



## PATIENT

Corneila Alonso

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

3yr

## WEIGHT

6.96kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Lindsay Powell, CVT

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Shally Gastelu

## INVOICE

22961

## DATE

11/17/2025

## PRESENTING CLINICAL SIGNS

Presents for progressive 3 day history of vomiting and anorexia. Prone to ingesting carpet fibers and string. - Vomiting: initially processed food, then kibble pieces, progressing to foam. - Appetite: hyporexia; refuses to eat or drink unless enticed, progressed to anorexia. PE:Overweight Sublingual clear, nonpainful abdomen, euhydrated

Abnormal PE/Chem/CBC/UA Results: CBC: K 3.1 L Chem15: WNL CBC: NSF q-CPL: WNL Abd rads Conclusion: 1. Small amount of gastric content has the appearance of frothy fluid and may support gastritis given the reported vomiting.; However, GI foreign material cannot be differentiated radiographically and is also a concern There is no evidence of small intestinal foreign material or mechanical obstruction. 2. Lobulated splenic margin may represent benign etiologies like sedation, EMH, or lymphoid hyperplasia. Inflammatory infectious splenitis or splenic neoplasia are less likely but cannot be entirely ruled out. 3. Mild bilateral coxofemoral and stifle osteoarthritis Consider recheck fasted abd rad following medical management in 6 to 8 hours to monitor for aboral passage of the gastric content vs AUS.

## 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 non-dependent mild to moderate particulate sediment. 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 4.4 cm in length. The right kidney measured 4.4 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 0.42 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width.

### Spleen

The spleen exhibited mild enlargement (1.1 cm in width at mid spleen) with minor asymmetrical contour. Overall, finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. No visualized masses or nodules were present.

### 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.



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## Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a mild amount of variably echogenic, primarily non-shadowing to minor distal progressively shadowing ingesta. No evidence of obstruction to pyloric outflow. The pylorus wall measured 0.24 cm in width.

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. The duodenum wall measured 0.26 cm width. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.33 cm width.

Normal visible colon wall layers were present. Generalized formed fecal matter with strongly shadowing fecal matter in the proximal colon.

## Pancreas

The parenchyma of the left 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 was present.

Intermittent enlarged gastric and colic 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 present. An example of lymph node size was 0.94 cm in diameter.

Non-specific hyperechoic cranial abdomen to perigastric omentum was present.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Overall, structurally normal gastrointestinal tract with primarily non-shadowing to minor distal shadowing gastric ingesta
- Sonographically normal area of left pancreas
- Mildly enlarged non-homogenous gastric and colic lymphadenopathy with non-specific cranial abdomen to peri-ileocolic hyperechoic omentum
- Mild non-specific splenomegaly- incidental hyperplasia, hematopoiesis, inflammation, sedation, neoplastic criteria felt less likely
- Urinary bladder sediment

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric ingesta is sonographically suggestive of food echogenicity without overt evidence of gastrointestinal foreign material or obstructive pattern. Possible small amount of passed foreign material within the proximal colon given patient history or minor persistent non-obstructive intermixed foreign material within the stomach felt less likely yet not definitively excluded.

Gastrocolic lymphadenitis, potentially secondary to more generalized inflammatory bowel episode without evidence of mural changes may be suspected.



