



PATIENT

Hugo Mousette

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8mo

WEIGHT

5.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Lauren Kuzimski, DVM

HOSPITAL NAME

Animal Emergency
Deland

REFERRING VET

Lauren Kuzimski, DVM

INVOICE

23669

DATE

01/26/2026

PRESENTING CLINICAL SIGNS

- Radiograph report was concerning for possible plication, which may indicate an obstruction - more concerning a linear (which has a higher risk of perforation).
- Patient transferred for u/s due to possible obstruction
- Abnormal PE/Chem/CBC/UA Results: BW declined at this time

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 3.7 cm in length. The right kidney measured 4.0 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 0.35 cm width. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

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. Mild retained primarily non-shadowing ingesta noted in the mid gastric body, extending into the pylorus. Within the non-shadowing pyloric ingesta, two areas of shadowing content were present, measuring ~ 0.8 cm in



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diameter with no evidence of obstructive pyloric mural pathology. Concurrent mild gastric gas was present.

The small intestine presented generalized intact wall layering with maintained muscularis/mucosa ratio. The upper duodenum was empty, measuring 0.2 cm wall width. Segmental descending duodenum and suspect upper jejunal corrugation was present, which may indicate intestinal spasming owing to underlying enteritis. Concurrent duodenal and segmental jejunal ileus with retained variably echogenic non-shadowing ingesta. Concurrent empty jejunal segments likely distal. Within the duodenum, a possible indistinctly visualized linear like hyperechoic echo was present at time frame 1:53:51.

Normal visible colon wall layers were present with apparent formed feces 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

No evidence of peritoneal effusion/peritonitis was present.

A solitary enlarged peri duodenal lymph node was present. This lymph node was homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 1.3 cm x 0.52 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild non-shadowing gastric ingesta / gas with non-obstructive non-specific duodenal shadowing echoes
- Segmental duodenojejunal corrugation/ spasming with duodenojejunal retained non-shadowing ingesta, empty jejunal segments distal
- Suspect focal periduodenal lymphadenitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive area of intestinal mechanical obstruction or definitive linear foreign body was not obvious. Non-specific segmental duodenojejunal enteritis or inflammatory bowel and associated metabolic ileus is possible. A small non-obstructive thread like opacity within the duodenum (time frame 1:53:51) not definitively excluded yet not overtly connected to the pyloric ingesta / shadowing content. Correlation with current clinical signs is recommended. If the patient is exhibiting gastrointestinal signs i.e. inappetence, vomiting, abdominal discomfort, on palpation, etc. exploratory laparotomy with gross inspection of the gastrointestinal tract and potential gastroenterotomy is warranted without overt or definitive mechanical intestinal obstructive criteria.

Hospitalization with 24-hour gastrointestinal support, documented 12-hour fast and sonographic reassessment of the gastrointestinal tract would also be reasonable. If surgery is elected, gastrointestinal biopsies are suggested despite exploratory findings.



