIENT

Ash Gaita

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

3

## WEIGHT

12

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Pascucci

## HOSPITAL NAME

American Animal  
Hospital

## REFERRING VET

Dr. Pascucci

## INVOICE

72139

## DATE

1/12/26

## PRESENTING CLINICAL SIGNS

Ate silicone nipple top on Friday vomiting several times a day since last vomit 24hrs ago lethargic since ate a yesterday churu and held that down not seeing him eliminate or drink stable on exam today.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild non-dependent particulate 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.

Normal size and margination were present in the kidneys. The kidneys exhibited mild prominence of thickened cortex with mild enhanced to hyperechoic corticomedullary border parenchyma echogenicity. Left kidney measured 4.2 cm. Right kidney measured 4.5 cm.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. Left measured 0.41 cm.

The right adrenal gland was not definitively visualized.

### Spleen

The spleen exhibited 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.

### Liver

The liver was subjectively normal in size, structure, and contour. 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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

### Gastrointestinal

The stomach presented intact, normal wall. The stomach was moderately distended, primarily with retained anechoic to mildly echogenic fluid and a small amount of non-shadowing to mildly progressively shadowing hyperechoic content measuring approximately 1.2 cm in diameter.

The small intestine presented overall intact wall layering with 1:3 muscularis/mucosa ratio. Segmental moderate fluid distended intestinal segments with concurrent empty intestinal segments likely distal. Within the mid abdominal intestinal segments, most consistent with jejunal location, a solitary, strongly shadowing lumen echo was present measuring approximately 1.2 cm in diameter. Segmental gas noted, primarily within fluid dilated intestinal segments.

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



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**Pancreas**

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**PRIMARY FINDINGS**

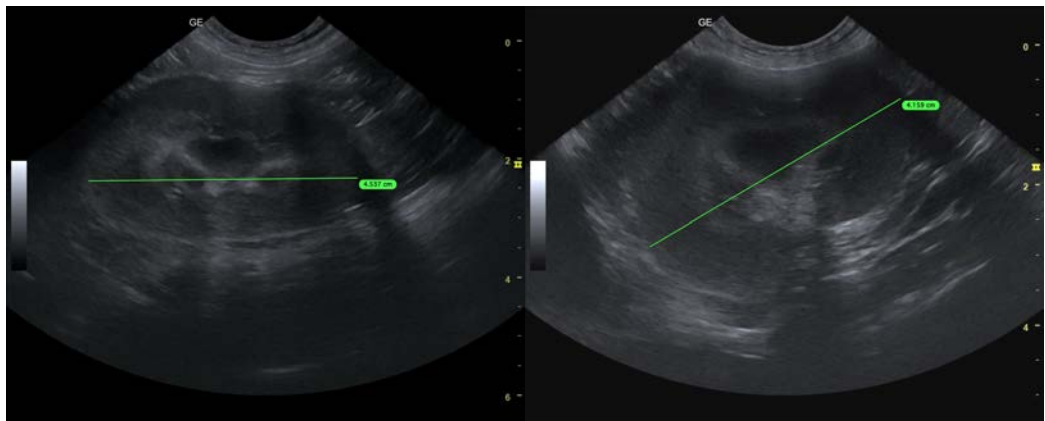
- Jejunal foreign body with obstructive gastrointestinal pattern proximal, empty small intestine distal.

**SECONDARY FINDINGS**

- Bilateral renal cortical hypertrophy with enhanced to hyperechoic corticomedullary border parenchyma.
- Mild urine sediment.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Exploratory laparotomy with gross inspection of the gastrointestinal tract with expectation toward enterotomy is recommended. Additional definitive gastric or intestinal foreign bodies were not definitively visualized, yet given small amount of hyperechoic to progressively shadowing gastric content and segmental intestinal gas pattern, additional gastrointestinal foreign material cannot be definitively excluded. Gastrointestinal biopsies at the time of surgery may be considered to assess for underlying gastrointestinal disease. Bilateral kidney patient variant, with potential for non-specific nephritis. Correlation with full lab work and urinalysis prior to surgery recommended.





