



PATIENT

Turkey Dorjee

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

8

WEIGHT

9.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sharkawy

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr SHarkawy

INVOICE

23212

DATE

12/10/2025

PRESENTING CLINICAL SIGNS

Chronic vomiting for the last three ws Good Bowel movement

Abnormal PE/Chem/CBC/UA Results: GI panel- pending Comp. Diarrhea panel- pending Recent BW- WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent to accumulated, particulate to hyperechoic 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 3.8 cm in length. The right kidney measured 4.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral 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. 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 mildly thickened wall layering. The ventral gastric body wall measured 0.38 cm in width. The stomach was non-distended containing a mild amount of non-shadowing chyme and fluid with no overt obstruction to pyloric outflow.



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The upper duodenum exhibited mildly thickened wall with the duodenum wall measuring 0.33 cm in width. The visualized jejunum exhibited intact wall layering, maintained wall layer ratio and empty lumen. The jejunum wall measured 0.20 cm in width.

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

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Pancreas

The pancreas exhibited subjective mild prominent size, mild capsule asymmetry and homogenous mildly hypoechoic parenchyma compared to adjacent omentum.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Mildly thickened stomach and upper duodenum with mild retained gastric fluid / chyme.
- Possible mild pancreatitis.

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Secondary

- Mild urine sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal mechanical obstruction or foreign material. The mildly thickened stomach and upper duodenum may indicate inflammatory, infectious, granulomatous or considered less likely emerging neoplastic etiologies. Correlation with pending diagnostics is recommended. Canned, bland or hydrolyzed diet, as needed gastric protectants and consideration for empirical helicobacter coverage with clinical and as needed sonographic monitoring may prove beneficial. Upper gastrointestinal endoscopy may be indicated if non-responsive or progressive clinical signs.

