



## PATIENT

Citra Kniep

## SPECIES

Feline

## BREED

Norwegian Forest  
Cat

## SEX

Female

## AGE

5

## WEIGHT

11.58

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Adrienne Hou

## HOSPITAL NAME

Marina Village  
Veterinary &  
Integrative Care

## REFERRING VET

Adrienne Hou

## INVOICE

10317

## DATE

11/6/25

## PRESENTING CLINICAL SIGNS

Inappetence for the past few days. Treated for vomiting at the emergency clinic 2 days ago. Abdominal ultrasound at that time showed no obstructive pattern and choleliths. O observed pet vomiting out, then swallowing thread-like material (possibly dental floss) prior to bringing her to the emergency clinic. CBC, chemistry panel unremarkable at that time. No vomiting for the past 2 days but pet is lethargic. Indoor only.

Abnormal PE/Chem/CBC/UA Results: PE: QAR, tacky mucous membranes, moderate formed stool in colon, tense on palpation of mid-abdomen.

## 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 minor urine sediment. 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 3.4 cm in length. The right kidney measured 3.8 cm in length.

### Adrenal Glands

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 cm width and the right adrenal gland measured 0.32 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 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. Lobar to biliary tree mineralization was noted.



<b>PATIENT</b>	The gallbladder was mildly distended in size with gravity-dependent to peripheral lumen mineralized sediment to small choleliths. Dilated cystic and generalized common bile duct was noted to the level of the duodenum. Small bile duct calculi were present with an example measuring 0.54 cm diameter. Definitive obstructive pathology at the level of the duodenal papilla was not obvious yet not excluded.
Citra Kniep	
<b>SPECIES</b>	<b><i>Gastrointestinal</i></b>
Feline	The stomach presented intact normal wall layering. The stomach exhibited mild to moderate retained primarily nonshadowing ingesta. Within the nonshadowing ingesta, a strongly shadowing echo was present, measuring ~2.0 cm in diameter. No overt obstruction to pyloric outflow.
