



PATIENT

Maverick SI Hope
Animal Rescue

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2 Years

WEIGHT

9 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Alexandra Pasaturo
DVM

HOSPITAL NAME

Greater Staten Island
Veterinary Services

REFERRING VET

Dr. Rachel Flagiello

INVOICE

13850

DATE

02/17/26

PRESENTING CLINICAL SIGNS

- Maverick 2/15 for vomiting blood, anorexia, lethargy. He was neutered on 2/11. He was treated with SQ fluids, and Cerenia. Sent home with Carafate. Previously found outside as a stray the week before he got neutered.
- Maverick returned 2/17 for continued vomiting without blood, anorexia, and lethargy. Presented for further eval

Abnormal PE: QAR/weak, tense/painful abdomen, dehydrated Hypotensive: 80mmHg Blood work 2/15 CSL: RBC 14.77 (6.54-12.20) HGB 17.3 (9.8-16.2) MCV 34.9 (35.9-53.1) MCH 11.7 (11.8-17.3) RETIC-HGB 13.1 (13.2-20.8) WBC 18.57 (2.87-17.02) LYM 9.53 (0.92-6.88) MONO 0.82 (0.0-0.67) EOS 0.01 (0.17-1.57) GLU 192 (74-159) TP 5.6 (5.7-8.9) ALT 335 (12-130) ALKP <10 (14-111)

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 no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was 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 3.6 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

No evidence of pathology in the areas of the left and right adrenal glands although not definitively visualized.

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. 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 presented intact mildly thickened wall exhibiting mild hyperechoic echogenicity. Intact wall layering was maintained and distinct. The stomach contained a mild amount of retained fluid.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. Segmental mild intestinal ileus and nonshadowing ingesta/chyme with segmental gas to the level of the colon. The small intestine wall measured 0.25 cm wall width.

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

Pancreas

The left pancreas presented normal in size and contour with subtle homogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Mildly prominent mesenteric 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). No evidence of peritoneal effusion.

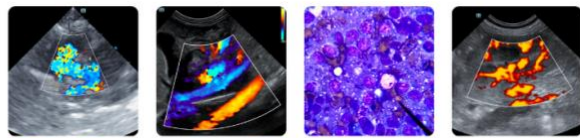
ULTRASONOGRAPHIC FINDINGS

- Nonspecific gastroenteritis pattern accentuated by hypomotile gastritis.
- Possible mild pancreatitis.
- Intermittent mild mesenteric lymphadenopathy- sonographically suggestive of mild reactive hyperplasia or lymphadenitis.
- Sonographically normal liver- consistent with mild benign hepatopathy, reactive or inflammatory hepatopathy favored.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious evidence of mechanical gastrointestinal obstruction or definitive foreign material. A spec fPL or GI panel to include PLI, TLI, cobalamin and folate is warranted. Occult to emerging gastrointestinal neoplasia, i.e. lymphoma with metastatic lymphadenopathy is considered unlikely at this stage.

Hospitalization with gastrointestinal support over the next 24 to 48 hours with clinical and as needed sonographic monitoring would be ideal. Sonographic reassessment sooner if progressive or non-responsive gastrointestinal signs.



