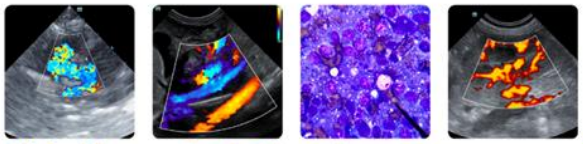


PATIENT

Harlow Valenzuela

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

4yr

WEIGHT

4.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Goeres

HOSPITAL NAME

Kelowna VH

REFERRING VET

Dr Gupta

INVOICE
23285

DATE
12/18/2025

PRESENTING CLINICAL SIGNS

10 days ago presented to rDVM for vomiting and not eating. BW showed neutrophilia and elevated liver enzymes. Administered convenia. Has lost 0.6kg in last week. Re-presented today for continued inappetence and vomiting bile. Recommended AUS

Abnormal PE/Chem/CBC/UA Results: From Dec 10, 2025 HCT 65% Neut 14.59 Cl 108 Alb 42 ALP 201 GGT 74 PE today: thin BCS, otherwise NSF

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 non-dependent particulate 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 3.4 cm in length. The right kidney measured 3.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.3 cm width.

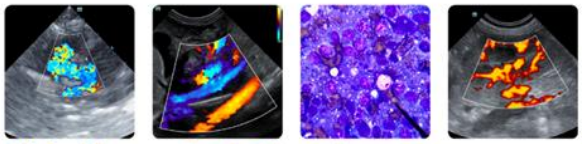
Spleen

The spleen exhibited borderline volume contraction (0.62 cm width at the mid spleen) with 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



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The stomach was moderately distended with retained anechoic fluid and no overt obstruction to pyloric outflow.

The small intestine presented intact wall layering with maintained muscularis/mucosa ratio. The small intestine exhibited duodenal and segmental jejunal distension with retained fluid. Concurrent empty small intestinal segments were also present. A solitary visualized jejunal strongly shadowing echo consistent with foreign body was present in the subjective mid-abdomen. The echo measured 1.1 cm in diameter. The small intestinal wall measured 0.22 cm in width. The ileocolic wall measured 0.30 cm in width.

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

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.

Free Abdomen

Mild surrounding peri-intestinal hyperechoic omentum in the area of the jejunal shadowing echo.

No evidence of peritoneal effusion.

No obvious visualized significant omental lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary

- Jejunal foreign body with gastrointestinal obstructive pattern proximal, empty small intestine distal
- Mild associated peri-intestinal hyperechoic reactive possibly mild inflamed omentum

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with gross inspection of the gastrointestinal tract, expectation toward enterotomy and consideration for concurrent intestinal biopsies is recommended.

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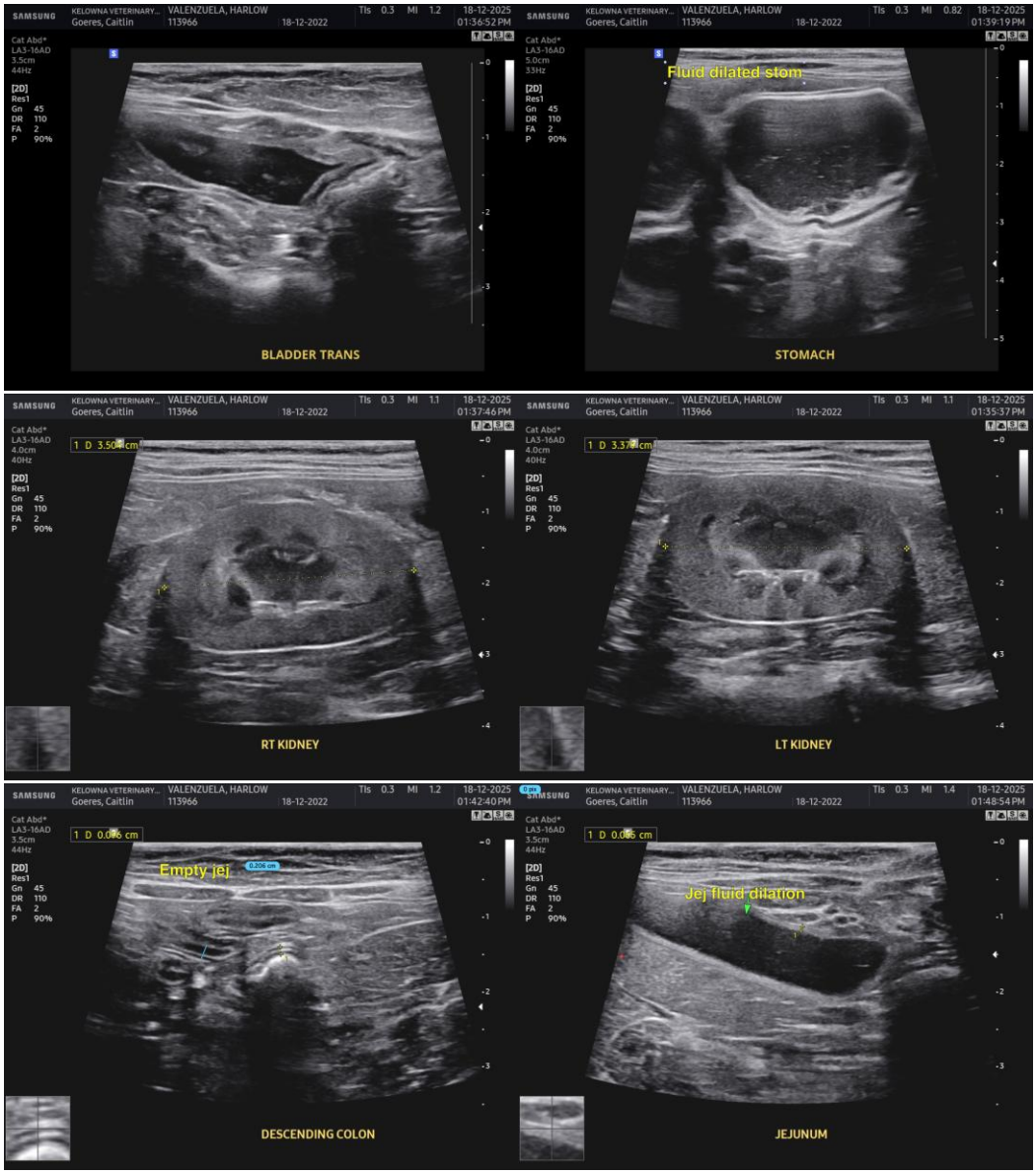

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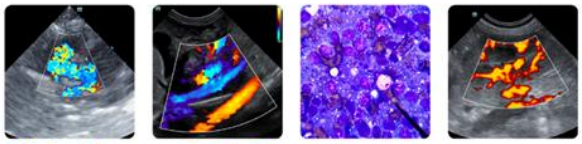

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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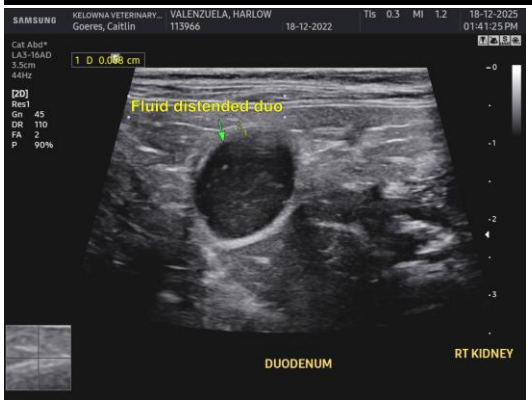

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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