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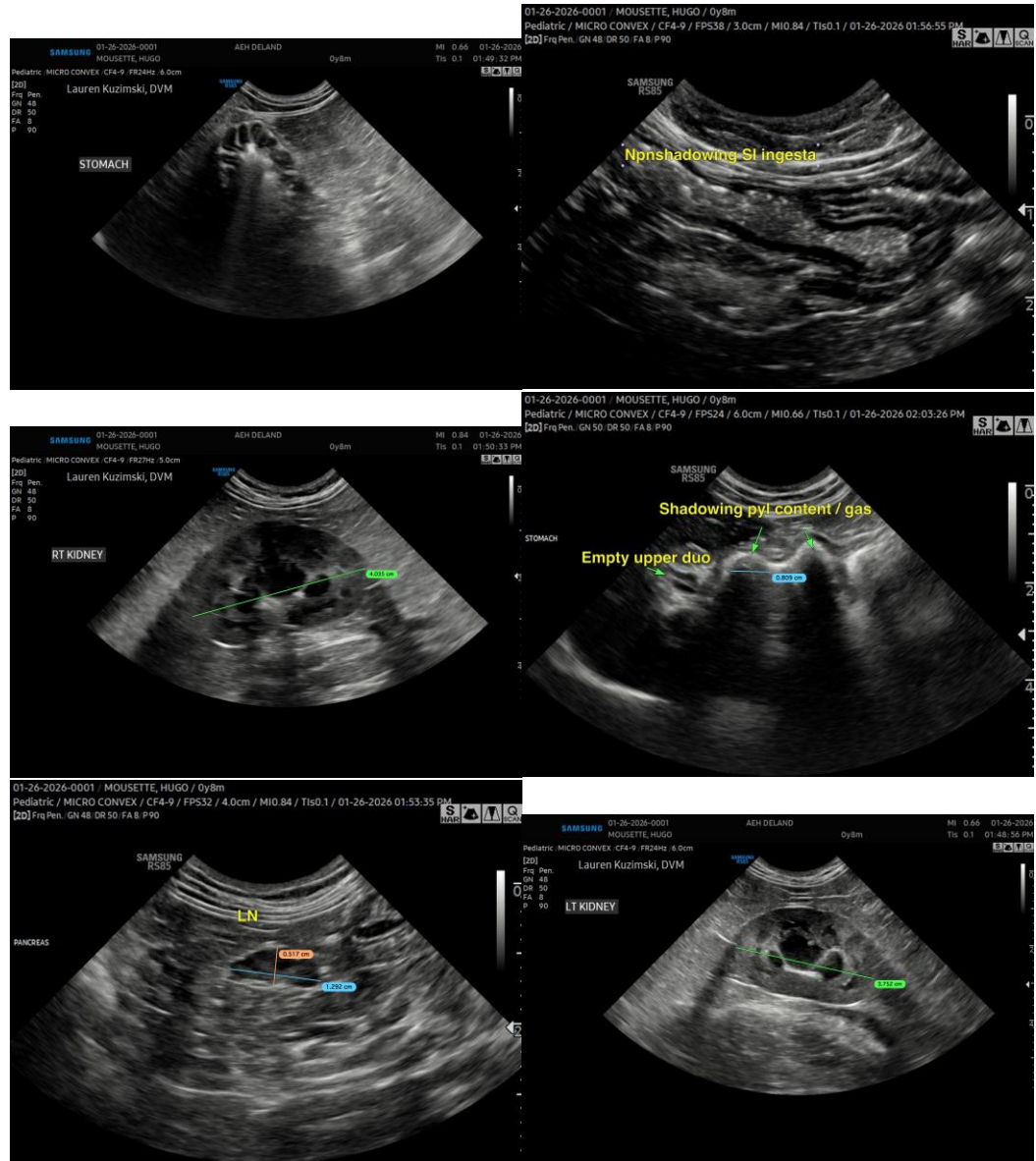
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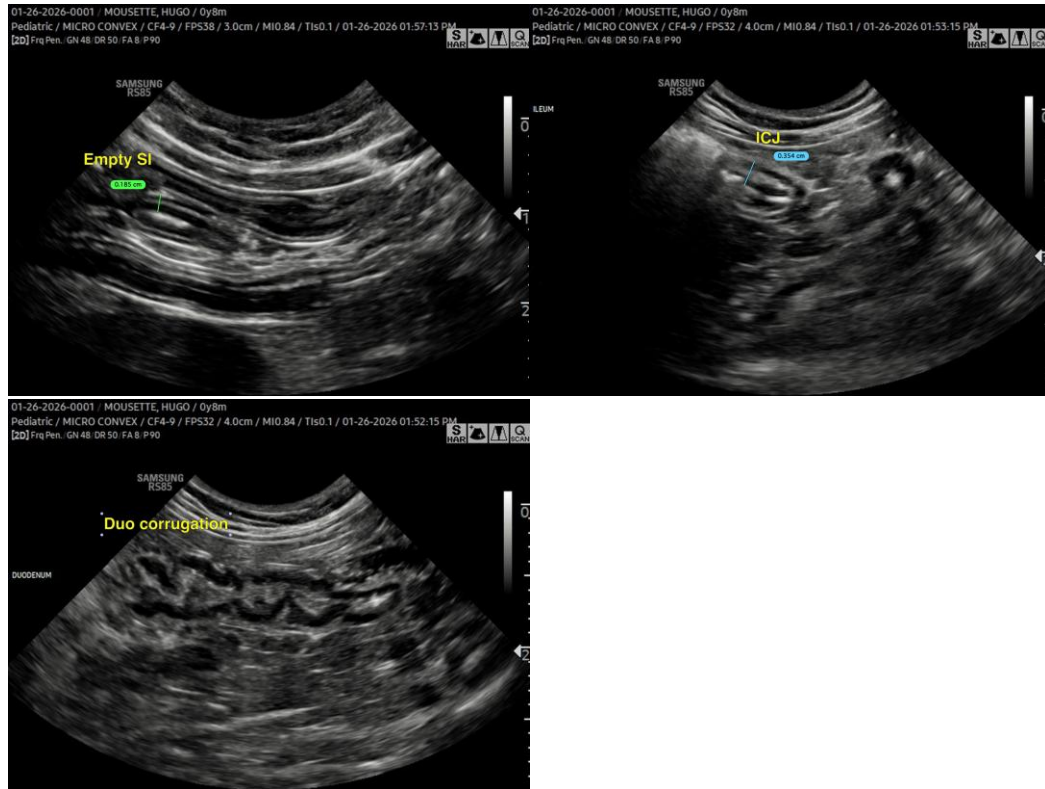
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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