



PATIENT

Bertie O'Malley

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12yr

WEIGHT

10.26lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

River's Edge Pet
Medical Center

REFERRING VET

Dr. Shelby Young

INVOICE

23590

DATE

01/18/2026

PRESENTING CLINICAL SIGNS

Seen yesterday by different DVM for 2 week hx of vomiting food & fur, decreased appetite & weight loss. BW and xrays performed, labs unremarkable but significant diffuse gas dilation of stomach & intestines on xray. Sent home with supportive care (cerenia & sucralfate). Has not improved, has progressed to gagging/retching after eating. PE today: QAR, regular RR and effort during exam but becomes stressed in VD. Improved with butorphanol on board. Bronchovesicular sounds auscult clearly, but mild serous nasal discharge in right nares. MM pink, CRT <2s. No pain on abdominal palpation, no masses. Current Medications: sucralfate 100mg/mL - 2mL PO TID x5d, cerenia 16mg 1/2 tab PO SID

Abnormal PE/Chem/CBC/UA Results: See attached labs: Marked neutrophilia 31.55k, mild monocytosis 1.05k, plt 15k (plt aggregates detected), no invue or manual slide performed to confirm. Chem 17 - gluc 182 (stress), kidney values wnl, glob 5.7 (H), all other values wnl. Electrolytes wnl. See attached rads: gastric and diffuse intestinal dilation of gas, visible chest appears wnl

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 minor non-dependent particulate to hyperechoic sediment. 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.4 cm in length. The right kidney measured 3.8 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 0.58 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 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. A solitary discrete hypoechoic, mid splenic nodule was present measuring 0.2 cm in diameter.

Liver/Gallbladder



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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 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 wall layering with a normal wall layer ratio. The stomach contained a mild amount of retained variably echogenic, primarily non-shadowing ingesta and echogenic fluid. No evidence of obstruction to pyloric outflow. The pylorus wall measured 0.34 cm in width.

The small intestine presented intact wall layering. Borderline prominent intestinal wall with generalized empty intestinal lumen and mild segmental intestinal gas at the time of the ultrasound. The duodenum wall measured 0.30 cm width. The jejunum wall measured 0.25 cm width. The ileocolic wall measured 0.44 cm width.

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

Pancreas

The pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically unremarkable mild hypomotile stomach with retained variable echogenic ingesta/fluid.
- Overall sonographically unremarkable empty small intestine exhibiting borderline prominent intact intestinal wall.
- Pancreatitis.

Secondary

- Small hyperechoic splenic nodule - most consistent with probable small benign myelolipoma
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant gastrointestinal mural pathology or obstructive pattern. A small amount of non-obstructive hairball density in the stomach is possible. Non-structural inflammatory bowel, infectious disease, enterotoxin in conjunction with pancreatitis is possible. No overt suspicion of neoplastic criteria.



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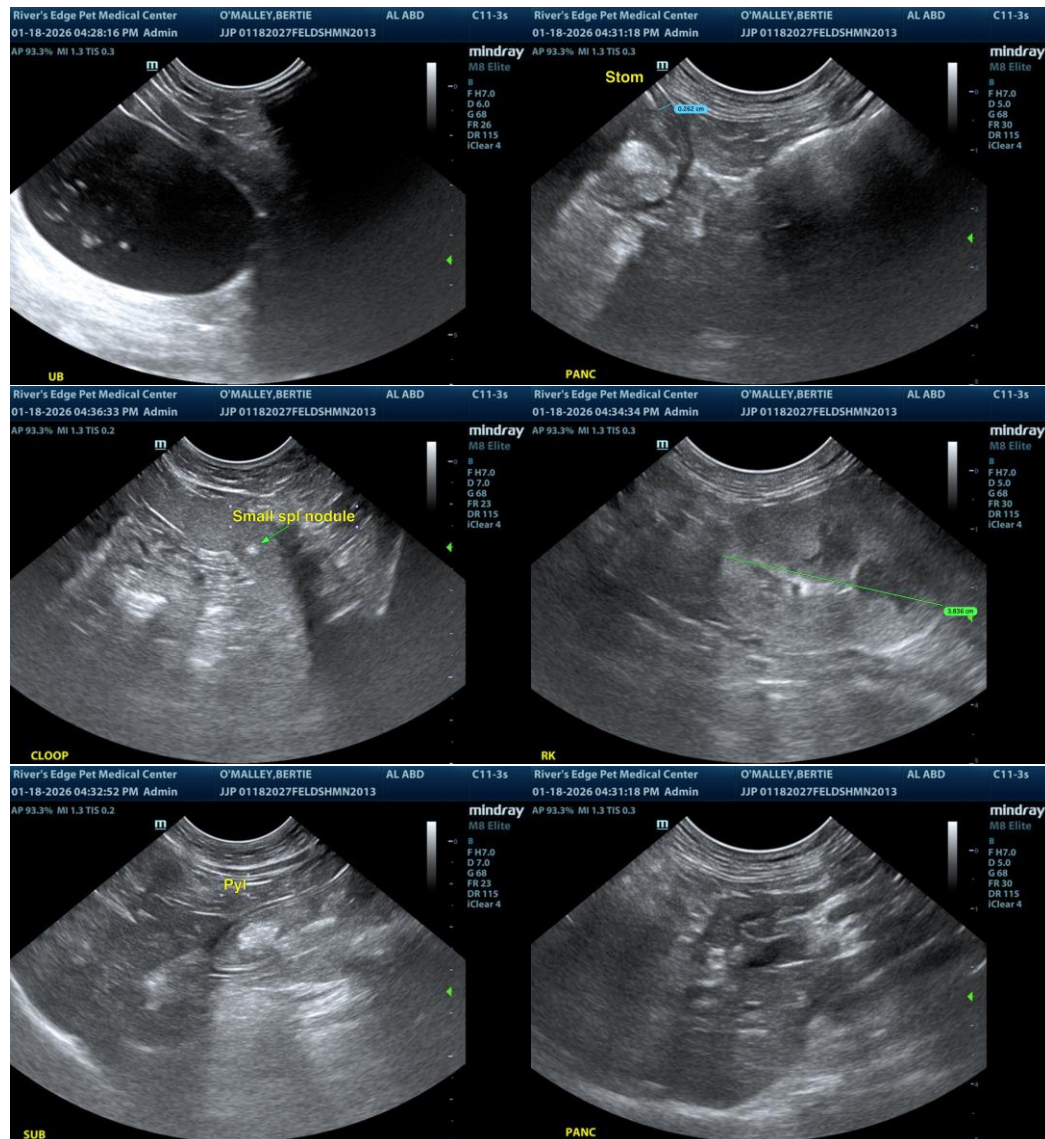
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Correlation with GI panel (TLI, PLI, cobalamin and folate) and if not done, recheck radiographs to reassess gastrointestinal gas pattern is recommended. No indication for immediate surgical intervention with gastrointestinal support and empirical therapy for pancreatitis recommended with clinical monitoring. Recheck sonogram if persistent or non-responsive gastrointestinal signs is indicated.

