



## PATIENT

Cali Dosch

## PRESENTING CLINICAL SIGNS

vomiting undigested food

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

7

## WEIGHT

9.0

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr Maniar

## INVOICE

23384

## DATE

12/30/2025

## 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 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.

Borderline subnormal size and normal 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 3.1 cm in length. The right kidney measured 3.2 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 borderline subnormal size (0.59 cm width) 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

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild progressively shadowing ingesta. The stomach was non-distended in size. Possible mild fluid absorbing to progressively shadowing hairball type density in the pylorus measuring ~ 1.6 cm in diameter. No evidence of obstructive pyloric mural pathology. The pylorus wall measured 0.26 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.24 cm width. The jejunum wall measured 0.21 cm width.



## PATIENT

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

Cali Dosch

## *Pancreas*

The area of the pancreas was sonographically normal.

## SPECIES

### *Free Abdomen*

Feline

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

## BREED

## ULTRASONOGRAPHIC FINDINGS

DSH

### Primary

- Normal stomach with gastric ingesta and possible hairball type density in pylorus
- Normal empty small intestine.
- Normal area of pancreas

SEX

FS

### Secondary

- Borderline subnormal bilateral renal size
- Mild urine sediment.

AGE

7

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## WEIGHT

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Correlation with most recent meal ingestion recommended given reported vomiting. Documented 12-hour fast and sonographic reassessment of the stomach with gastrointestinal support and hairball therapy is recommended. Correlation with full lab work primarily to assess for evidence of emergent to mild renal disease is recommended.

