



PATIENT

Donald Adamski

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12yr

WEIGHT

15.9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho

HOSPITAL NAME

St. George's Veterinary
Hospital

REFERRING VET

Dr. Ng

INVOICE
23868

DATE
02/12/2026

PRESENTING CLINICAL SIGNS

- Vomiting, Not eating
- Vomited several times a day for last 3 days, not eating
- X-Rays Radio opacity of the small intestine suspected.
- Meds: Cerenia, Famotidine, SQ fluids

Abnormal PE/Chem/CBC/UA Results: Bw pending

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 mild 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 renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.9 cm in length. The right kidney measured 3.8 cm in length.

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 0.4 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm width.

Spleen

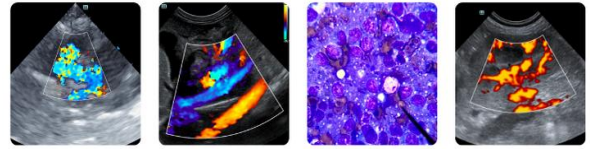
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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 was empty without ingesta, fluid or foreign material.



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The small intestine presented borderline to mild thickened small intestine wall exhibiting altered wall layer ratio owing to propensity for prominent muscularis layer. Segmental mild hyperechoic intestinal content and segmental intestinal gas pattern with mild intestinal ileus to level of the colon was present. No evidence of pathology at the level of the ileocolic junction. The small intestinal wall measured 0.25-0.27 cm in width. The ileocolic wall measured 0.38 cm in width.

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

Pancreas

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Suspect regionally swollen to hypoechoic distal left pancreas medial to the spleen with potential for impinging hypoechoic to swollen mesenteric lymph node measuring 1.0 cm in diameter.

Free Abdomen

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No evidence of peritoneal effusion was present.

Mild perilymphatic to peri intestinal hyperechoic omentum.

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Focally enlarged jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 2.1 cm x 0.6 cm.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

15.9lb

Primary

- Normal empty stomach
- Enteropathy exhibiting borderline / mild thickened wall and mild altered wall layer ratio
- Segmental subjective non-obstructive hyperechoic intestinal content /gas and mild segmental non-obstructive intestinal ileus
- Suspect focal hypoechoic to swollen distal left pancreas vs impinging lymph node- possible regional pancreatitis
- Intermittent generally mild non-homogenous jejunocolic lymphadenopathy with mild peri intestinal / perilymphatic hyperechoic omentum - suggestive of reactive hyperplasia or lymphadenitis, possibly owing to inflammatory bowel

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No definitive gastrointestinal obstructive criteria. Underlying or primary enteropathy with considerations including suspect IBD or other inflammatory enteropathy in conjunction with reactive lymph node hyperplasia or lymphadenitis possible. Potential for emerging to occult intestinal and lymphatic neoplastic criteria, i.e. lymphoma, is not definitively excluded. Small amounts of non-obstructive intestinal material, i.e. mineral content or similar, is of suspicion yet without evidence of intestinal obstructive criteria, may be passing. Correlation with pending lab work and suggested spec fPL is suggested.

Hospitalization with IV fluid / gastrointestinal support and radiographic / sonographic monitoring of the intestinal radio opacity for evidence of persistence or movement would be appropriate. If persistent, laparotomy with gross inspection of the gastrointestinal tract and with intestinal /lymphatic biopsies considered essential may be indicated.



