



PATIENT

Shadow Brown

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2yr

WEIGHT

14.11lb

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: ADR, lethargic starting 2-3 days ago. Tacky mucus membranes, mild pain on abdominal palpation. No history of known toxin or plant exposure, no none FB ingestion. Owner says patient often chews on string. Radiographs inconclusive. BW mild hemoconcentration with mild azotemia Concern for AKI from unknown cause Hospitalized overnight with IV fluids, cerenia inj IV, and NPO ABNORMAL Labwork Values HCT-54.8, HGB-17.8, RETIC-HGB-12.9, NEU-13.54, BAND-*suspected, MONO--0.85, EOS-0.09, PLT-116, GLU-257, SDMA-16, BUN-86, TP-9.5, GLOB-5.8, ALKP-<10, NA-138, K-3.3, CL-96 Current Medications Cerenia IV last night Radiographic Findings N/A

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.4 cm in length. The right kidney measured 4.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width.

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/Gallbladder

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was mildly distended in size with mild non-organized debris extending into the mildly dilated cystic duct. No evidence of post hepatic obstruction.

Gastrointestinal

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Albany Animal
Hospital

REFERRING VET

Dr Hunt

INVOICE
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The stomach presented significant distension with retained anechoic to mildly echogenic fluid. The pylorus exhibited normal intact wall layering without evidence of pyloric obstructive mural pathology. The pylorus wall measured 0.31 cm in width. The pylorus contained a mild amount of anechoic fluid.

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The small intestine presented intact wall layering with overall maintained muscularis/mucosa ratio. Concurrent duodenal and segmental jejunal distension with retained fluid exhibiting oral/ aboral fluid movement. Within subjective mid abdomen intestinal segments most consistent with jejunal location, a strongly shadowing echo consistent with foreign body measuring ~ 2.2 cm in diameter was present. Empty intestinal segments distal to the level of the colon.

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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.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

Generalized normal omental echogenicity was present.

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ULTRASONOGRAPHIC FINDINGS

Primary

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

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with expectation toward enterotomy is recommended. The foreign body may be in the distal duodenum or upper to mid jejunum. No additional areas of gastrointestinal foreign bodies or material noted.

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Gross inspection of the gastrointestinal tract as well as sublingual examination +/- gastrointestinal biopsies at the time of surgery to assess for underlying nonstructural disease is suggested.