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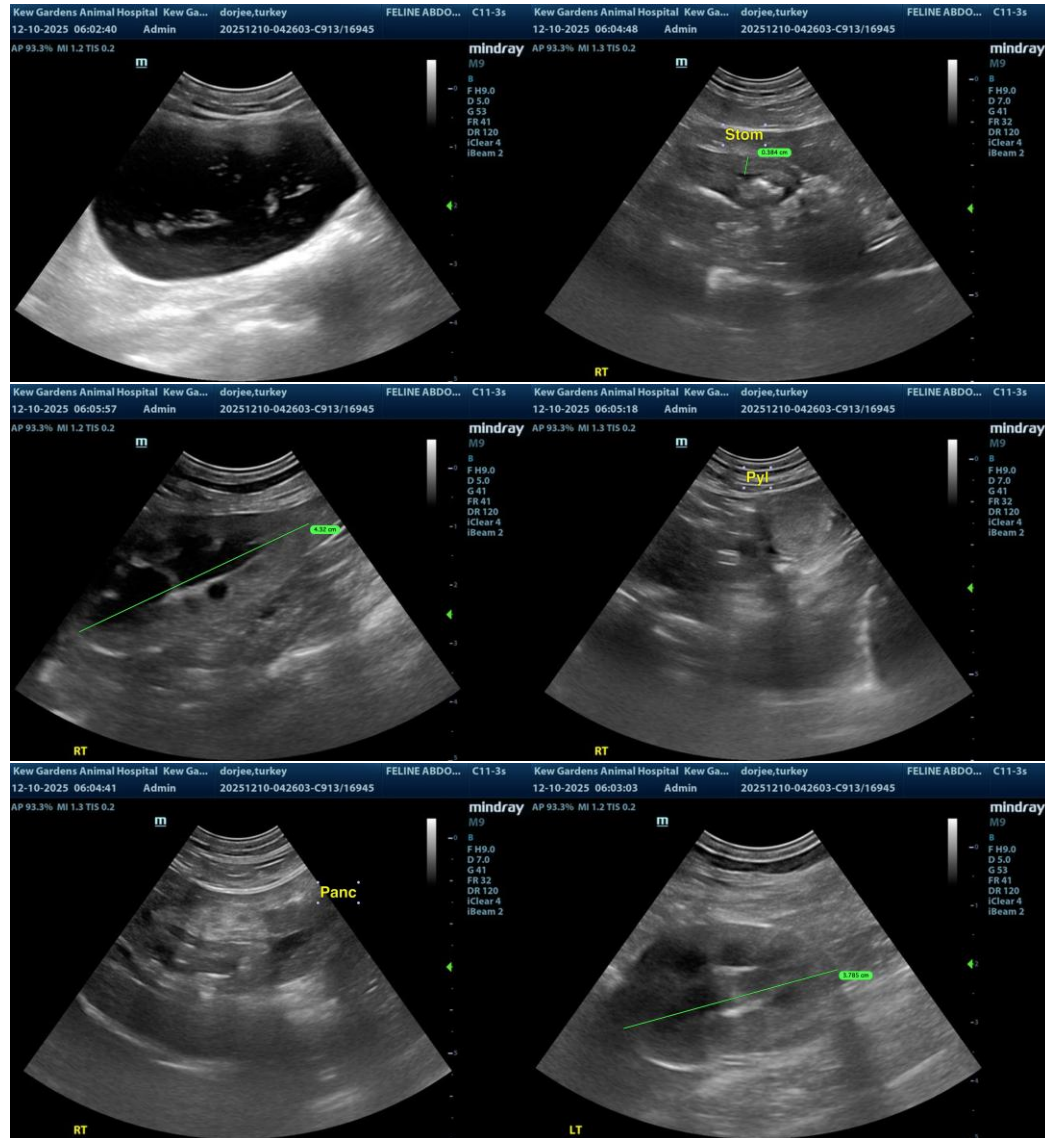
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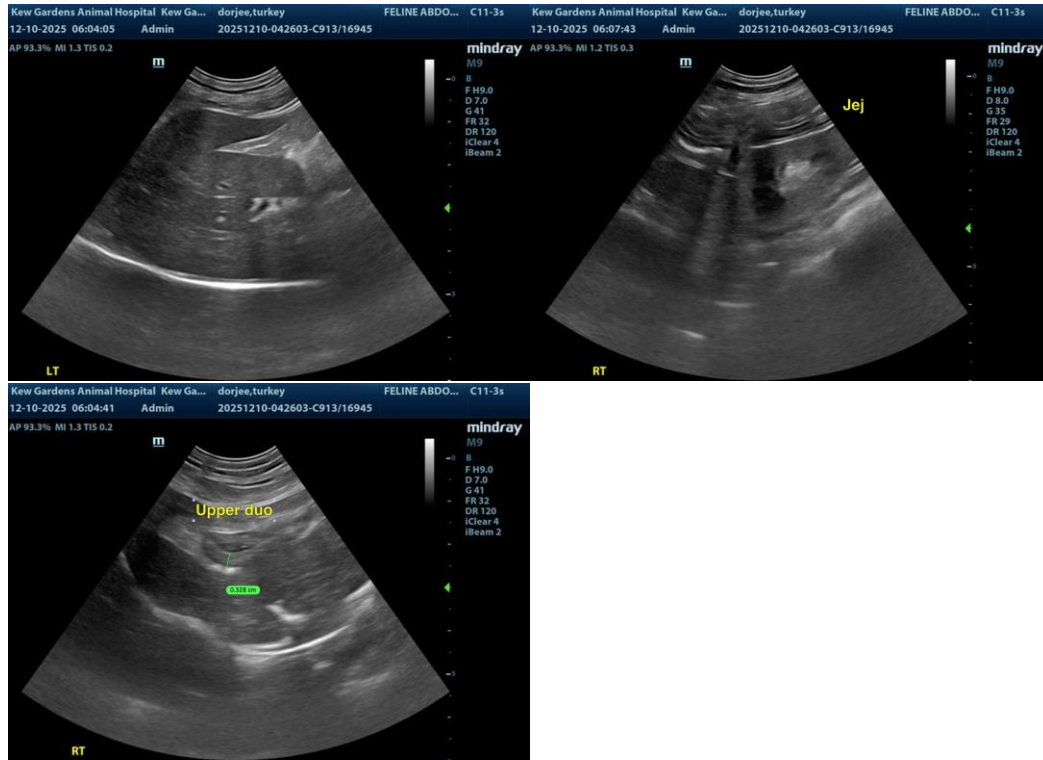
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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