

PATIENT

Oliver Hobbs

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11mo, 3wks

WEIGHT

8.41 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Katelyn
Mazzochette, DVM

HOSPITAL NAME

Airpark Animal
Hospital

REFERRING VET

Katelyn
Mazzochette, DVM

INVOICE

10406

DATE

12/4/25

PRESENTING CLINICAL SIGNS

Presenting for acute vomiting of 2 days duration Known offender for ingestion of foreign objects/chewing foreign objects Decreased appetite since onset of vomiting signs Treated last night with SQF and cerenia, minimal to no improvement, now painful in cranial abdomen, strongly suspect GI FB in stomach and proximal duodenum

Abnormal PE/Chem/CBC/UA Results: QAR CBC: Erythrocytosis 13.72, HCT 56% Hemoglobin 18.8
CHEM: Radiographs: increased gastric size, gas opacity within stomach (aerophagia vs other) Normal oral cavity exam- no foreign material in palate, cheeks or under tongue Normal vitals

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 3.5 cm in length. The right kidney measured 3.3 cm in length.

Adrenal Glands

The area of the left adrenal gland was free of obvious pathology. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.24 cm width at the caudal pole.

Spleen

The spleen was normal in size with mild caudomedial folding, measuring 0.71 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.



PATIENT	<i>Gastrointestinal</i>
Oliver Hobbs	The stomach was significantly distended in size with retained nonshadowing fluid and chyme along with lumen gas. There was no obvious definitive obstruction to pyloric outflow or mechanical pyloric outflow pathology. The pylorus wall width measured 0.22 cm in width.
SPECIES	
Feline	The small intestine presented intact wall layering with a maintained 1:3 muscularis/mucosa ratio. Empty intestinal segments with concurrent segmental mild nonshadowing intestinal ingesta and lumen gas were present to the level of the colon.