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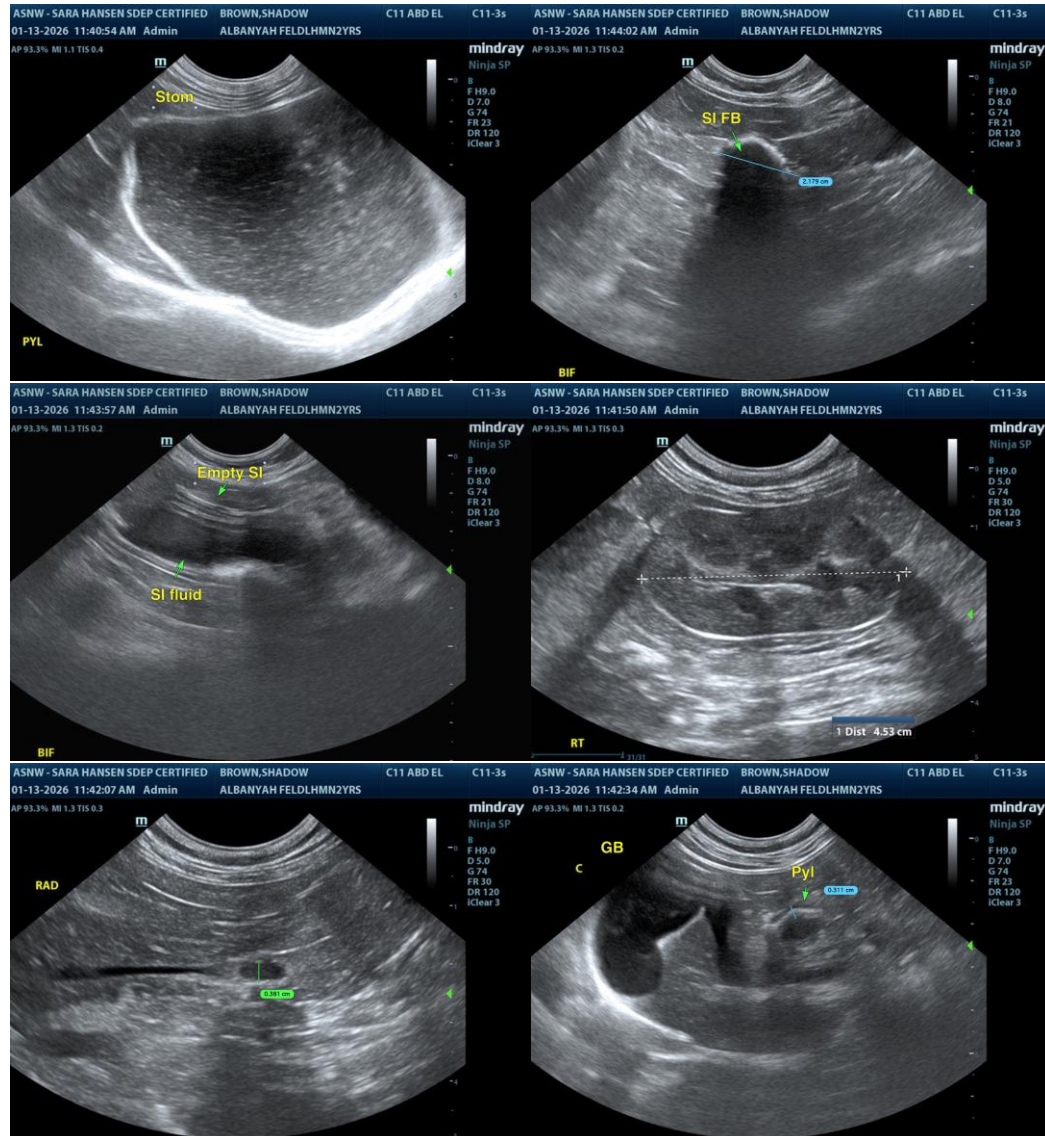
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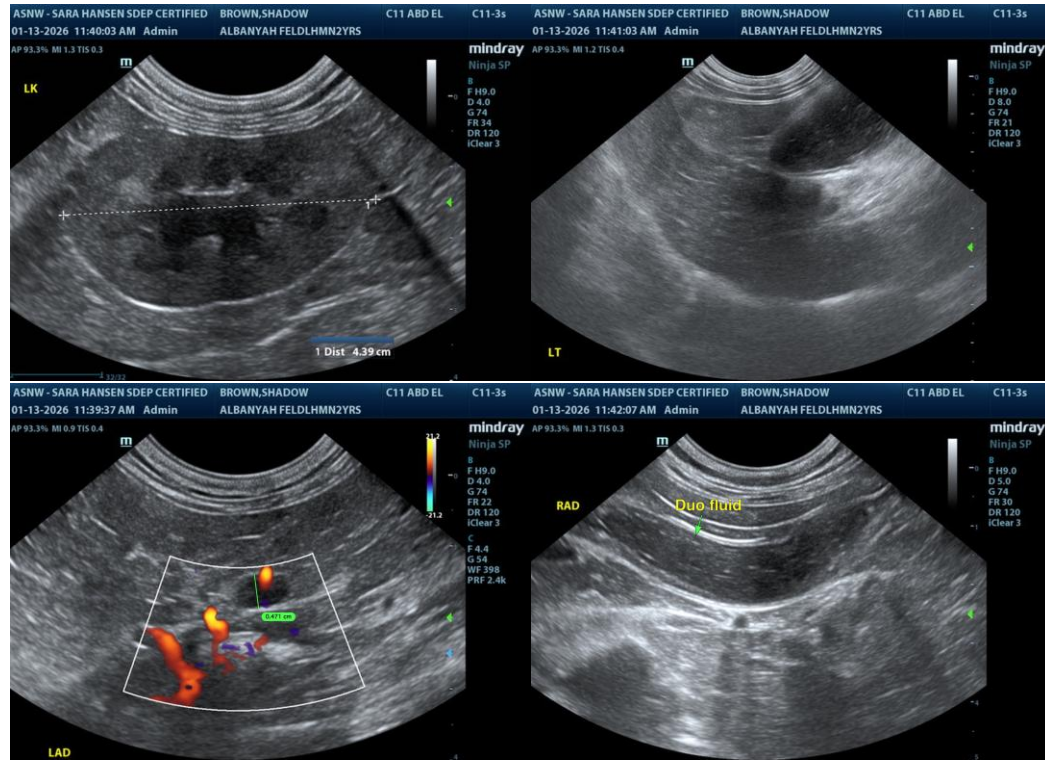
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

IMAGING PERFORMED BY

Sara Hansen

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