



PATIENT

Goose Straniero

SPECIES

Feline

BREED

DSH

SEX

M

AGE

10 months

WEIGHT

8.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jeremiah Gabriel

HOSPITAL NAME

Central Jersey
Animal Hospital

REFERRING VET

Jeremiah Gabriel

INVOICE

10480

DATE

12/18/25

PRESENTING CLINICAL SIGNS

not eating and vomiting for 24 hours x ray suggestive of GIT obstruction
Abnormal PE/Chem/CBC/UA Results: owner declined blood work

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 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 4.1 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

No obvious 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. The spleen measured 0.8 cm width at the level of the mid spleen.

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 intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material. No definitive visualized obstruction to pyloric outflow or obstructive pyloric mural pathology.



PATIENT	The small intestine presented overall intact wall layering with a maintained 1:3 muscularis/mucosa ratio. The small intestine exhibited segmental mild ingesta distended segments with concurrent empty small intestinal segments. Within the mid, possible caudal abdomen, an indistinctly visualized yet suspect lumen echo measuring ~1.0 cm in diameter was noted with concurrent surrounding segmental intestinal gas.
Goose Straniero	
SPECIES	
Feline	Normal visible colon wall layers were present with apparent formed feces in lumen.
BREED	<i>Pancreas</i>
DSH	The area of the pancreas was sonographically normal.
SEX	<i>Free Abdomen</i>
M	Intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 1.45 cm x 0.46 cm. No evidence of peritoneal effusion was noted.
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R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none">Overall structurally normal gastrointestinal tract with gastric and segmental intestinal distention with retained ingesta, concurrent empty small intestinal segmentsIndistinctly visualized yet suspect mid-caudal abdomen intestinal lumen echo with surrounding gasIntermittent mild benign mesenteric lymphadenopathy
IMAGING PERFORMED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Jeremiah Gabriel	In conjunction with patient gastrointestinal signs and combined gastric and segmental intestinal retained ingesta with concurrent empty small intestinal segments likely distal, mechanical intestinal obstructive criteria are met and suspected to be secondary to an indistinctly visualized, gas-observed intestinal foreign body. Regardless, exploratory laparotomy is warranted for gross inspection of the gastrointestinal tract with expectation toward probable enterotomy, and with biopsies strongly suggested despite exploratory findings. Lab work is suggested prior to anesthesia.
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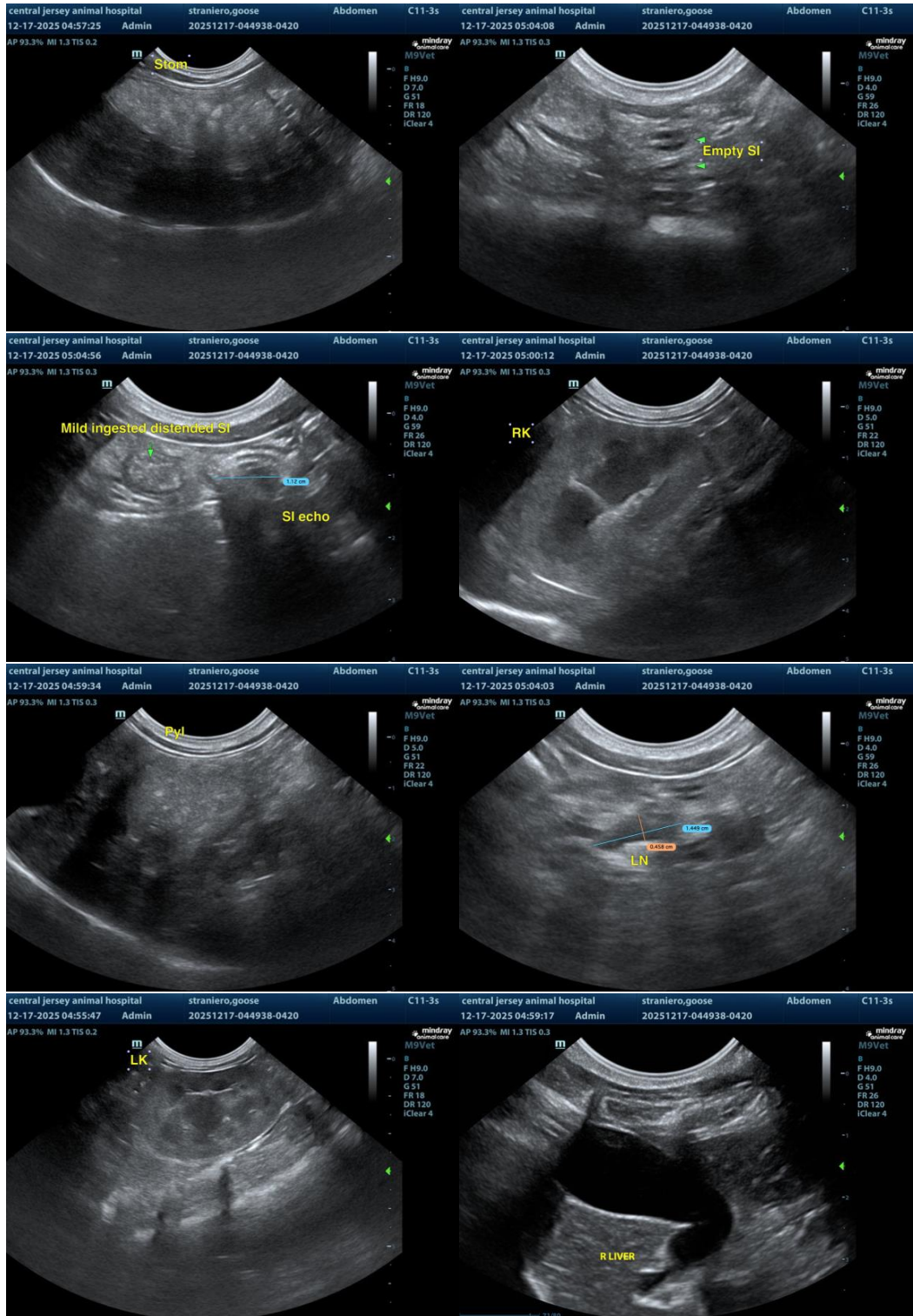
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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