



## PATIENT

Charlie Sanchez

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

2

## WEIGHT

11.24lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Quinn Robinson, RVT

## HOSPITAL NAME

Hess Ridge Animal  
Hospital

## REFERRING VET

Kevin Frint, DVM

## INVOICE

22862

## DATE

11/06/2025

## PRESENTING CLINICAL SIGNS

Acute episode vomiting and inappetence, concern for possible GI FB on abdominal radiographs

Abnormal PE/Chem/CBC/UA Results: none performed tense on abdominal palpation but no obvious FB palpated

## 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 4.0 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 0.38 cm width. The right adrenal gland was not definitively visualized, no overt 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/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 visible wall. The stomach exhibited marked distension with retained primarily anechoic fluid and minor nonspecific hyperechoic non-shadowing content.

The small intestine presented intact visible wall layering. The intestine exhibited segmental fluid dilation and indistinct plication with suspect associated linear intestinal lumen echo within fluid dilated



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to plicated intestinal segments. Concurrent empty small intestinal segments likely distal to the fluid dilated to plicated intestinal segments also present.

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

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### *Pancreas*

The parenchyma of the left limb, body and right 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.

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### *Free Abdomen*

No visualized overt lymphadenopathy or peritoneal effusion was present.

## SEX

Mild perigastric to peri intestinal hyperechoic omentum present.

## MN

## ULTRASONOGRAPHIC FINDINGS

### Primary

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- Marked fluid dilated stomach with nonspecific hyperechoic gastric content.
- Segmental fluid dilated to indistinct plicated intestine with suspect associated lumen hyperechoic echo
- Concurrent empty small intestinal intestine segments likely distal

## WEIGHT

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall gastrointestinal tract meets obstructive criteria given degree of gastric fluid distention and combined fluid dilated to plicated intestinal segments and empty intestinal segments. An intestinal linear foreign body is highly suspected while potential anchorage within the stomach lumen cannot be definitively excluded. Regardless, exploratory laparotomy with gross inspection of the gastrointestinal tract, expectation toward enterotomy and potential gastrotomy with gastrointestinal biopsies considered despite exploratory findings is indicated.

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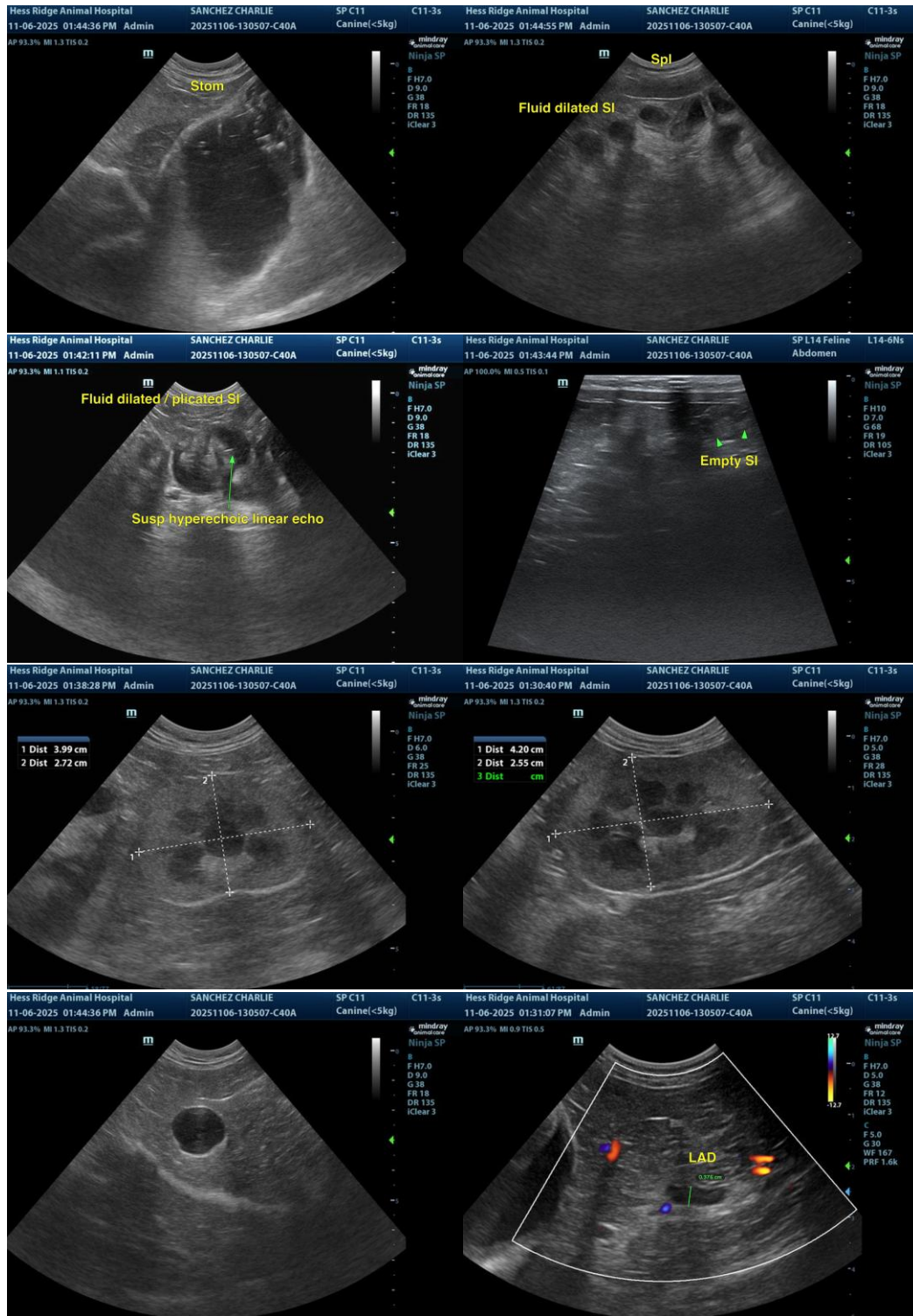
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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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