



PATIENT

Edwin De Angelis

SPECIES

Feline

BREED

Siberain Forest

SEX

MN

AGE

6mo

WEIGHT

4.1kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary
Clinic

REFERRING VET

Boules Maher

INVOICE

23603

DATE

01/18/2026

PRESENTING CLINICAL SIGNS

Presented for vomiting and lethargy. Radiographs trending and radiologist consult recommended AUS for upper GI foreign body confirmation.

Abnormal PE/Chem/CBC/UA Results: Pancreatic Lipase 4.8 (0-4.4) CBC mild leukocytosis by neutrophilia. Chem: Mild BUN and PHOS increase. Creatinine WNL (low normal). No other abnormality.

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 4.2 cm in length. The right kidney measured 4.3 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 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 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 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 retained non-shadowing ingesta and a strongly shadowing lumen echo extending into the area of the pyloric outflow measuring ~ 2 cm in diameter.



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The small intestine presented overall intact wall layering with maintained muscularis/mucosa ratio. Indistinct yet subjective upper to possible mid-intestinal plication with suspect indistinctly visualized hyperechoic plicated intestine lumen echo. Concurrent normal non-plicated to empty intestine likely distal. The small intestinal wall measured 0.24 cm in width.

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

Pancreas

The area of the pancreas was sonographically normal.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary

- Stomach foreign body
- Segmental upper to possible mid intestinal plication with suspect linear foreign body, empty intestine distal

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

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The stomach foreign body appears to be extending in the upper to mid small intestine with associated linear foreign body and secondary intestinal plication. Exploratory laparotomy is recommended.

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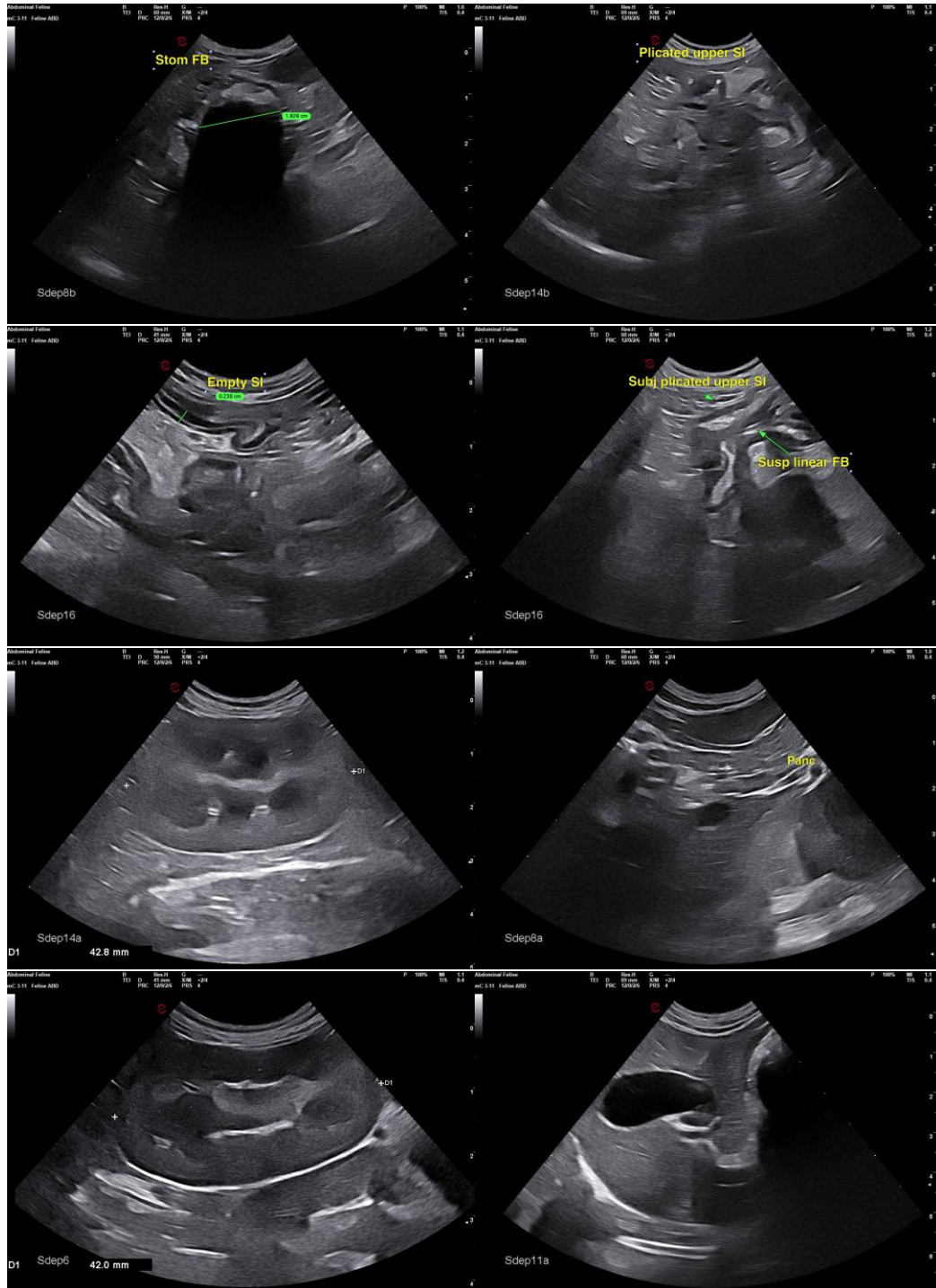
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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