



## PATIENT

Mango Hofteig

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

12 Months 2 Days

## WEIGHT

11.3

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Amanda Crook

## HOSPITAL NAME

River's Edge Pet  
Medical Center

## REFERRING VET

Dr. Dana Tsuchida

## INVOICE

73196

## DATE

2/23/26

## PRESENTING CLINICAL SIGNS

Clinical & PE History (please bullet point/limit clinical history): P was chewing on ~1ft long ribbon on 2/21. O walked away and the string was not to be found. O is unsure if P ate it or not. Emesis attempted with 0.1ml Dexdorm IM on 2/21, not successful. No V/D per O. P has not ate since 8 pm last night 2/22

Current Medications: None

Abnormal PE/Chem/CBC/UA Results: Laboratory Abnormalities (please indicate if WNL): N/A  
Radiographic Findings (if applicable): N/A

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

The area of the aortic trifurcation was free of pathology.

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. Left kidney measured 3.5 cm. Right kidney measured 3.8 cm.

### Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. Left adrenal gland measures 0.35 cm. Right adrenal gland measured 0.43 cm.

### 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

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 mild, non-dependent, variably congealed yet non-organized debris. The common bile duct was not visualized.

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was overall non-distended, containing mild irregular strongly shadowing content that appeared to extend into the area of the pyloric outflow without evidence of extension through the pylorus into the small intestine. The area of strongly shadowing gastric content measured 2.0 cm in diameter.



**PATIENT**

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Generalized empty small intestinal lumen without additional shadowing content or obstructive pattern to the level of the colon.

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Feline

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

**BREED**

DSH

**Pancreas**

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 was evident.

**SEX**

Neutered Male

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

12 Months 2 Days

**ULTRASONOGRAPHIC FINDINGS**

- Irregularly shadowing gastric content – consistent with foreign material echogenicity, non-obstructive.
- Normal empty small intestine.

**WEIGHT**

11.3

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If available, gastric endoscopy is recommended for further assessment of the shadowing gastric content and potential retrieval. Exploratory laparotomy with expectation toward gastrotomy indicated, as in conjunction with patient history potential movement out of the stomach into the small intestine with secondary intestinal plication is of concern. Documented 12 hour fast and sonographic reassessment would be more conservative. Correlation with sedated oral exam and 3-view chest radiographs recommended.

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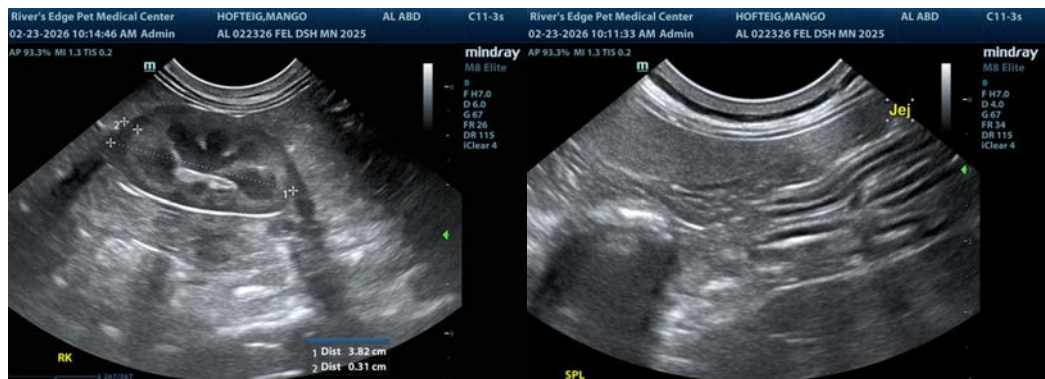
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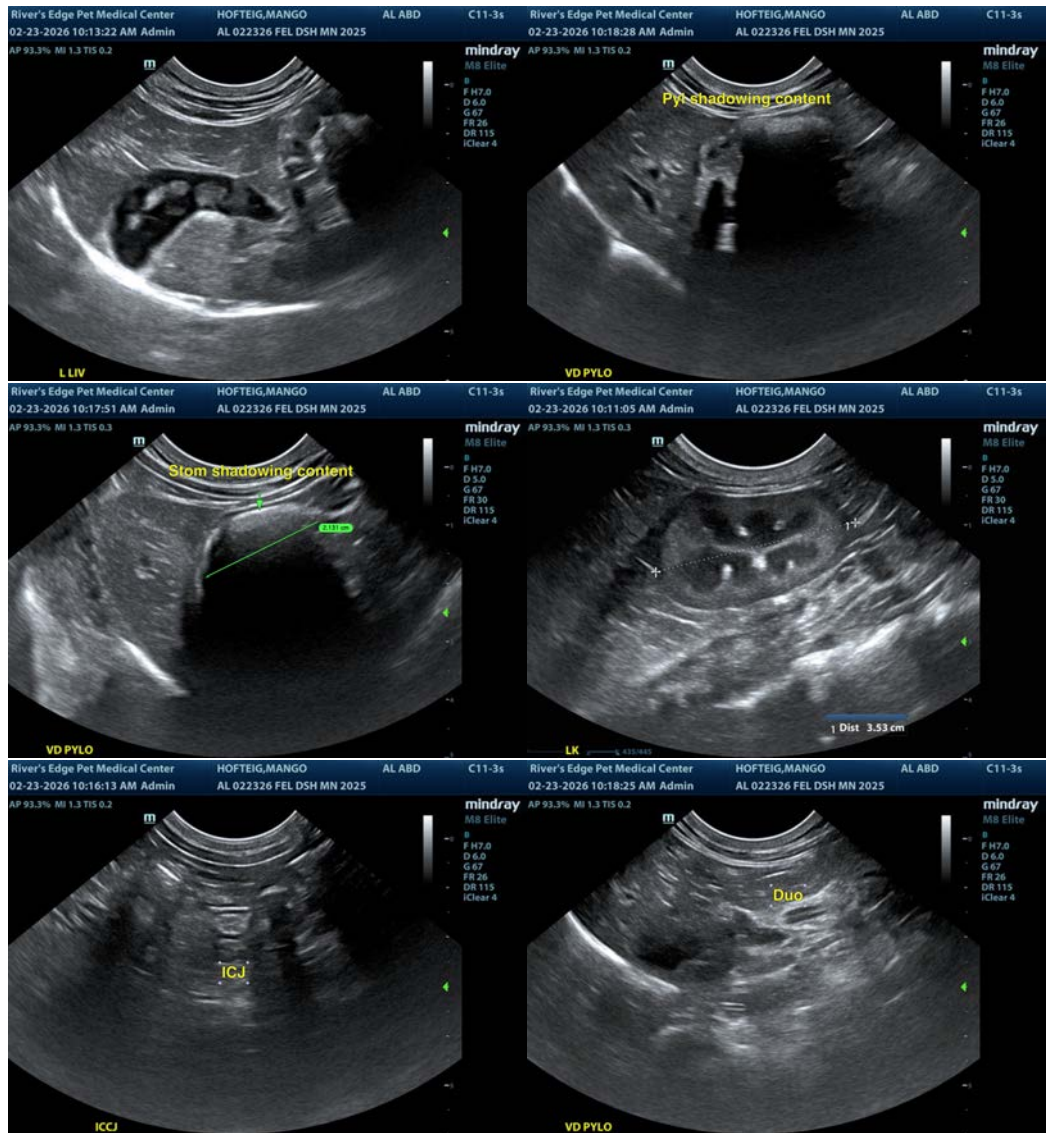
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**

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