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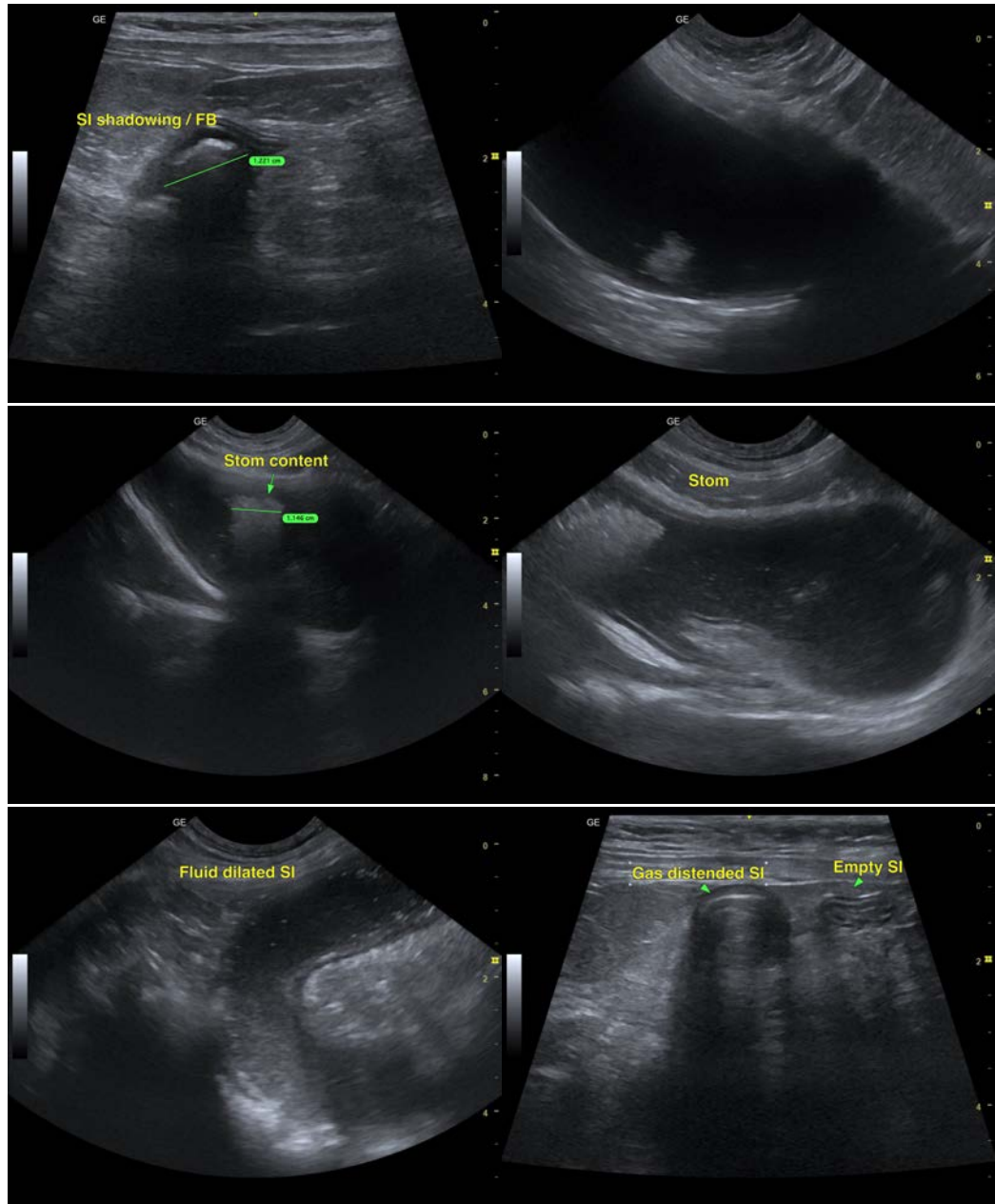
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**

**info@SonoPath.com**