



PATIENT

Alice Splihte

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4

WEIGHT

13

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

12320

DATE

11/19/25

PRESENTING CLINICAL SIGNS

anorexia, vomiting

Abnormal PE/Chem/CBC/UA Results: HCT 54.8%

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 change were noted.

The area of the aortic trifurcation was free of pathology.

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 3.8 cm in length. The right kidney measured 3.8 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 0.46 cm width.

No obvious pathology in the area of the right adrenal gland.

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 wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild pyloric gas and with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with maintained wall layer ratio. Nonthickened intestinal wall. Segmental to primary generalized mild intestinal ileus to the level of the colon. Small intestine wall measured 0.30 cm width.



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Normal intact visible colon wall layers were present. The colon exhibited mild generalized distention with nonformed fecal matter.

Pancreas

The left pancreas exhibited normal size and contour with mild homogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

No visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Empty stomach with mild pyloric gas.
- Acute nonspecific enteritis exhibiting primarily generalized mild intestinal ileus.
- Generalized mild colon distention with nonformed fecal matter.
- Possible mild left limb pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, infectious disease, enterotoxic insult, acute inflammatory bowel or emerging IBD, occult parasitism in conjunction with possible mild pancreatitis are all potentials. No overt evidence of mechanical intestinal obstruction or neoplastic criteria which is thought less likely. Hospitalization with 24-48 hour gastrointestinal support and clinical monitoring is recommended. Sonographic reassessment is indicated if nonresponsive or persistent gastrointestinal signs. Correlation with a spec fPL or a full GI panel to include PLI, TLI, cobalamin and folate may be considered.





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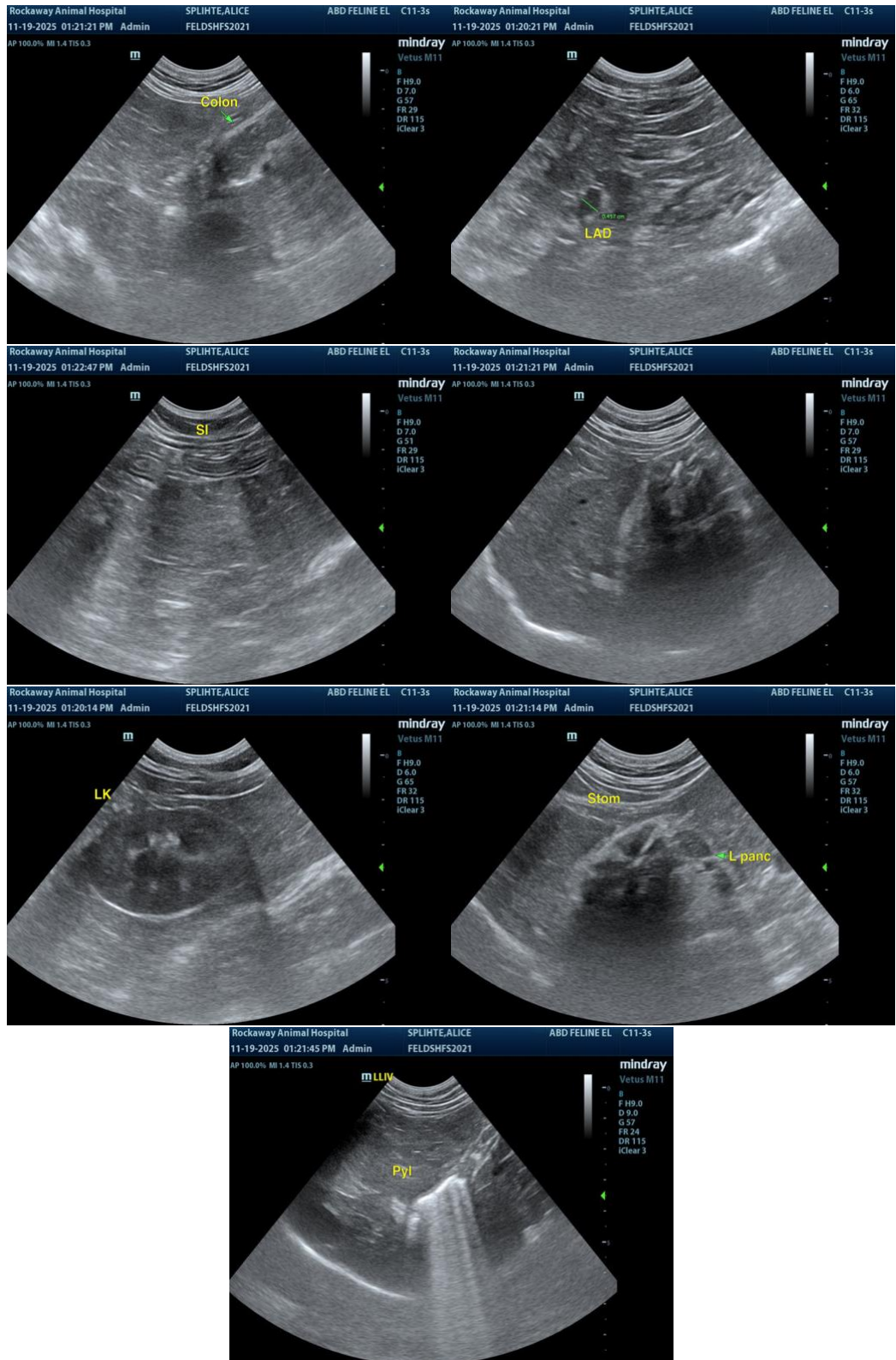
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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