

## PATIENT

Silvestre Rey

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

4 Years

## WEIGHT

14 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Dr. Gabriel Ferrer  
DVM

## HOSPITAL NAME

Pulse Pet Ultrasound  
Services

## REFERRING VET

Dra. Alma Alicea

## INVOICE

13349

## DATE

01/23/26

## PRESENTING CLINICAL SIGNS

- Presented for Vomiting, anorexia, lethargy and fever 104.9F
- Radiographs showed granular material suspected FB as pt has been anorexic
- Vaccines Uo to date
- Pt could have eaten possible parts of a glove

Abnormal PE/Chem/CBC/UA Results: FIV/FELV: neg/neg Radiographs and Bloodwork attached as supporting documents CBC: wnl CHEM: Hyperglycemia U/A: SG: 1.047, glucosuria, proteinuria, leukosuria

## 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 dependent lumen hyperechoic to shadowing sand. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Enlarged 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 pelvic dilation. A prominent hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 5.0 cm in length. The right kidney measured 5.2 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 0.46 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.

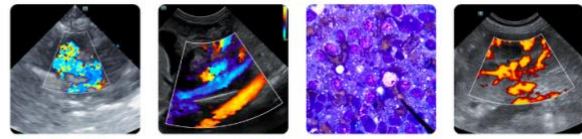
### Spleen

The spleen presented mildly enlarged with mild asymmetrical medial capsule contour and primarily homogenous parenchyma. A solitary mildly expansive medial splenic nodule was present measuring 0.90 cm in diameter. The spleen measured 1.2 cm width level of the mid spleen.

### 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.



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## Gastrointestinal

The stomach presented normal intact wall layering. The stomach contained a mild to moderate amount of nonshadowing ingesta/chyme and lumen gas. No evidence of obstructive pyloric mural pathology or foreign material.

The small intestine presented intact borderline thickened wall with overall maintained wall layer ratio and generalized empty intestinal lumen. No evidence of obstructive pattern or shadowing content to the level of the colon. The duodenum wall measured 0.26 cm width. The jejunum wall measured 0.25 cm width. The ileocolic wall measured 0.28 cm width.

Normal visible colon wall layers were present with semi formed fecal matter in lumen.

## 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.

## Free Abdomen

Intermittent mildly prominent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 1.0 cm in diameter. No evidence of peritoneal effusion.

## ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sand.
- Bilateral renomegaly exhibiting nonspecific renal medullary rim.
- Mild retained nonshadowing gastric ingesta and gas.
- Empty small intestine exhibiting intact mildly thickened wall.
- Mild splenomegaly with mildly expansive splenic nodule.
- Intermittent mild mesenteric lymphadenopathy.
- Semi formed fecal matter in colon.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstruction or shadowing content which would suggest foreign material. The gastric ingesta is most consistent with retained food/chyme. No indication for immediate surgical intervention. Emerging enteropathy or more multicentric disease i.e. FIP, neoplasia, infectious or inflammatory disease may be of concern.

Further assessment may include (assuming normal clotting status and using a 25-gauge needle) splenic parenchyma/nodule and consideration for renal cortex FNA cytology warranted for further clarification. Urine culture and sensitivity and UPC level recommended if non-inflammatory proteinuria. Gastrointestinal support is recommended at this stage, pending additional diagnostics with clinical monitoring. Recheck sonogram if progressive clinical signs.



