



## PATIENT

Peanut Perrin

## SPECIES

Feline

## BREED

DSH

## SEX

Male Neutered

## AGE

1y 6m

## WEIGHT

10 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenna

## HOSPITAL NAME

Emergency AH Crystal  
Falls

## REFERRING VET

Kirschenbaum

## INVOICE

13129

## DATE

1/26/26

## PRESENTING CLINICAL SIGNS

History:

- Inside feline presented today for vomiting blood. O says a few hrs ago P began to throw up mainly clear at first, but P kept throwing up and it turned into a red tinge and then full blood. P was eating this morning and has had no changes in diet. Environment changed O brought home a new puppy but that is all that has changed. P does not have a HX of eating things we shouldn't and there are no toxic plants in the household.

Abnormal PE/Chem/CBC/UA Results: cbc: wbc 24.32, neu 22.75, hgb 17.1 chem:BUN 52.1, ip 6.9, glu 276

## 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 no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the aortic trifurcation was free of pathology.

The bilateral kidneys were mildly enlarged in size with symmetrical margination. 1:3 cortex/medulla ratio with mild thickened hyperechoic cortex. Adequate corticomedullary border demarcation and medullary volume present. No pyelectasia or evidence of left or right retroperitoneal effusion. The left kidney measured 4.9 cm in length. The right kidney measured 5.3 cm in length.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized with no obvious pathology present.

### 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

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.

### Gastrointestinal

The stomach presented intact mild to variably thickened wall exhibiting primarily intact mural detail. The stomach was non-distended in size containing a mild amount of retained, mildly hyperechoic,



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primarily non-shadowing ingesta. No evidence of obstruction to pyloric outflow. Gastric body wall measured 0.58 cm width and pylorus wall measured 0.54 cm width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild, segmental, non-shadowing ingesta without obstructive pattern to the level of the colon. Duodenum wall measured 0.25 cm and jejunum wall measured 0.24 cm.

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 overt lymphadenopathy or peritoneal effusion was present. Mild perigastric hyperechoic omentum.

## PRIMARY FINDINGS

- Acute gastritis pattern with mild retained, primarily non-shadowing ingesta, mild perigastric reactive omentum
- Normal small intestine with mild segmental non-shadowing intestinal ingesta
- Normal pancreas

## SECONDARY FINDINGS

- Bilateral mild renomegaly exhibiting mild, hyperechoic cortical hypertrophy - nonspecific

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Acute gastritis secondary to unknown gastric toxic insult, dietary indiscretion, infectious disease, etc. with potential for non-sonographically evident ulceration/micro ulceration possible. Occult gastric neoplasia thought unlikely. The primarily non-shadowing gastric ingesta is not consistent with foreign material criteria. The possibility of a small amount of partial fluid absorbing gastric content, i.e. fabric or hairball type density is not definitively excluded yet thought less likely. Initial gastrointestinal support including broad-spectrum gastro protectants and clinical monitoring over the next 24 hours is recommended. Recheck sonogram if persistent or progressive hematemesis. The mildly elevated BUN without reported concurrent creatinine elevation may be secondary to gastric micro ulceration. Although, correlation with urinalysis and monitoring of renal parameters for evidence of emerging nonspecific nephropathy is recommended.



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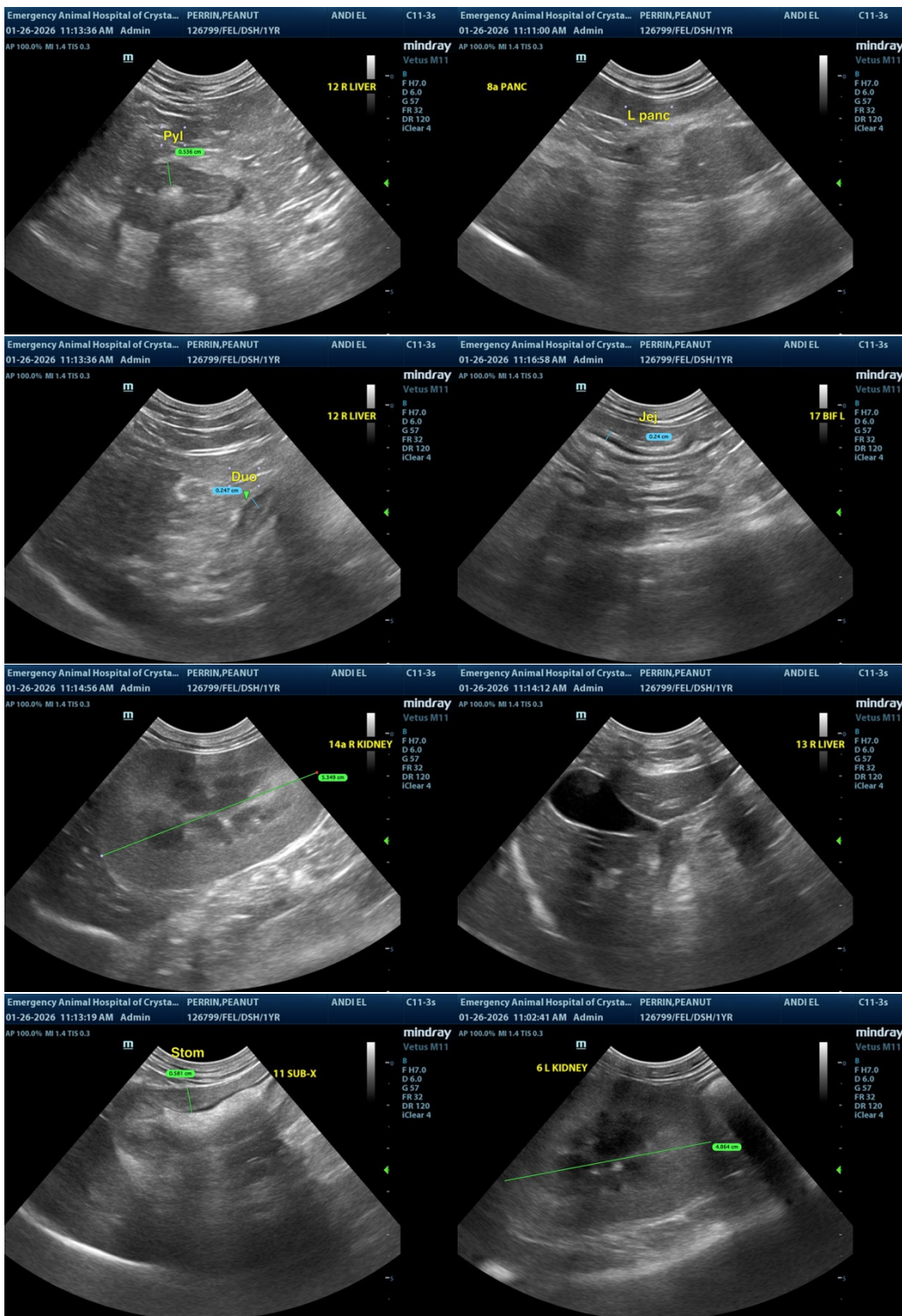
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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