



PATIENT

Stitch Marzouk

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

3

WEIGHT

17.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sharkawy

HOSPITAL NAME

Union Vet AH

REFERRING VET

Dr Elyas

INVOICE 23435

DATE
01/05/2026

PRESENTING CLINICAL SIGNS

Vomiting brownish for 10 ds once to twice a day Mild Anorexia

Abnormal PE/Chem/CBC/UA Results: Bw- WNL Fpli- NEG

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.

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 4.2 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

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

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 stomach was non-distended containing a mild amount of retained anechoic fluid.

The small intestine exhibited segmental intact normal non-thickened wall and empty intestinal lumen. Concurrent segmentally thickened intact small intestine exhibited combination empty lumen and segmental intestinal ileus. The thickened small intestinal wall measured up to 0.37 cm wall width. A solitary caudal abdomen strongly shadowing intestinal lumen echo potentially measuring 1.5 cm in diameter was present.



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

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Pancreas

The area of the pancreas was sonographically normal.

SPECIES

Free Abdomen

Feline

No visualized overt lymphadenopathy was present.

BREED

Intermittent minor pockets of peritoneal effusion were present.

DSH

Segmental peri-intestinal hyperechoic omentum along mildly thickened dilated intestinal segments.

ULTRASONOGRAPHIC FINDINGS

SEX

Primary

MN

- Normal stomach with mild retained fluid
- Segmental intact thickened small intestine exhibiting empty intestinal segments and segmental intestinal ileus

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- Mid to caudal abdomen strongly shadowing intestinal lumen echo
- Peri-intestinal hyperechoic omentum and minor peritoneal effusion.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The strongly shadowing intestine lumen echo is consistent with foreign body. The thickened intestinal segments may indicate associated or secondary inflammatory change although concurrent underlying primary intestinal disease i.e. IBD, neoplasia, FIP, etc. cannot be definitively excluded. Given segmental intestinal ileus consistent with obstructive pattern, exploratory laparotomy with gross inspection of the gastrointestinal tract, expectation toward enterotomy and with intestinal biopsies considered essential to assess for underlying intestinal disease is recommended. The possibility of additional non-visualized intestinal foreign body is not definitively excluded.

