



## PATIENT

Jack Howarth

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

6yr

## WEIGHT

6.9

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Gira

## HOSPITAL NAME

Fish Creek Emergency

## REFERRING VET

Dr Poulson

## INVOICE 23589

## DATE

01/18/2026

## PRESENTING CLINICAL SIGNS

Ingested a string yesterday, ~12 inches is now coming out of rectum today. Vomited once the other day but has otherwise been eating, drinking, normally. No change in energy. Unsure of last bowel movement.

Abnormal PE/Chem/CBC/UA Results: NA

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm 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.

Enlarged size and margination were present in the kidneys. A mild altered cortex / medulla ratio secondary to mild hypertrophy to hyperechoic cortex was present. Intact corticomedullary architecture was present. The left kidney measured 5.8 cm in length. The right kidney measured 6.0 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 0.43 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.58 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 lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction to pyloric outflow or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained mild non-shadowing ingesta with no signs of obstruction or foreign material. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.44 cm width.

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Normal visible colon wall layers were present with apparent formed feces in the non-distended lumen.

### *Pancreas*

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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*

## SEX

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

## MN

## ULTRASONOGRAPHIC FINDINGS

### Primary

## AGE

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- Sonographically normal GI tract/colon with non-shadowing mild GI ingesta and formed fecal matter

### Secondary

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- Bilateral non-specific renomegaly with hyperechoic cortical hypertrophy
- Mild urine sediment

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of GI obstructive pattern, focal/linear foreign body or intestinal plication. Passed colonic foreign material in conjunction with patient history is possible. No indication for surgical intervention. Monitoring of fecal output +/- manual manipulation if visible evidence of rectal foreign material is recommended.

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The bilateral kidneys are non-specific with potential for patient variant and may suggest non-specific nephritis such as interstitial nephritis. Correlation with renal parameters and UA +/- C/S if evidence of inflammatory urine sediment is recommended. The kidneys did not meet neoplastic criteria.

