



## PATIENT

Bean Calabrese

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

1

## WEIGHT

12.5

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway AH

## REFERRING VET

Dr. Schiess

## INVOICE

10380

## DATE

11/20/25

## PRESENTING CLINICAL SIGNS

decreased appetite , vomiting brown liquid with artificial pine needles

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or 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.

No evidence of pathology in the area of the aortic trifurcation.

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

### *Adrenal Glands*

No overt pathology was noted in the area of the left or right 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. 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 normal intact wall layering. The stomach was overall nondistended containing a mild amount of mild irregular strongly shadowing content without overt evidence of obstruction to pyloric outflow.

The visualized segments of small intestine presented intact wall layering with normal 1:3 muscularis/mucosa ratio and empty intestinal lumen. There is no definitive evidence of small intestinal mechanical / metabolic ileus.



**PATIENT**

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

Bean Calabrese

**Pancreas**

**SPECIES**

The left pancreas was normal in size and contour with homogeneous mildly hypoechoic parenchyma compared to adjacent omentum.

Feline

**Free Abdomen**

**BREED**

No overt lymphadenopathy or peritoneal effusion was present.

DSH

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Nondistended stomach with strongly shadowing irregular content

MN

- Sonographically unremarkable empty visualized small intestine

**AGE**

- Non-enlarged, mildly hypoechoic left pancreas

1

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

12.5

In conjunction with patient history, the irregular to strongly shadowing gastric content is most consistent with mild nonobstructive gastric foreign material. Definitive evidence of foreign material or obstructive pattern within the small intestine was not visualized. Exploratory laparotomy with expectation towards gastrotomy, gross inspection of the gastrointestinal tract, and consideration for gastrointestinal biopsies despite exploratory findings is recommended.

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Possible mild low-grade concurrent left limb pancreatitis is not excluded, yet sonographically did not appear to be significant.

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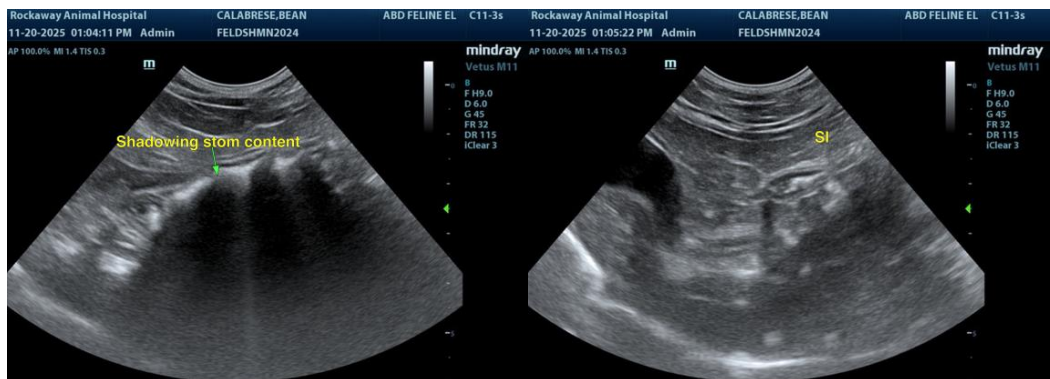
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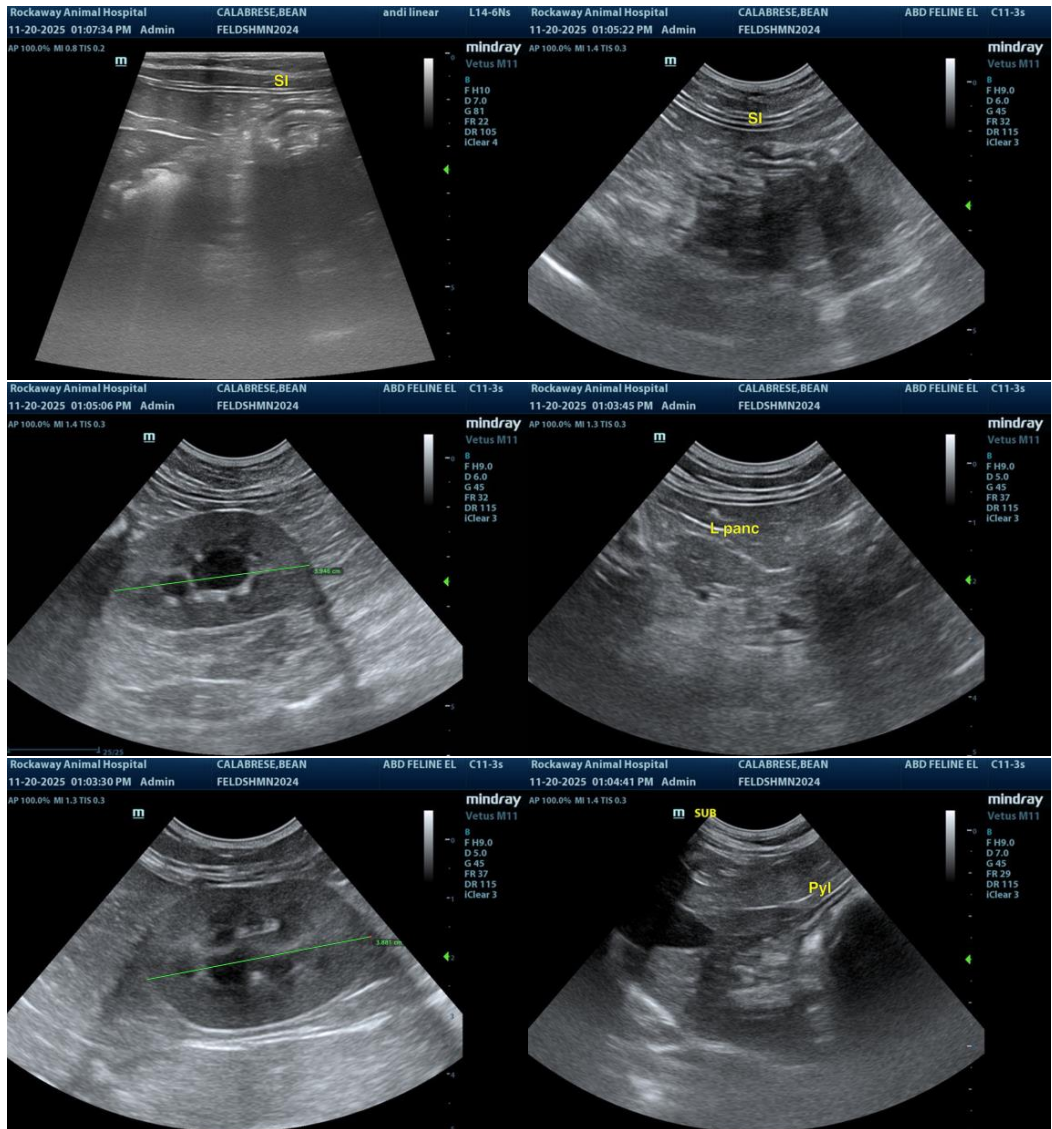
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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