



## PATIENT

Michis Zapata

## PRESENTING CLINICAL SIGNS

- re check u/s from 1/24 suspect pancreatitis/gastroenteritis
- Current meds Panto/Unasyn

## SPECIES

Feline

## 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.

## BREED

DSH

## SEX

MN

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 3.6 cm in length. The right kidney measured 3.9 cm in length.

## AGE

6mo

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

## WEIGHT

10.3

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

### Spleen

## INTERPRETED BY

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

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.

## IMAGING PERFORMED BY

Jenn

### 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.

## HOSPITAL NAME

Rockaway Animal  
Hospital

### Gastrointestinal

## REFERRING VET

Dr Salazar

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic non-shadowing to progressively shadowing ingesta with no signs of obstruction to pyloric outflow.

## INVOICE 23677

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

## DATE

01/27/2026

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



## PATIENT

### *Pancreas*

Michis Zapata

The left pancreas was normal in size and contour with mild heterogeneous parenchyma compared to adjacent omentum.

## SPECIES

### *Free Abdomen*

Feline

No evidence of peritoneal effusion was present.

## BREED

DSH

Focally mildly enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and asymmetrically marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 2.6 cm x 0.72 cm.

## SEX

MN

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Non-shadowing to progressively shadowing gastric ingesta
- Normal empty small intestine
- Persistent mild mesenteric lymphadenopathy- likely suggestive of mild reactive lymphadenitis or hyperplasia
- Mild non-homogenous left pancreas

## AGE

6mo

## WEIGHT

10.3

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with most recent meal ingestion is recommended. If reported NPO or if continued gastrointestinal signs, documented 12 hour fast and sonographic reassessment of the stomach would be indicated. A spec FPL and assessment for cranial abdomen /subxiphoid discomfort on palpation, which may allude to low grade to mild left limb pancreatitis is suggested. No evidence of small intestinal mechanical obstruction pattern. If the patient is currently non-clinical, continued gastrointestinal support and monitoring of gastrointestinal motility would be reasonable.

## INTERPRETED BY

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## REFERRING VET

Dr Salazar

## INVOICE

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## DATE

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**SPECIES**

Feline

**BREED**

DSH

**SEX**

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**AGE**

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**WEIGHT**

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**INTERPRETED BY**

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**HOSPITAL NAME**

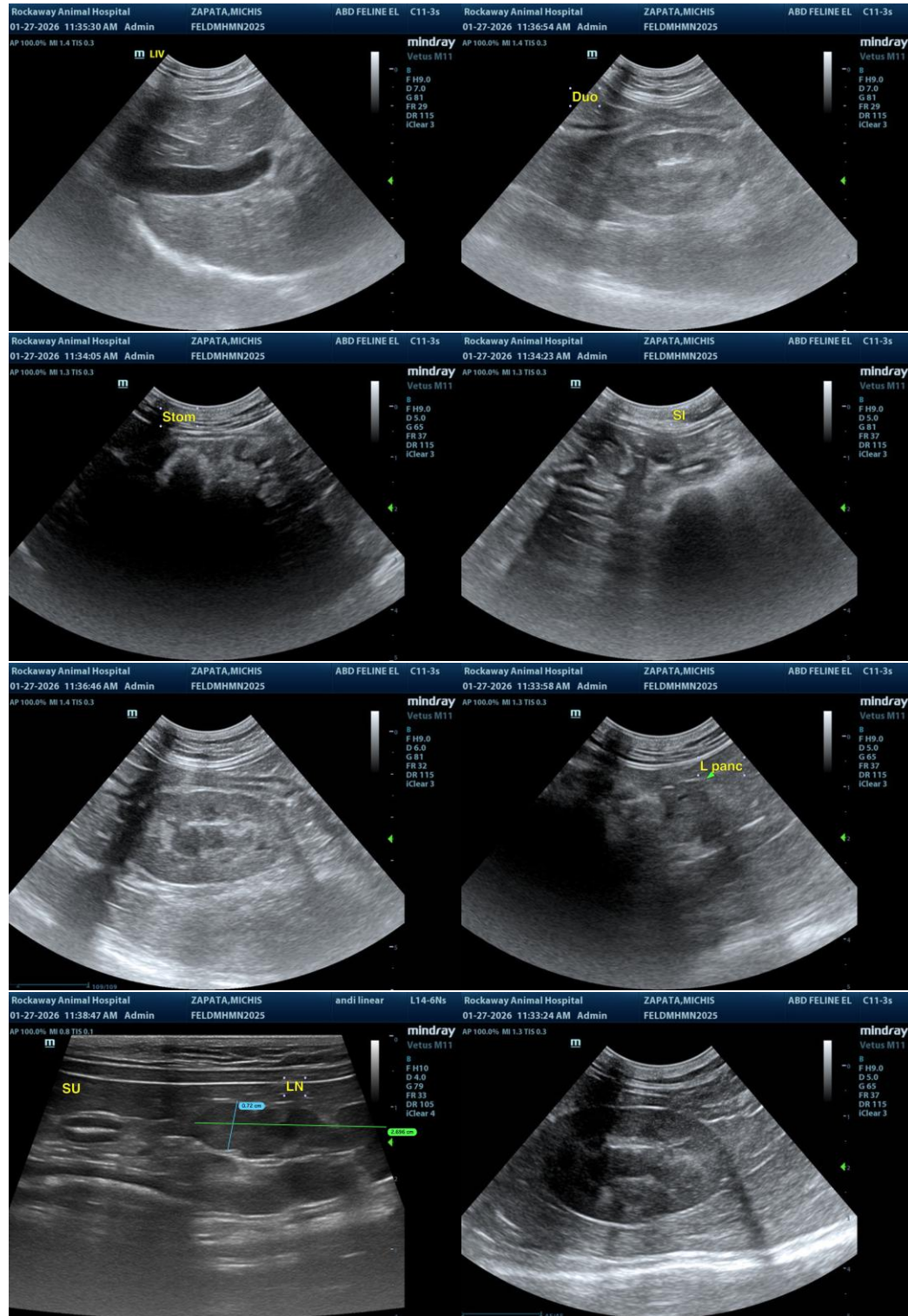
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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.

## SPECIES

Feline

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

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