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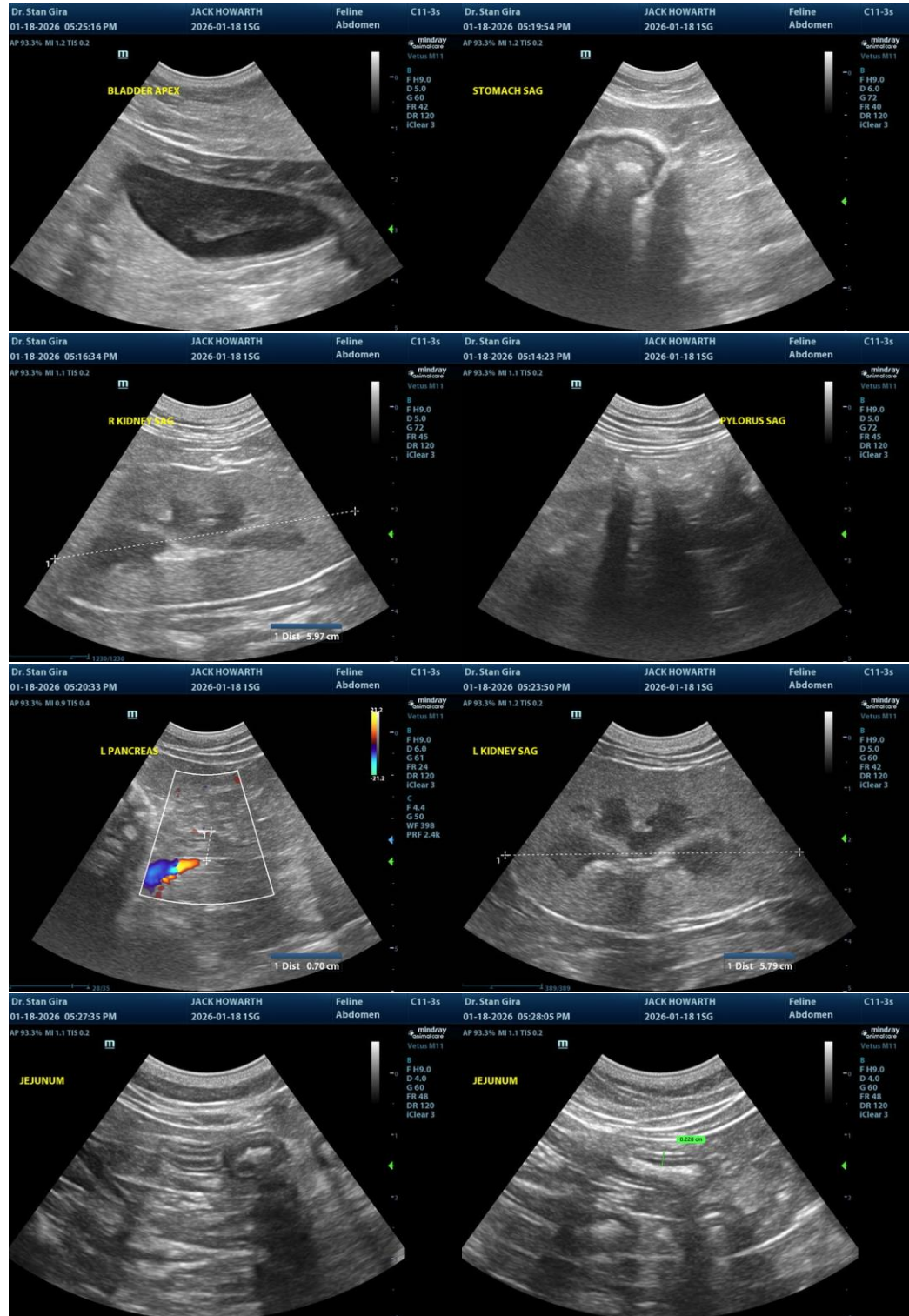
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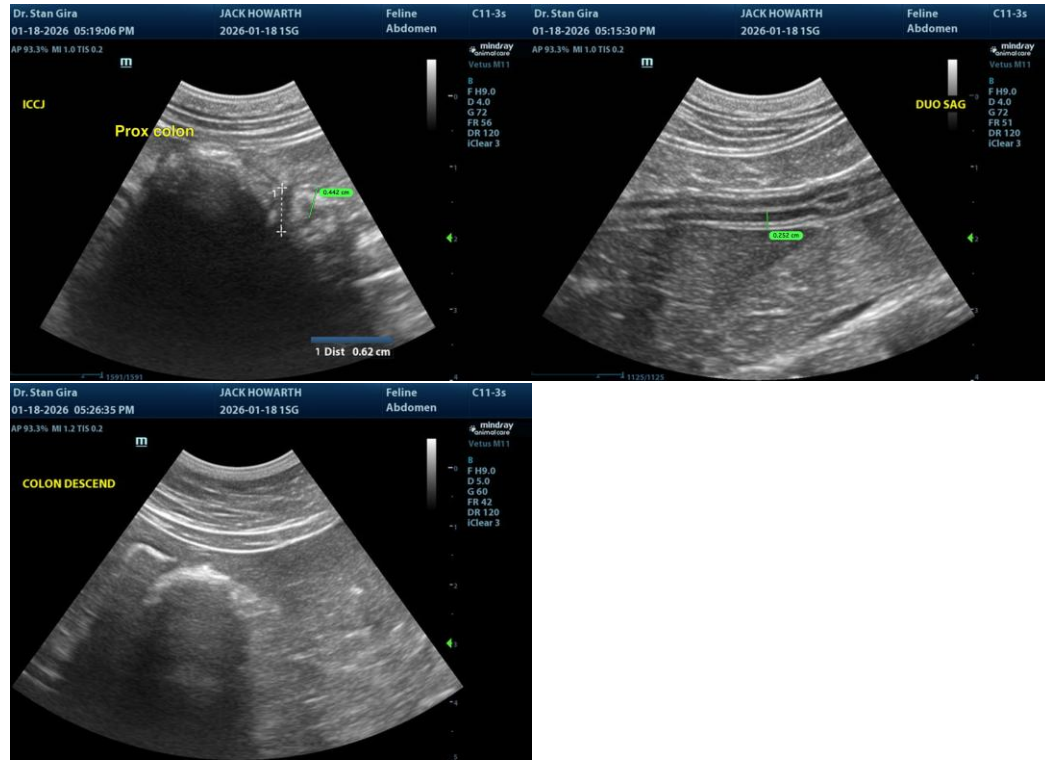
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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