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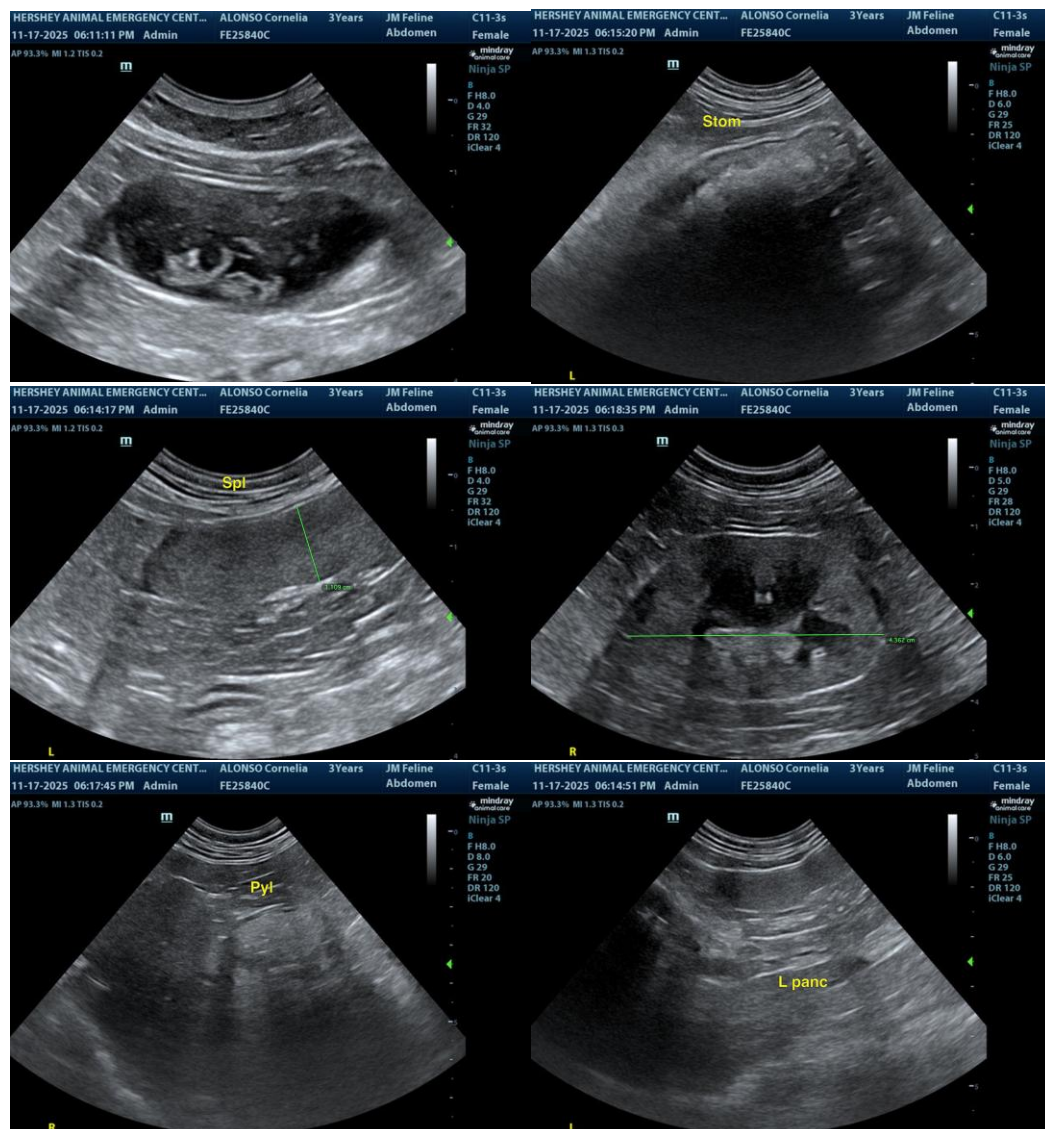
**DATE**

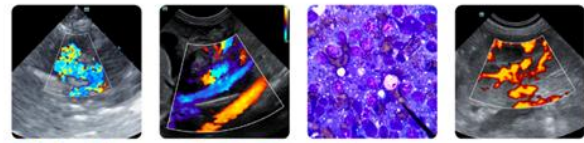
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Concurrent non-obvious pancreatitis may be indicated if cranial abdomen discomfort on palpation in the area of the right cranial abdomen hyperechoic omentum is present. No indication for immediate surgical intervention. Gastrointestinal support, empirical therapy for suspect gastrocolic lymphadenitis, documented 12 hour fast and sonographic reassessment of the gastrointestinal tract pending clinical monitoring is recommended.

If patient was not sedated and assuming normal clotting status, using a 25g needle, a splenic FNA for screening cytology could be considered primarily to ensure only benign changes are present.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.





