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FOSTERING THE ART OF VETERINARY MEDICINE™

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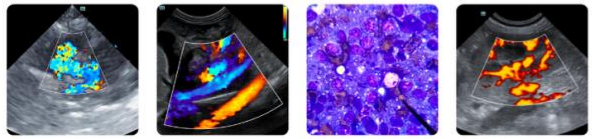


Clinical Sonography & Telecytology

Educational Teleconsultation Services™

PATIENT

Bodhi Selvaggio

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3 Years 8 Months

WEIGHT

9.13

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Celia Galanti DVM

HOSPITAL NAME

Craig Road Animal Hospital

REFERRING VET

Dr. Lutz DVM

INVOICE

12997

DATE

01/07/2026

PRESENTING CLINICAL SIGNS

Bodhi is a 3 year 8 month old MN DSH that presented for multiple episodes of vomiting and inappetence. Owner thinks he has not eaten in at least 4 days. Unsure if he is peeing or pooping because it is a multi-cat household. Indoor only and other cat is not sick. Owner reports that he drank bath water recently and might have gotten into children's toys but is unsure. Repeat abdominal radiographs: static from yesterday Interpretation from yesterday: Summary of findings Generalized, moderate dilation of the gastrointestinal tract. No evidence of mechanical ileus, abnormal small intestinal distribution, or radiopaque foreign body is identified. Interpretation These findings are most consistent with an inflammatory etiology, such as gastroenterocolitis, triaditis, or dietary indiscretion.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Nondependent particulate mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal 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. The left kidney measured 4.0 cm in length. The right kidney measured 4.0 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 0.42 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width.

Spleen

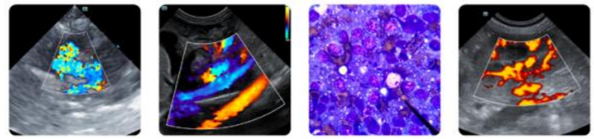
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder

The liver presented normal in size with mild subjective hypoechoic parenchyma. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. Mild increased prominence of portal vascular borders.

The gallbladder was non distended in size with minor biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained moderate retained anechoic fluid with mild echogenic chyme. The stomach wall measured 0.30 cm wall width. No obvious visualized obstruction to the pyloric outflow. A small amount of indistinctly visualized shadowing content was present.

The small intestine presented with primarily diffuse intestinal ileus with overall intact mildly hypoechoic intestinal wall. A subjective linear echo was present in several images of the duodenum with mild associated duodenal corrugation. The jejunum contained indistinctly visualized segmental hypoechoic content.

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

Pancreas

The pancreas was mildly prominent in size with normal contour and isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Intermittent mildly enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. Minor pockets of peritoneal effusion were present with mild peri-intestinal hyperechoic omentum.

ULTRASONOGRAPHIC FINDINGS

- Hypomotile gastritis pattern with retained fluid and indistinct shadowing content.
- Acute enteropathy exhibiting primarily generalized intestinal ileus with subjective linear hypoechoic echo- linear foreign body versus mucus.
- Suspect intermittent mild mesenteric lymphadenitis.
- Mildly prominent heterogenous pancreas.
- Subjective mildly hypoechoic liver with mild gallbladder debris.
- Scant peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although potential for acute nonspecific gastroenteritis with metabolic gastrointestinal ileus, retained ingesta and segmental duodenal mucus i.e. dietary intolerance, infectious disease, enterotoxin, inflammatory bowel episode, etc. Primary concern for a small amount of indistinct gastric foreign material and duodenal linear foreign body is warranted. In conjunction with patient's clinical signs, exploratory laparotomy with gross inspection of the gastrointestinal tract and with gastrointestinal biopsies is considered essential and recommended. Potential mild concurrent pancreatitis is not excluded. Occult to emerging gastrointestinal neoplasia is thought less likely. Hospitalization with gastrointestinal support, documented 12-hour fast and sonographic reassessment of the gastrointestinal tract would be a more conservative approach.

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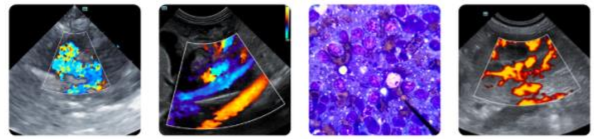

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Rt Adrenal

Rt Kidney

Subj linear echo
Duodenum

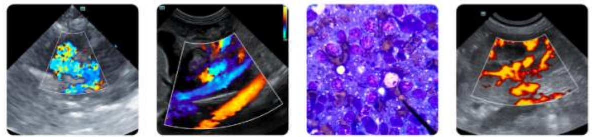
Subj linear echo
Duodenum

Gallbladder

Stomach

Jej ileus
Small Intestine

Lt Liver
Mild shadowing stom content



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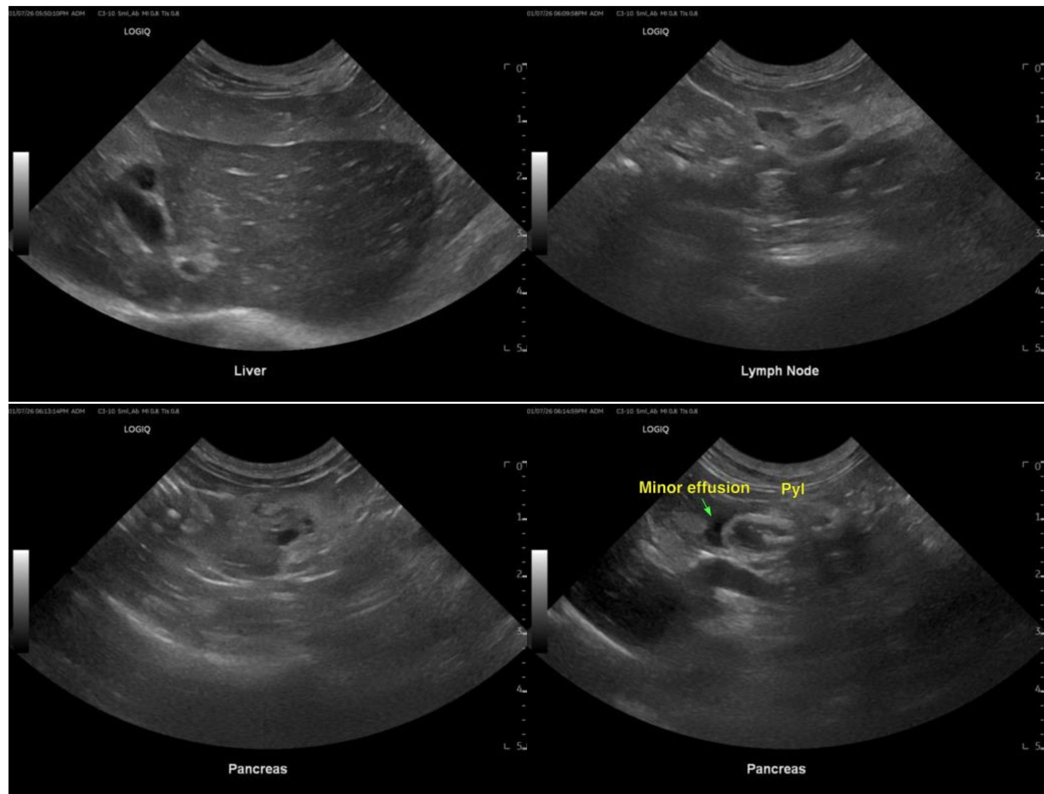

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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