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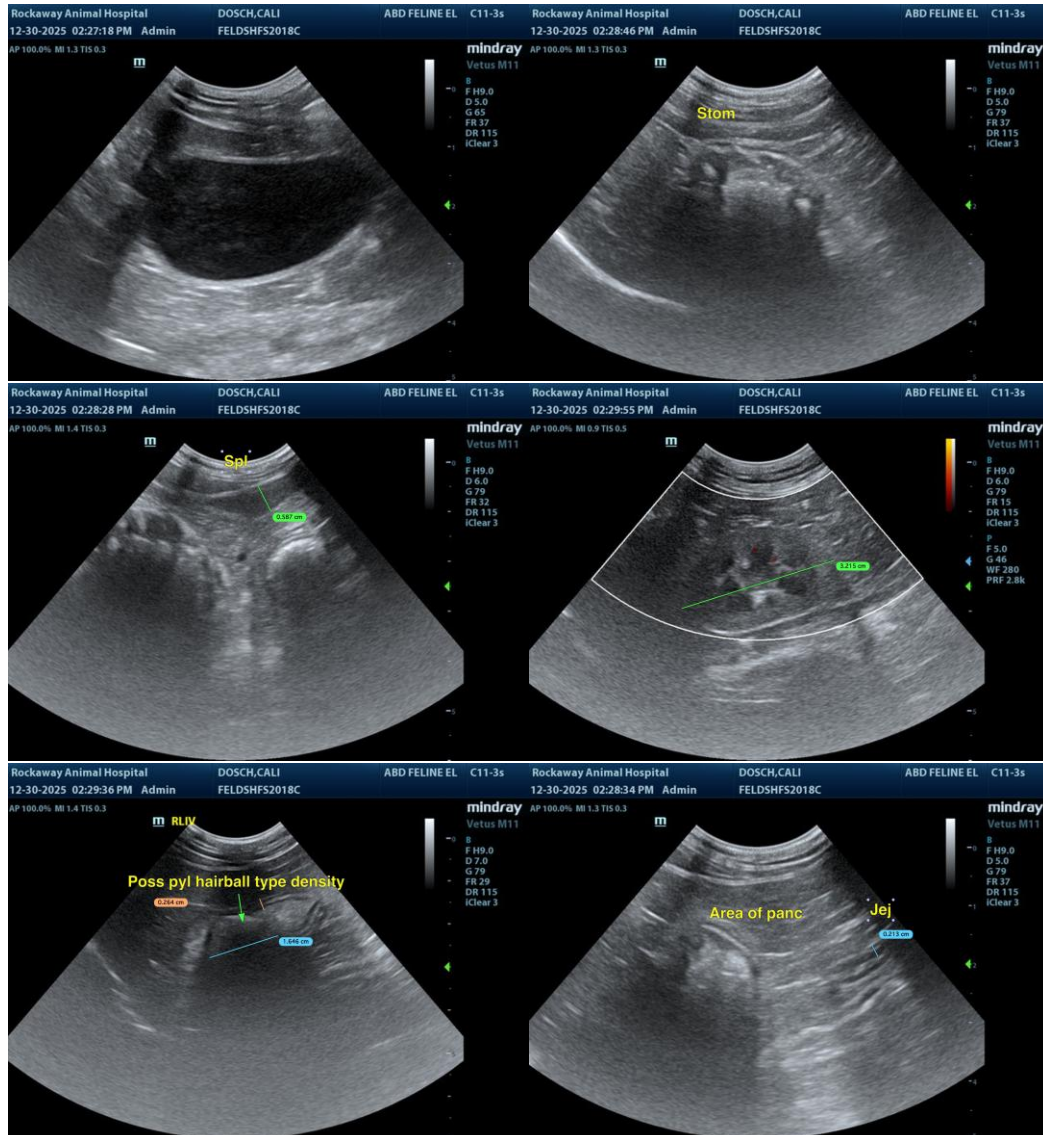
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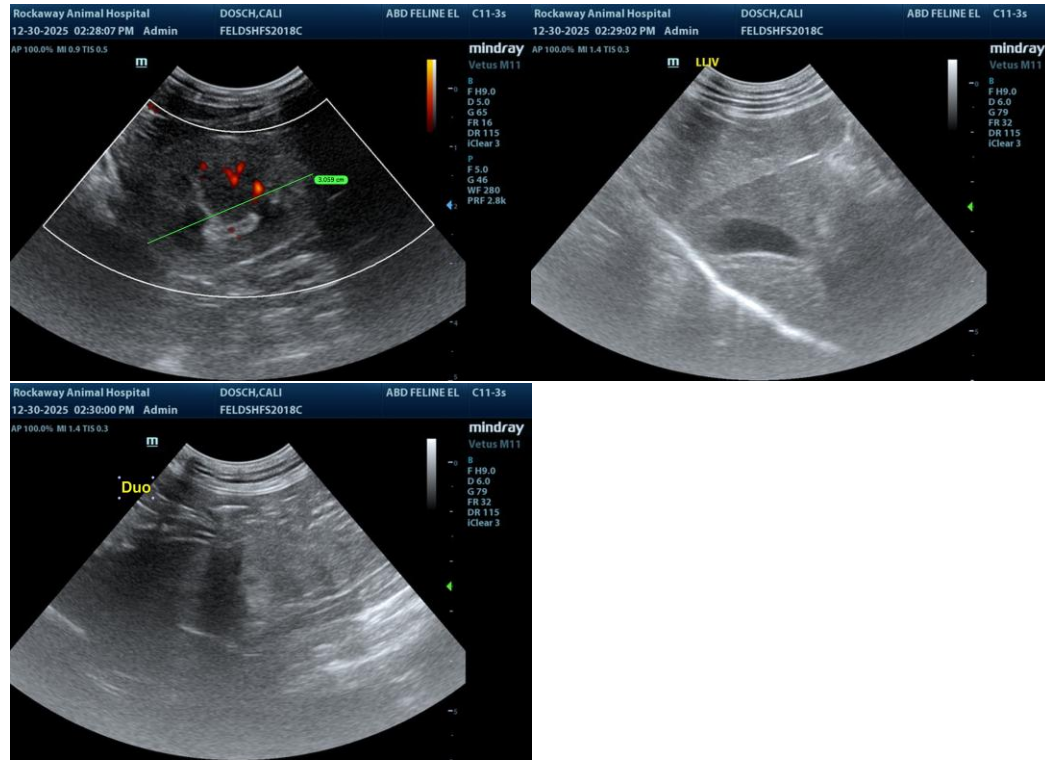
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)