



PATIENT

Smokey Garcy

PRESENTING CLINICAL SIGNS

Clinical & PE History (please bullet point/limit clinical history): Chronic vomiting and inappetence
Current Medications: Mirtazapine

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Laboratory Abnormalities (please indicate if WNL): 12/1: hemoconcentration, mild leukocytosis, mild neutrophilia, mild hypophosphatemia, mildly elevated ALT rads attached

BREED

DSH

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 minor non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

SEX

MN

AGE

1yr

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 3.7 cm in length. The right kidney measured 3.9 cm in length.

WEIGHT

11.26lb

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm width.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Amanda Crook

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 proximal common bile duct was dilated and tortuous without overt post hepatic obstruction.

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr Anne Todd

INVOICE

23187

Gastrointestinal

DATE

12/9/2025



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The stomach presented intact borderline prominent wall layering with a normal wall layer ratio. The stomach contained mild to moderate retained anechoic fluid.

The small intestine presented overall intact wall layering with maintained muscularis/mucosa ratio. Within the mid abdomen jejunal segments, a strongly shadowing echo is present, measuring ~ 2-3 cm in length. Fluid dilated jejunal segments slightly proximal with empty jejunal segments distal. The duodenum was empty without evidence of duodenal ileus. The small intestinal wall measured 0.23 cm in width. Associated regional peri intestinal hyperechoic omentum was present, which may indicate reactive or mildly inflamed omentum.

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

Pancreas

The left pancreas was mildly prominent size with indistinct capsule compared to adjacent omentum. Mild non-homogenous parenchyma with mild peripancreatic hyperechoic omentum was present.

Free Abdomen

No visualized overt omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Jejunal foreign body with segmental fluid dilated proximal jejunal segments, empty small intestine distal.
- Retained gastric fluid.
- Peri intestinal mild hyperechoic reactive possibly inflamed omentum.
- Mild non-obstructed proximal common bile duct dilation- suspect incidental, possible concurrent low grade cholangitis.
- Possible low grade left limb pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with expectation toward enterotomy, gross inspection of the gastrointestinal tract and consideration for intestinal biopsies to assess for underlying intestinal disease is recommended. Perioperative gastrointestinal support and empirical therapy for possible mild pancreatitis or cholangitis is recommended.



