



PATIENT

Suzie Granda

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

12 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Suci

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Mucera

INVOICE

13244

DATE

01/17/26

PRESENTING CLINICAL SIGNS

Acute lethargy and vomiting since last night, dehydration. Admitted in the hospital this morning. Overweight (BCS 8/9)

Abnormal PE/Chem/CBC/UA Results: Initial bloodwork (10 AM) showed high glucose 568, high lactate (6.57), low chloride (109), low sodium (140), low ionized calcium (1.18), high BUN (42), normal creatinine (1.12). High glucose (3+) in the urine, no ketones.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was 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 pyelectasia. The left kidney measured 4.2 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width.

Spleen

The spleen was not definitively visualized potentially owing to volume contraction given reported dehydration.

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. 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 exhibited moderate distention with retained anechoic to echogenic fluid and nonshadowing ingesta/content extending into the area of the pyloric outflow. Definitive evidence of obstructive pyloric mural pathology was not visualized. The pylorus wall measured 0.25 cm wall width.



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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. The small intestine exhibited segmental empty intestinal segments with concurrent segmental intestinal ileus and lumen gas. The ileocolic wall measured 0.40 cm wall width. The small intestine wall measured 0.24 cm wall width.

The subjective colon exhibited potential distention with formed to strongly shadowing fecal matter.

Pancreas

The pancreas presented prominent in size with mild asymmetrical capsule contour and nonhomogenous hypoechoic parenchyma.

Free Abdomen

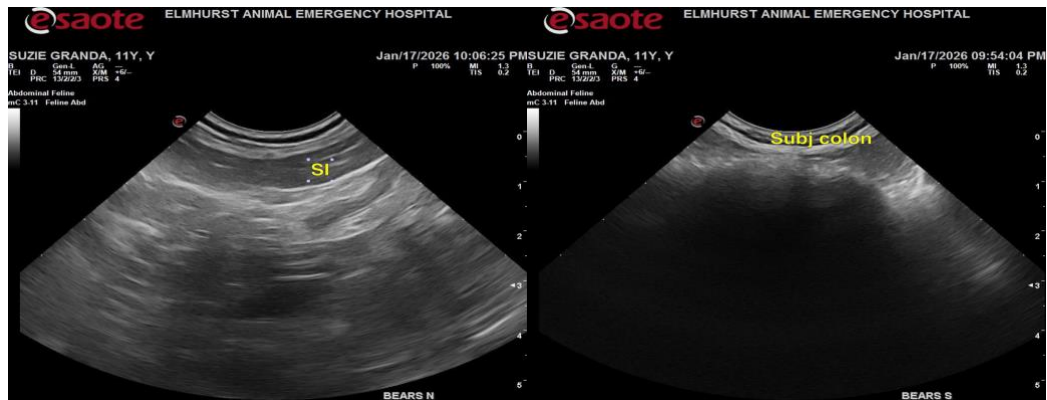
No obvious visualized significant omental lymphadenopathy was present. Peripancreatic to perigastrointestinal mild hyperechoic omentum with a minor volume of mid to caudal abdomen effusion.

ULTRASONOGRAPHIC FINDINGS

- Significant gastric distended colon with formed fecal matter.
- Pancreatitis with peripancreatic to regional mild hyperechoic omentum.
- Minor peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive area of mechanical gastrointestinal obstruction i.e. foreign body, stricture or mass was not definitively visualized yet, not definitively excluded given concurrent gastrointestinal artifact and segmental gas. Acute gastroenteropathy including metabolic and segmental intestinal ileus potentially secondary to pancreatitis or metabolic disease is possible. Hospitalization with supportive care, clinical monitoring and sonographic reassessment of the gastrointestinal tract in 18 to 24 hours is recommended. A spec fPL or a GI panel to include PLI, TLI, cobalamin and folate for correlation may be considered.