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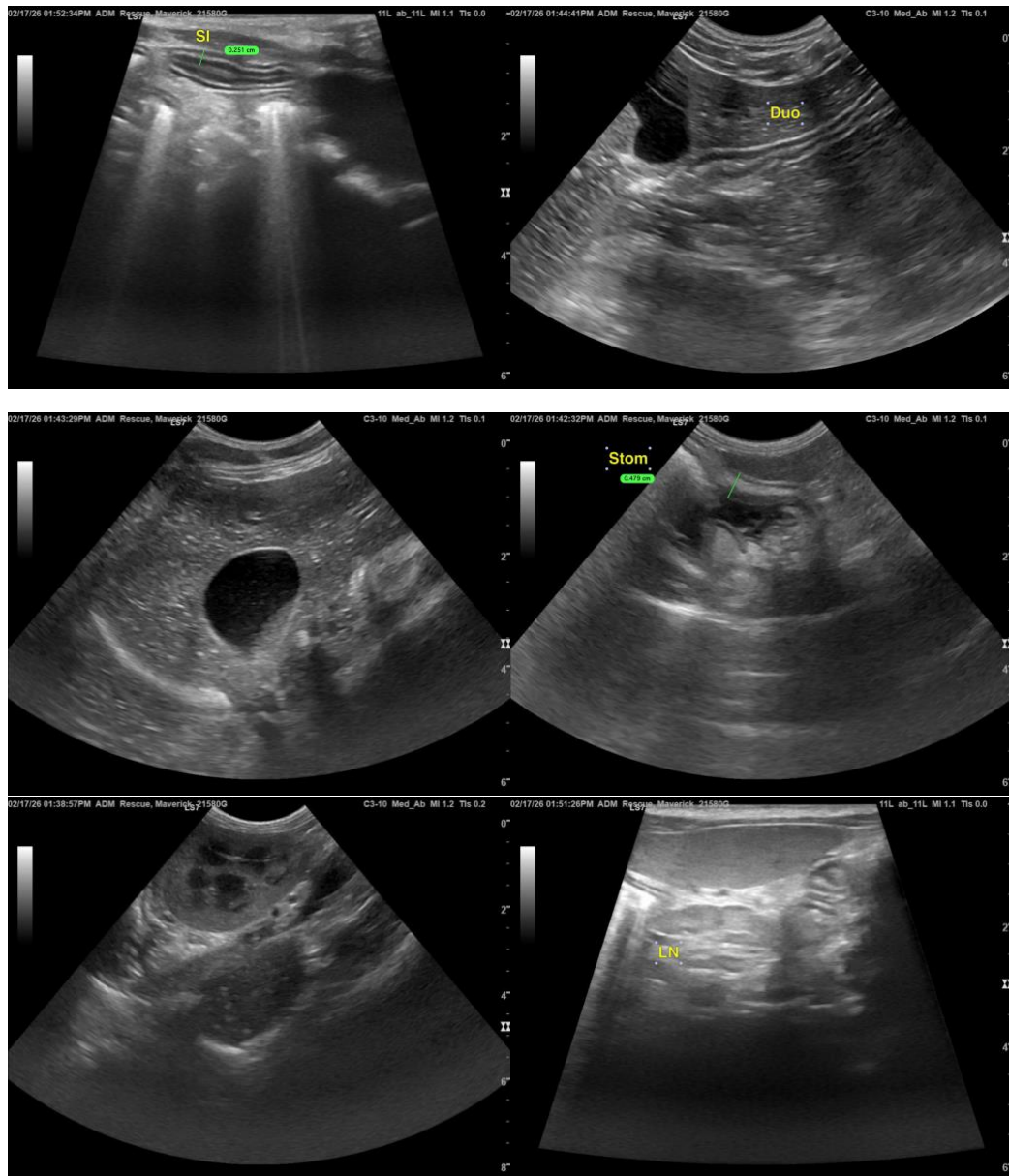
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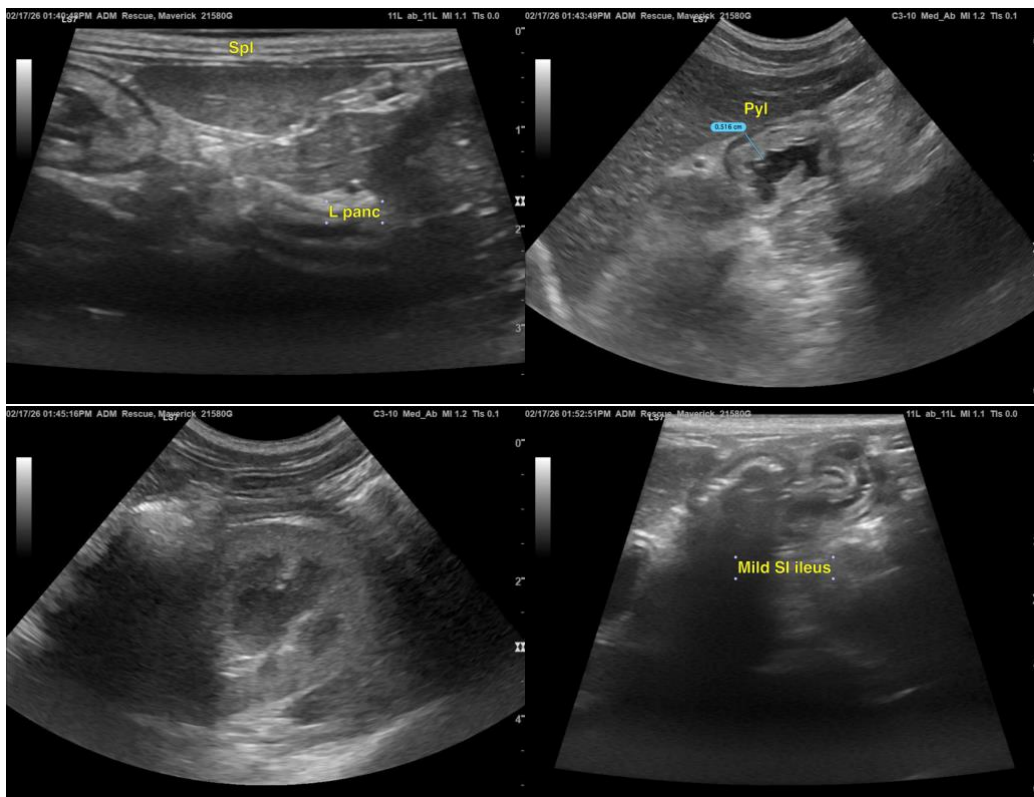
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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