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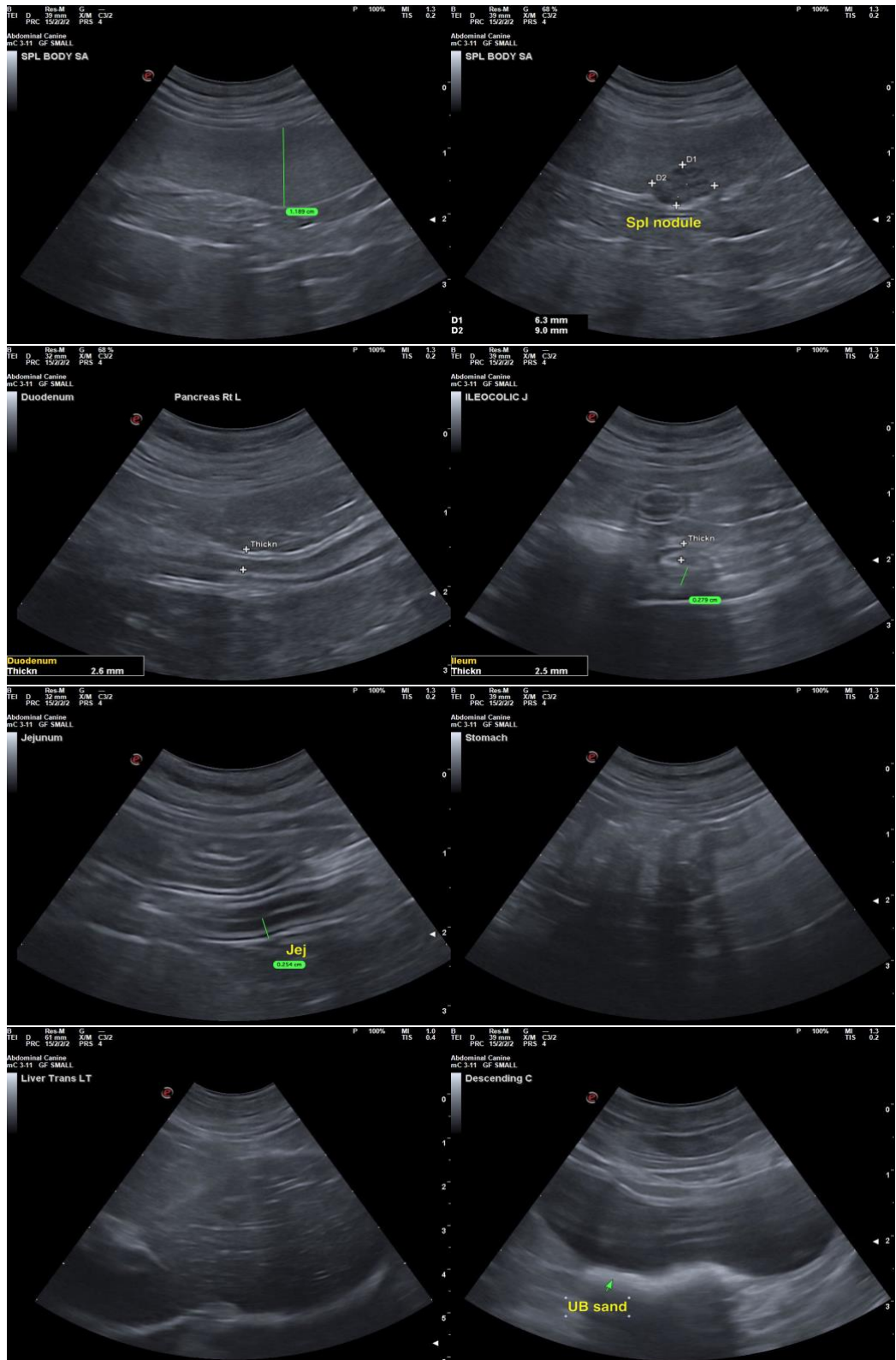
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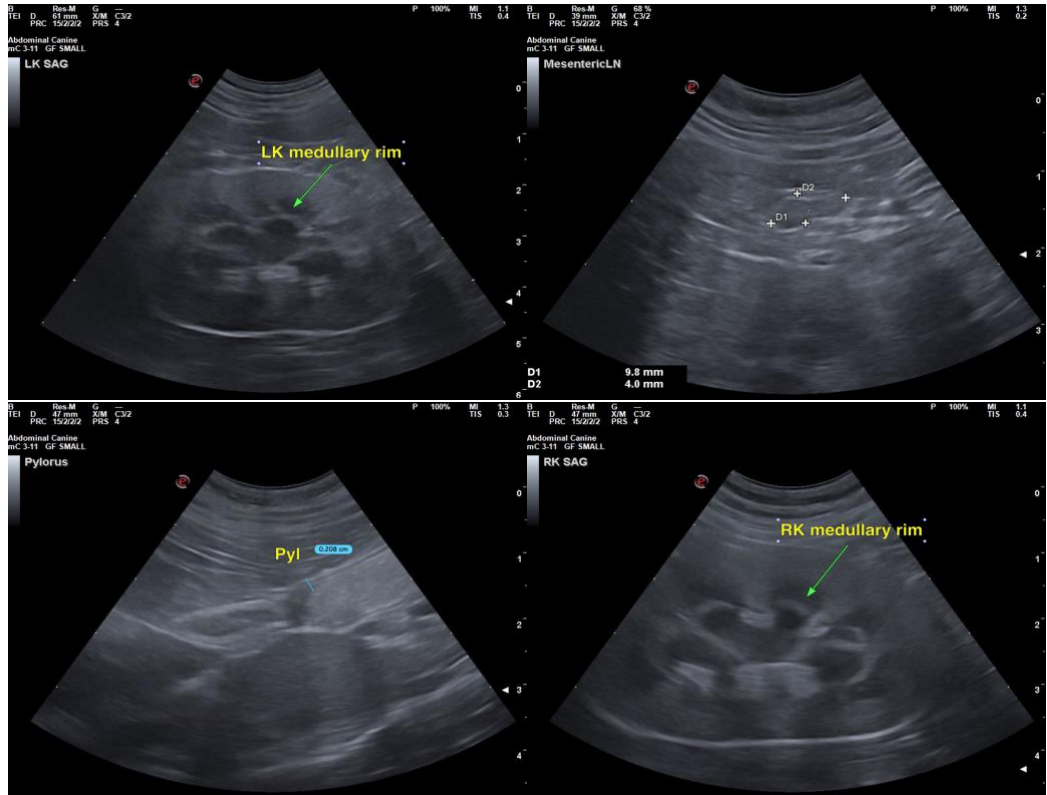
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

[info@SonoPath.com](mailto:info@SonoPath.com)