Sonographic monitoring of the splenic nodule is recommended.



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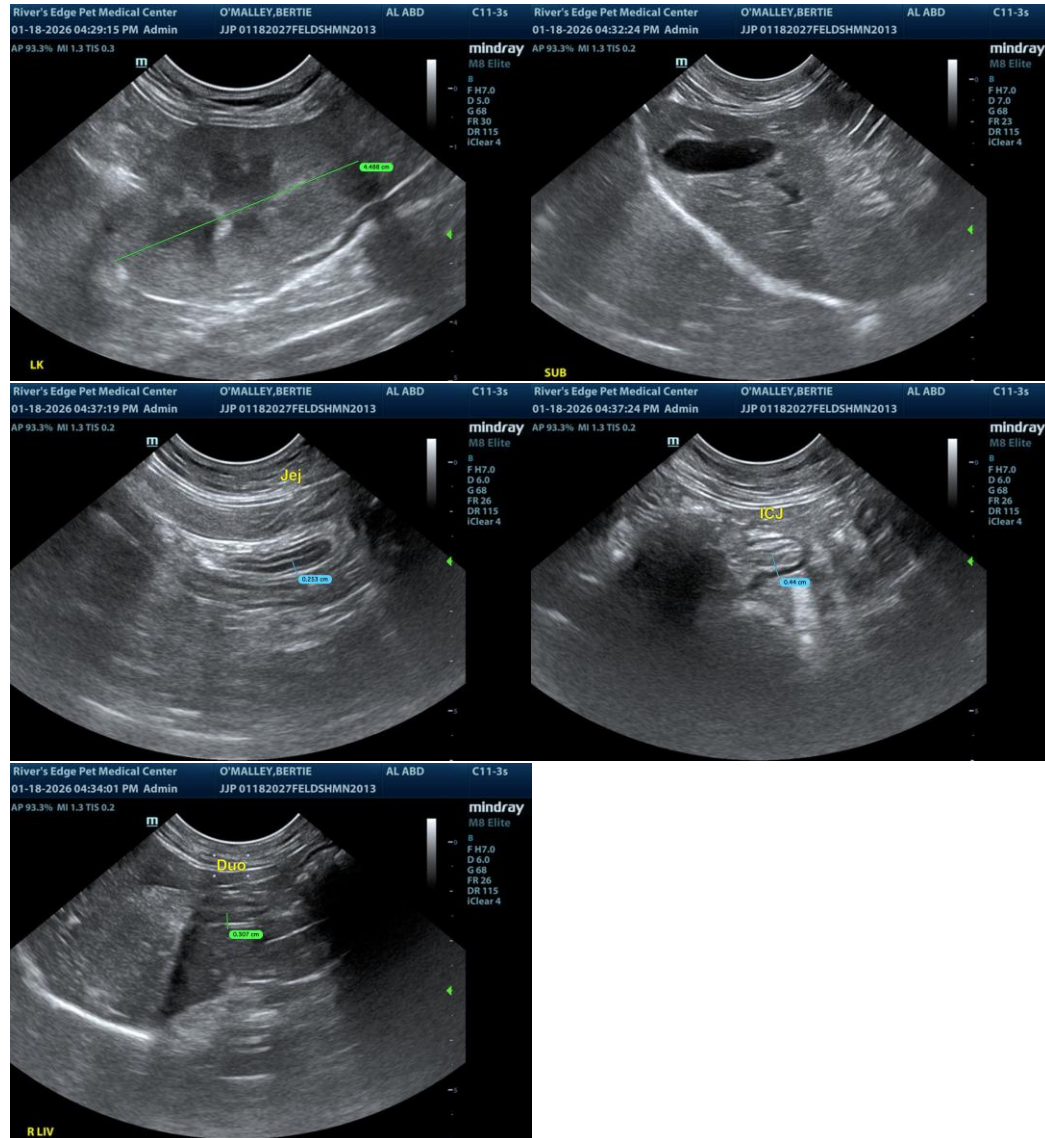
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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