<b>BREED</b>	
Norwegian Forest Cat	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty. There is no evidence of mechanical / metabolic ileus to the level of the colon.
<b>SEX</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Female	
<b>AGE</b>	<b><i>Pancreas</i></b>
5	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 were evident.
<b>WEIGHT</b>	<b><i>Free Abdomen</i></b>
11.58	No overt lymphadenopathy or peritoneal effusion was present.
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"><li>Retained gastric ingesta and strongly shadowing lumen echo</li><li>Lobar biliary tree mineralization</li><li>Generalized gallbladder and common bile duct dilation with gallbladder and common bile duct mineral / small calculi</li><li>Normal empty small intestine</li></ul>
<b>IMAGING PERFORMED BY</b>	
Adrienne Hou	
<b>HOSPITAL NAME</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Marina Village Veterinary & Integrative Care	Although nonspecific, the strongly shadowing yet not overtly obstructive gastric lumen echo is suggestive of foreign material, i.e., hairball-type density or similar. The hepatobiliary presentation including gallbladder and common bile duct calculi with common bile duct dilation may indicate underlying inflammation i.e., cholangiohepatitis with potential for emerging post hepatic obstruction not excluded. Correlation with recheck CBC and chemistry panel is recommended. There is no evidence of concurrent small intestinal obstructive pattern, intestinal plication, or foreign material.
<b>REFERRING VET</b>	Exploratory laparotomy with gastric evacuation via gastrotomy, gross inspection of the gallbladder and common bile duct to the level of the duodenal papilla is recommended.
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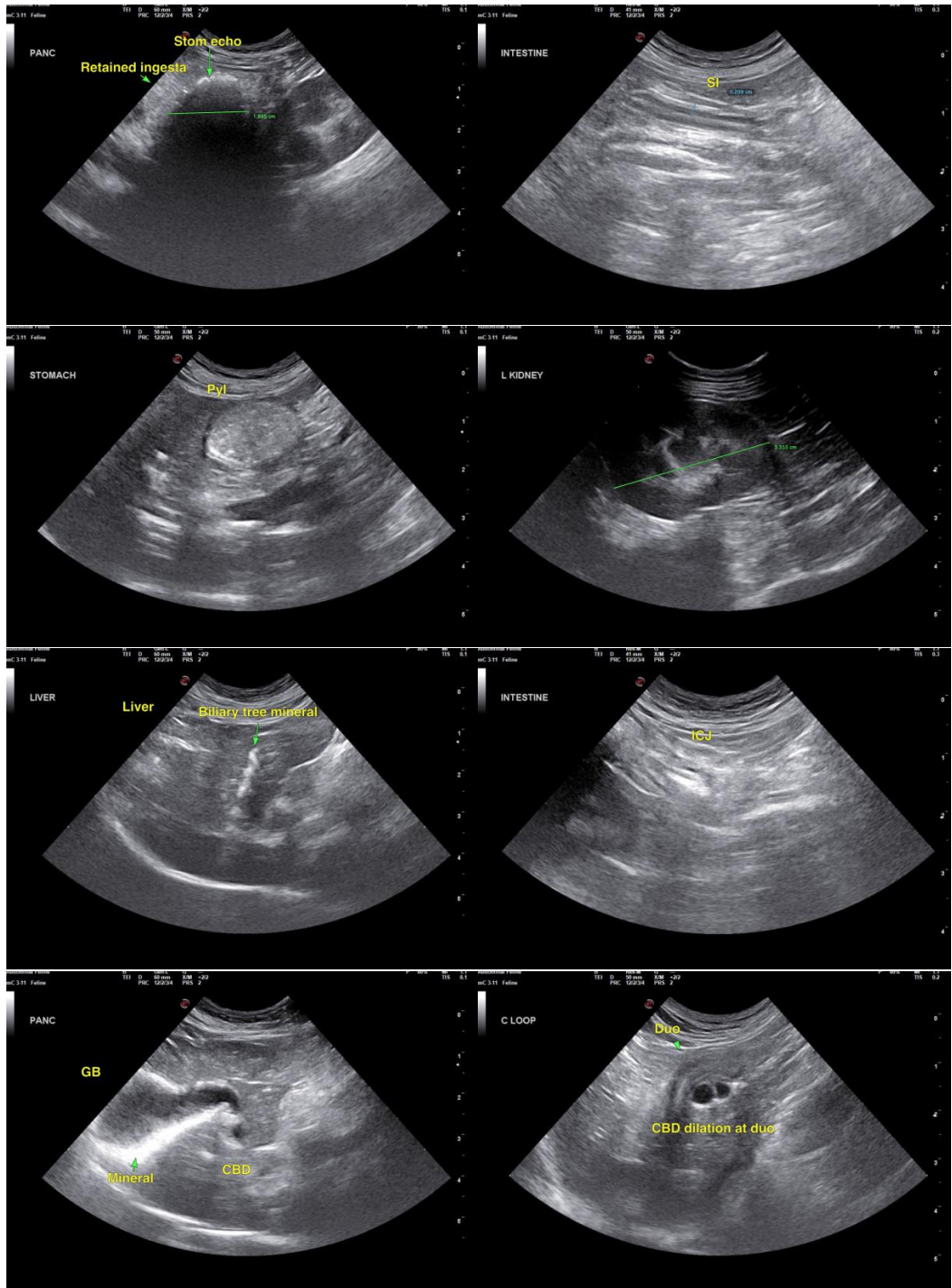
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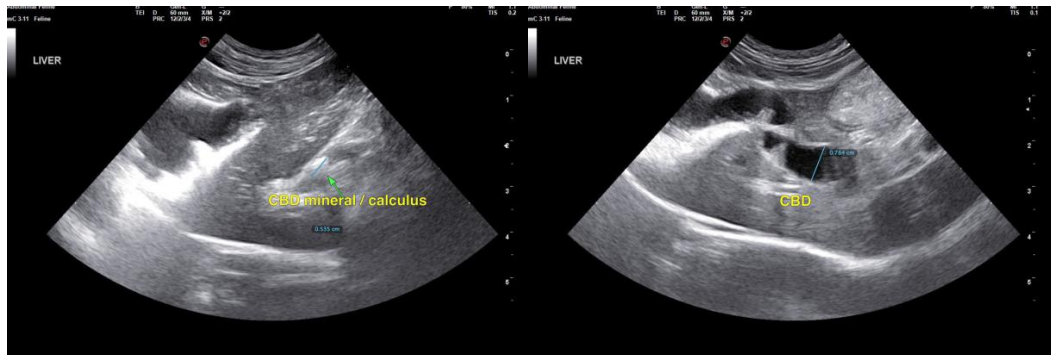
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)**  
[info@sonopath.com](mailto:info@sonopath.com)