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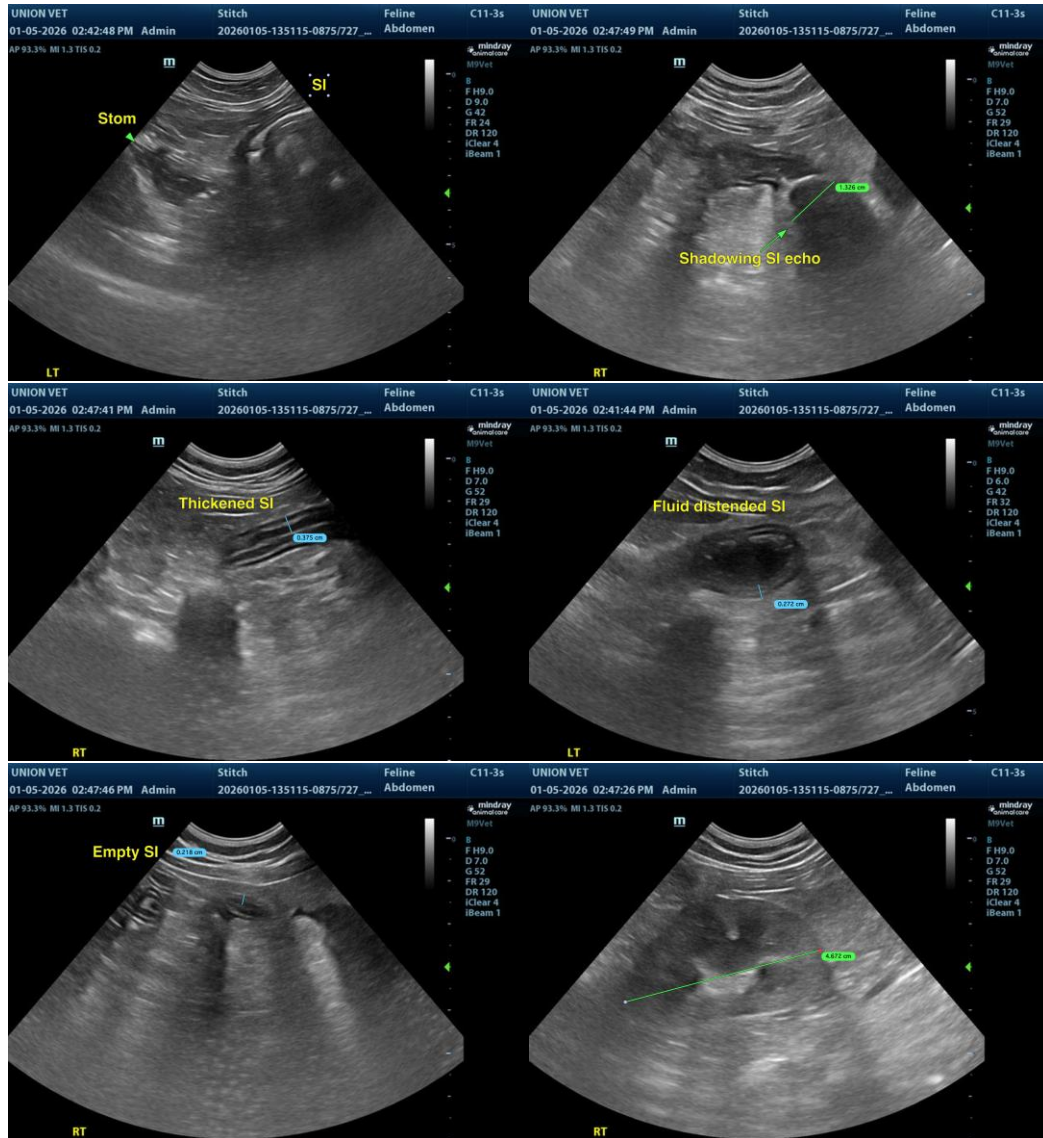
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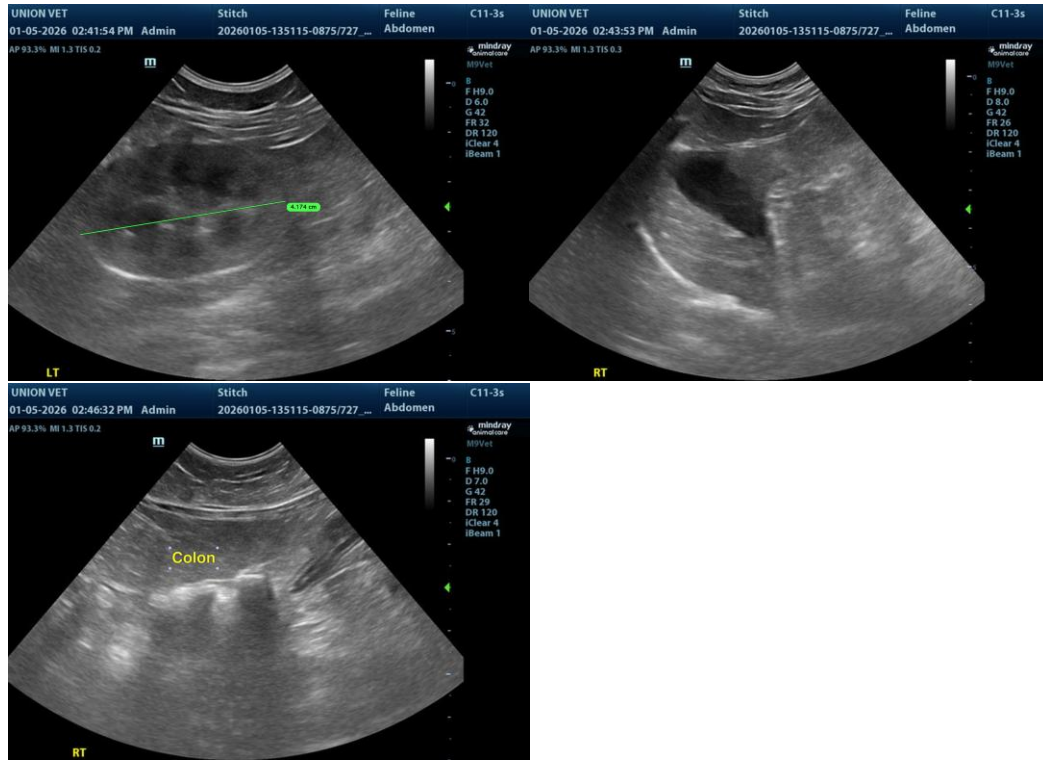
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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