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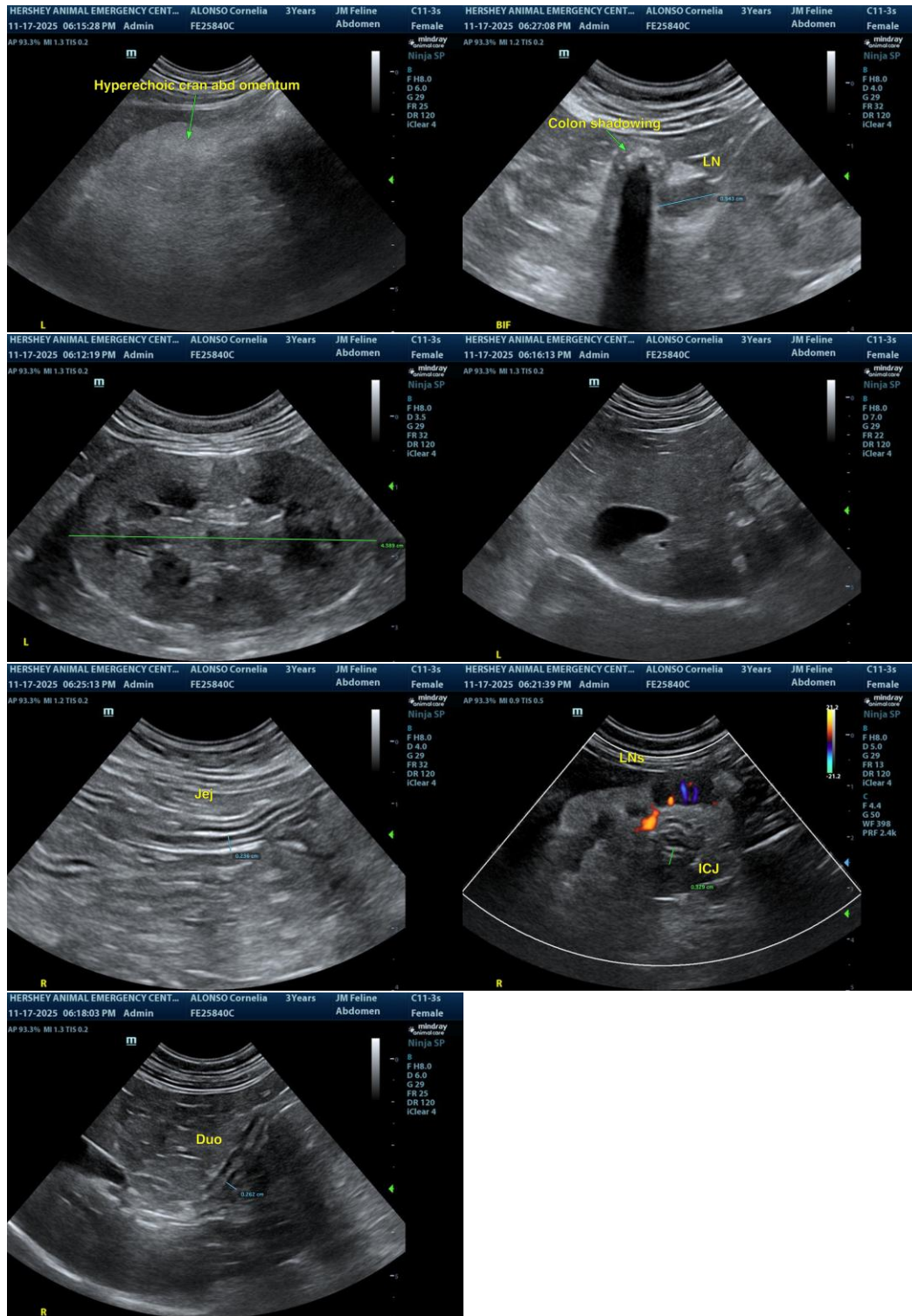
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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.

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

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