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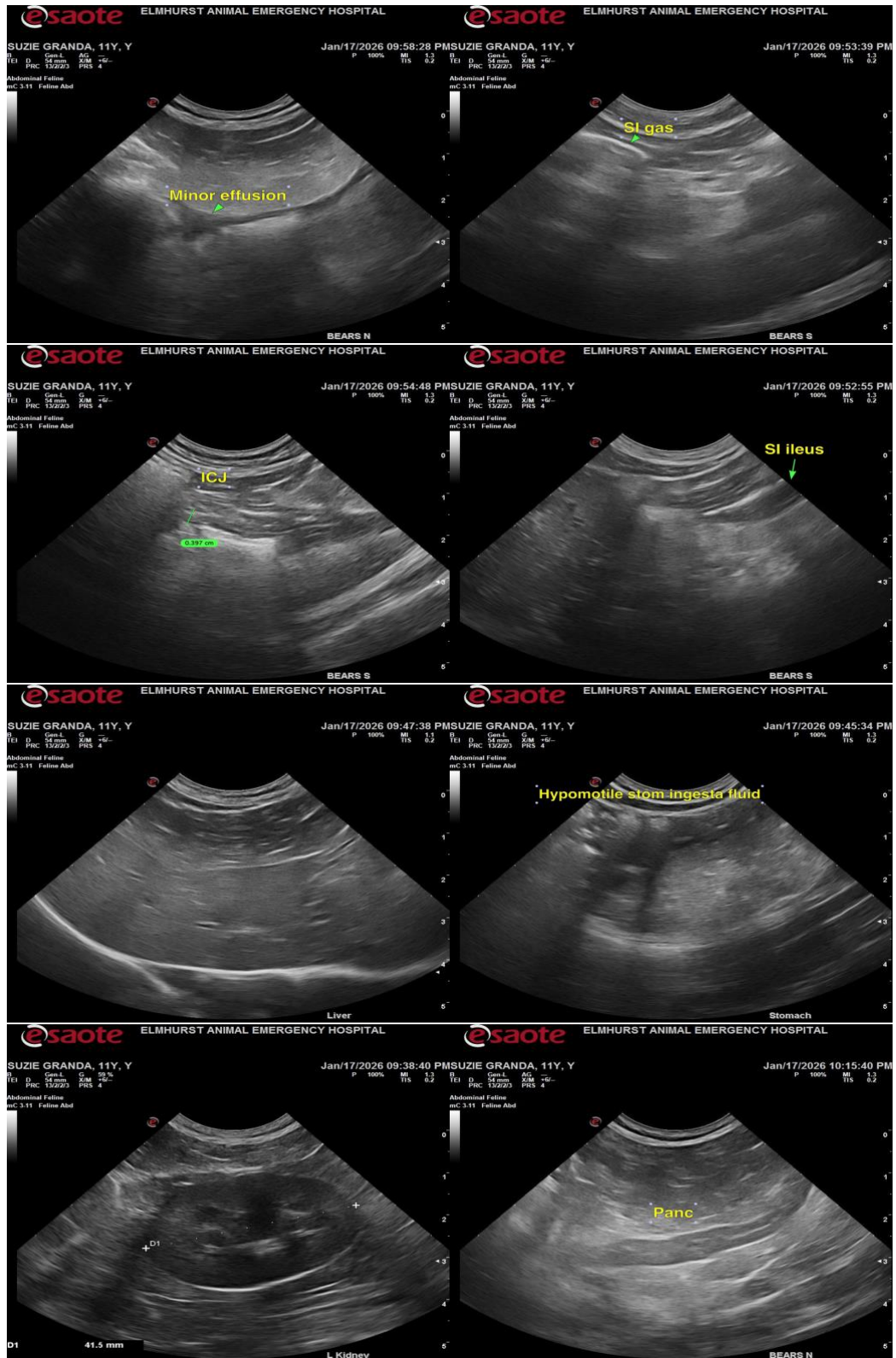
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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