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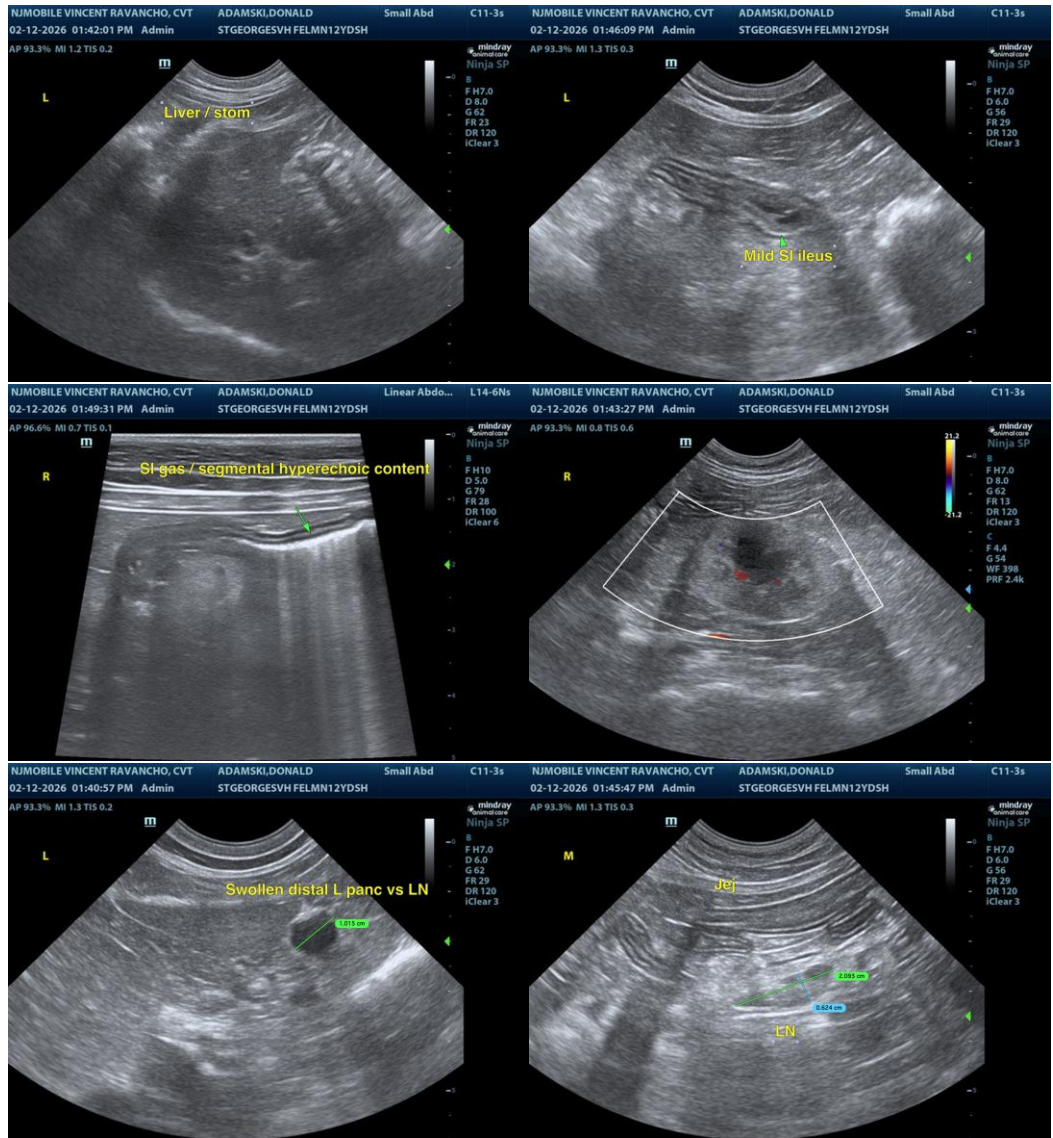
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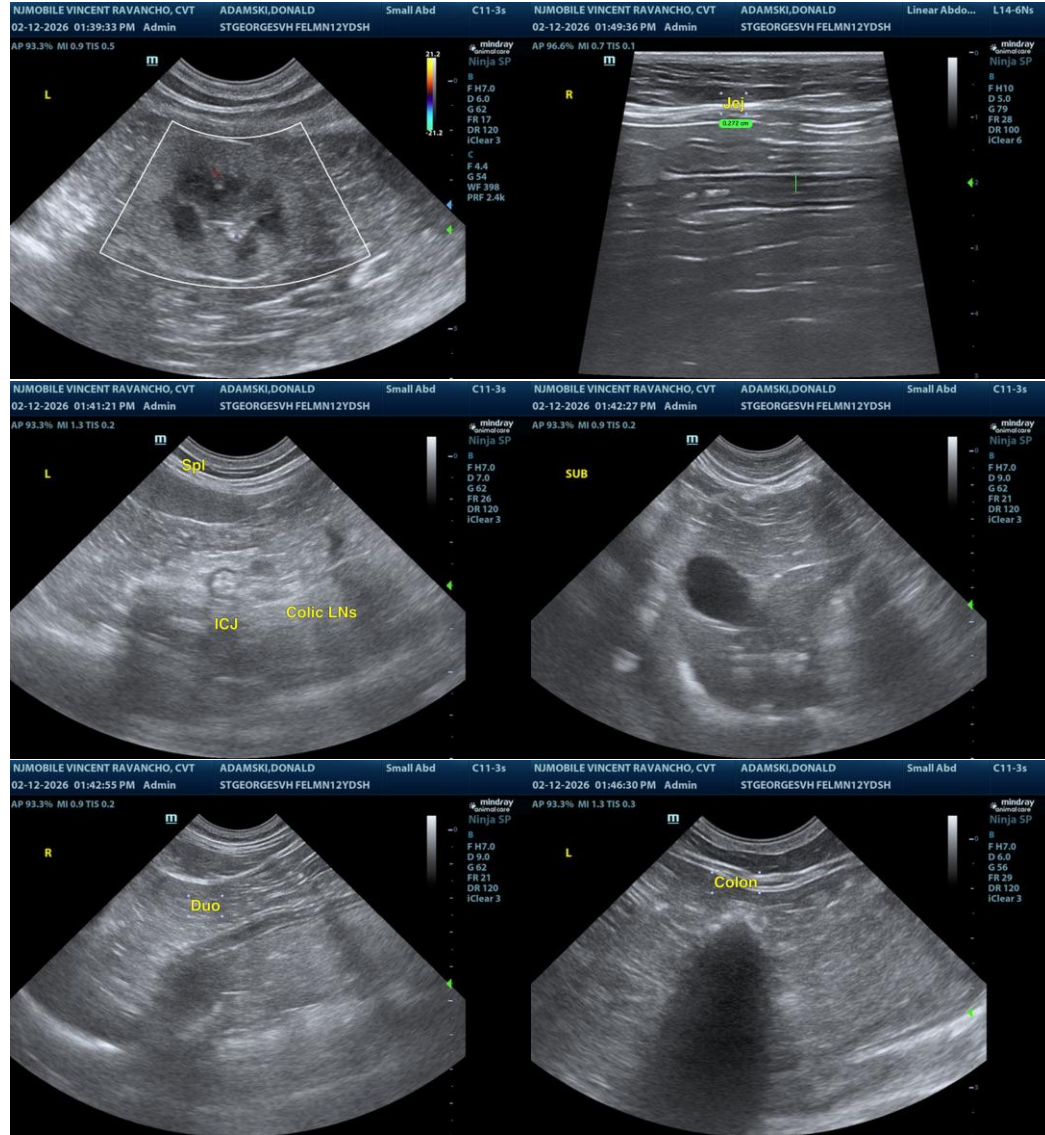
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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