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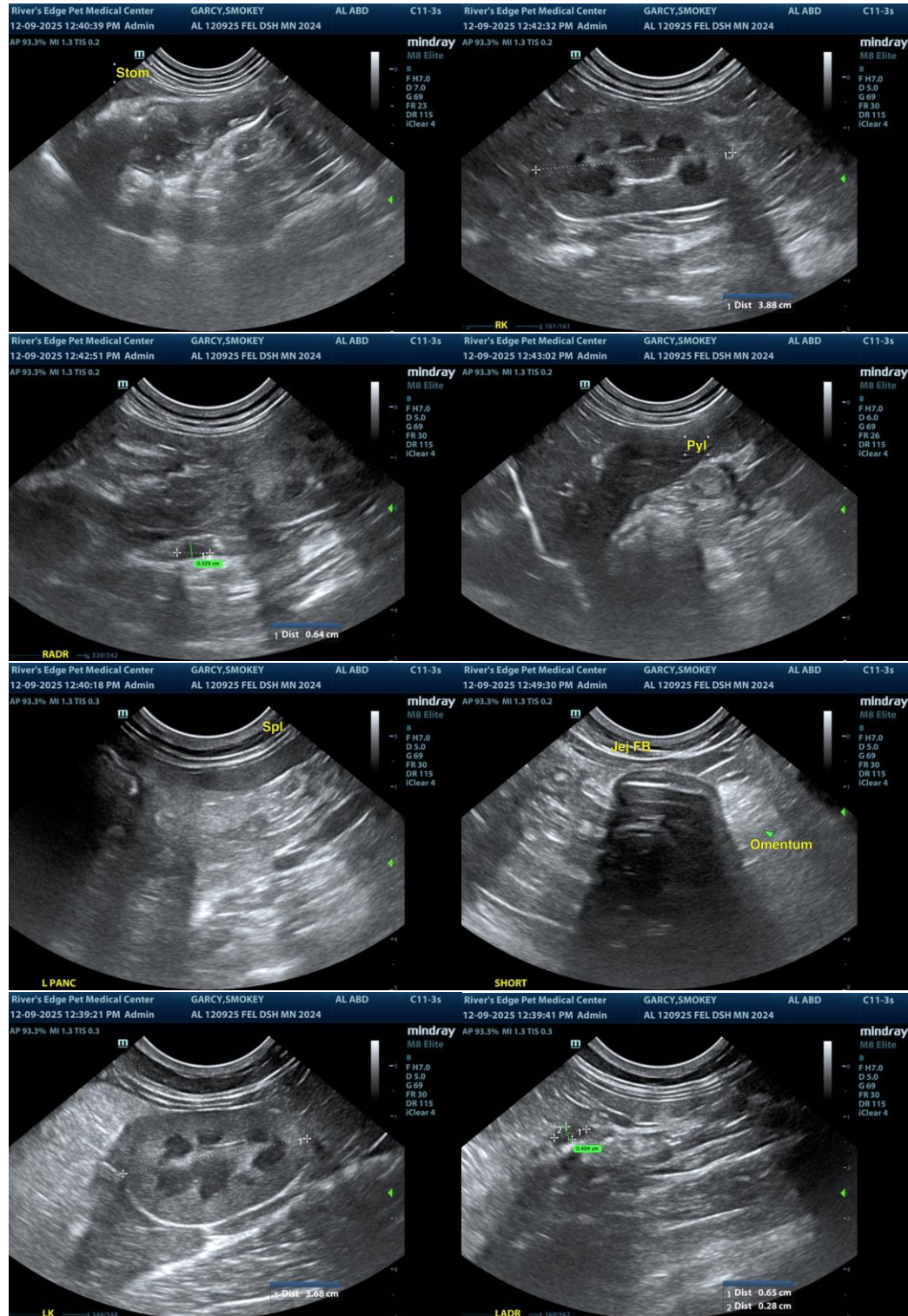
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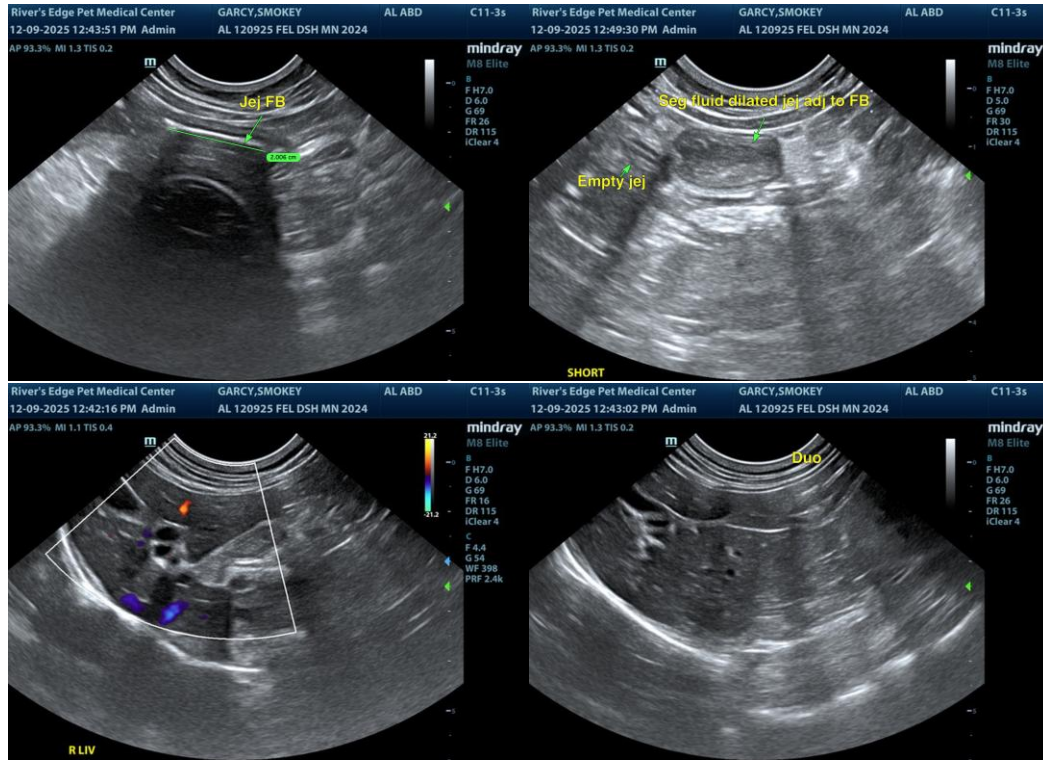
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Amanda Crook

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
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