BREED	
DSH	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	<i>Pancreas</i>
Neutered Male	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.
AGE	
11mo, 3wks	<i>Free Abdomen</i>
WEIGHT	Intermittent mild 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).
8.41 lb	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Significant distended stomach with nonshadowing fluid / chyme and gas • Structurally normal small intestine with segmental mild nonshadowing intestinal chyme / gas • Intermittent mild mesenteric lymphadenopathy - benign • Normal area of pancreas
IMAGING PERFORMED BY	
Katelyn Mazzochette, DVM	
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Airpark Animal Hospital	A definitive area of mechanical gastrointestinal obstruction, i.e., foreign body, structure, mass, etc., was not obvious. However, given the degree of gastric distention with retained fluid, chyme, and gas in conjunction with patient history, clinical signs, and lack of additional pathology (such as significant pancreatitis), the primary concern for nonobvious mechanical upper gastrointestinal obstruction or mild nonobvious intestinal foreign material is warranted, with significant metabolic gastric ileus owing to nonspecific underlying gastrointestinal disease not excluded.
REFERRING VET	
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DATE	Regardless, exploratory laparotomy with gross inspection of the gastrointestinal tract (and with gastrointestinal biopsies strongly recommended despite exploratory findings) is recommended.
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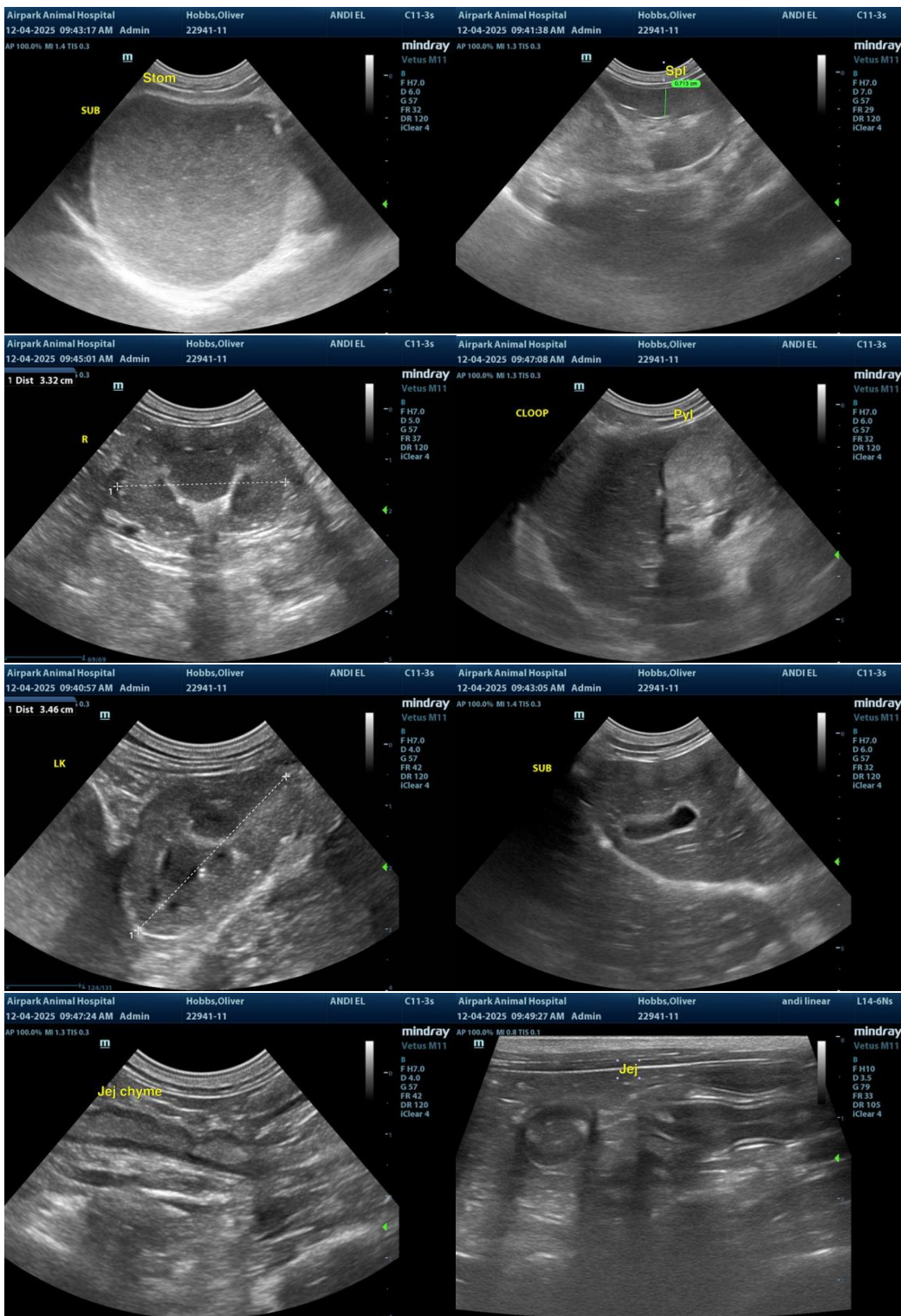
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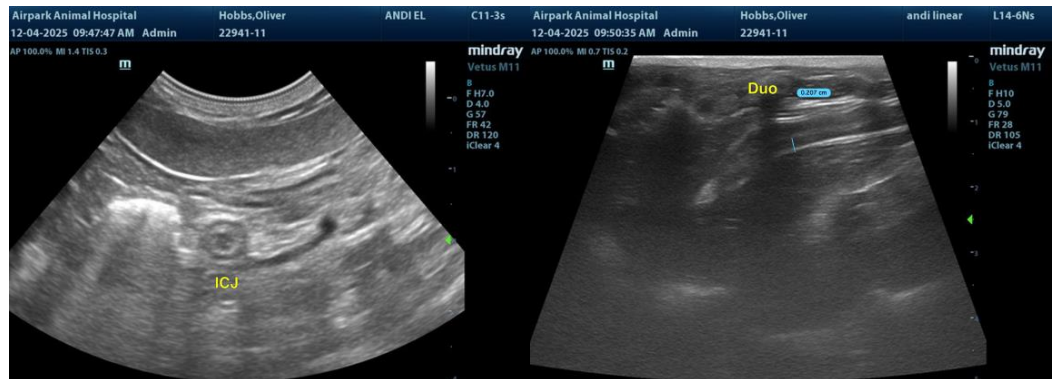
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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