



## PATIENT

Nacho Glandon

## SPECIES

Feline

## BREED

Bengal

## SEX

MN

## AGE

5yr

## WEIGHT

6.7kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Natalia Franco

## HOSPITAL NAME

Eagleson Veterinary  
Clinic

## REFERRING VET

Moaz Radwan

## INVOICE

23977

## DATE

02/25/2026

## PRESENTING CLINICAL SIGNS

- Presented for vomiting and anorexia for 3 days. Diarrhea started yesterday. Hospitalized with supportive care and NG tube. Significant nausea. No improvement for over 24 hours.
- AUS recommended for further investigation.

Abnormal PE/Chem/CBC/UA Results: Bloodwork and radiographs unremarkable.

## 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 no evidence of urine/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.

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 3.6 cm in length. The right kidney measured 4.1 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 0.32 cm width. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

### 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 mild thickened wall. Intact wall layering was maintained and distinct. The gastric body wall measured -cm width. The stomach contained a mild amount of anechoic fluid.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. An indistinctly visualized yet highly suspect segmental mid abdomen intestinal shadowing echo measuring ~ 1 cm in diameter was present. Concurrent mild segmental intestinal ileus. The small intestinal wall measured 0.24 cm in width.

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

### *Pancreas*

## BREED

Bengal

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.

### *Free Abdomen*

## SEX

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

## MN

## ULTRASONOGRAPHIC FINDINGS

### Primary

## AGE

5yr

- Mildly hypomotile stomach and segmental small intestine
- Highly suspect non-obstructive mid intestine foreign body
- Sonographically normal area of pancreas

## WEIGHT

6.7kg

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although indistinctly visualized and possibly obscured by intestinal gas, the small intestinal shadowing echo is most concerning for non-obstructive foreign body. In correlation with patient clinical signs, potential reduction of gastric fluid given nasogastric tube possible.

## INTERPRETED BY

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Exploratory laparotomy with gross inspection of the gastrointestinal tract, expectation toward probable enterotomy and with gastrointestinal biopsies strongly suggested despite exploratory findings is recommended.

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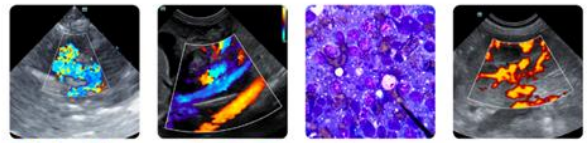
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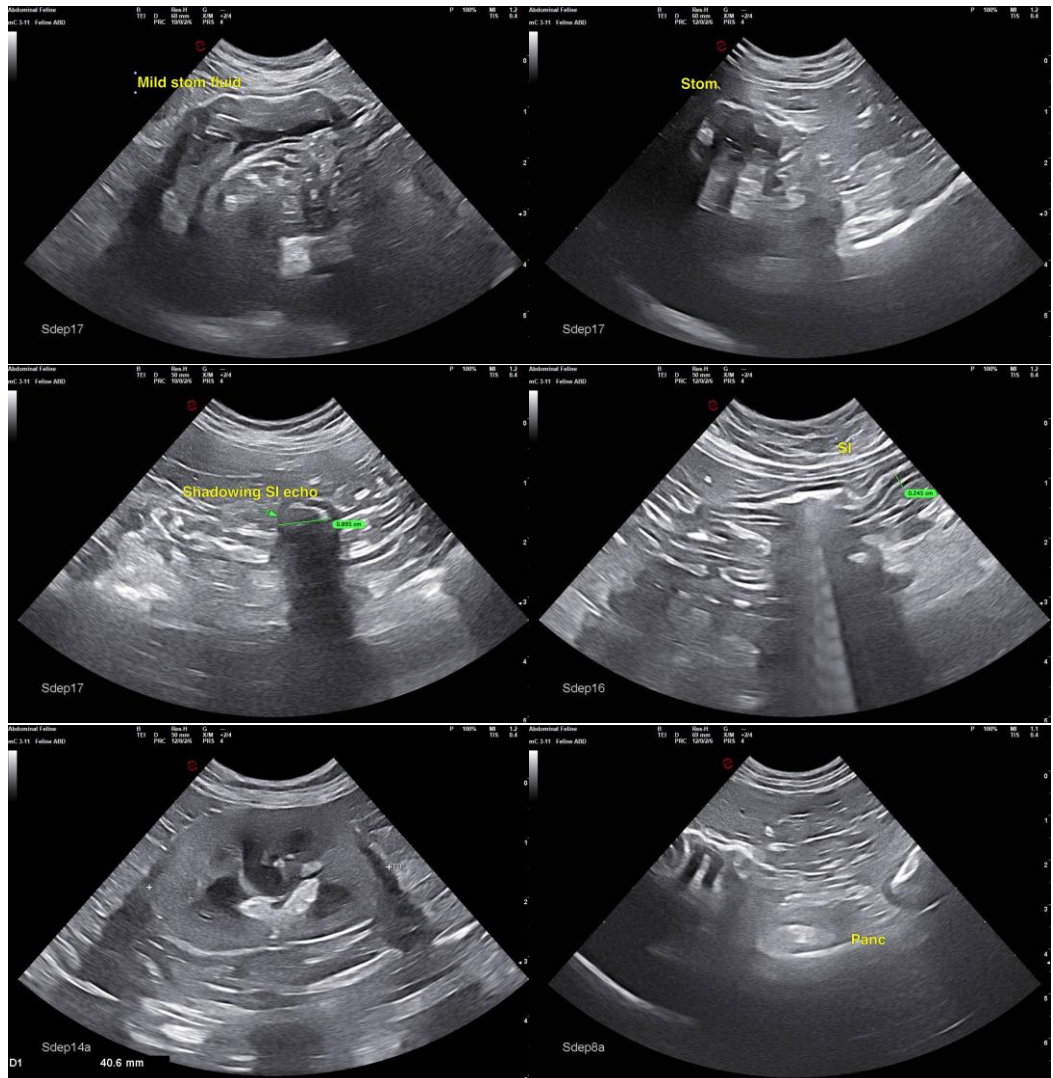
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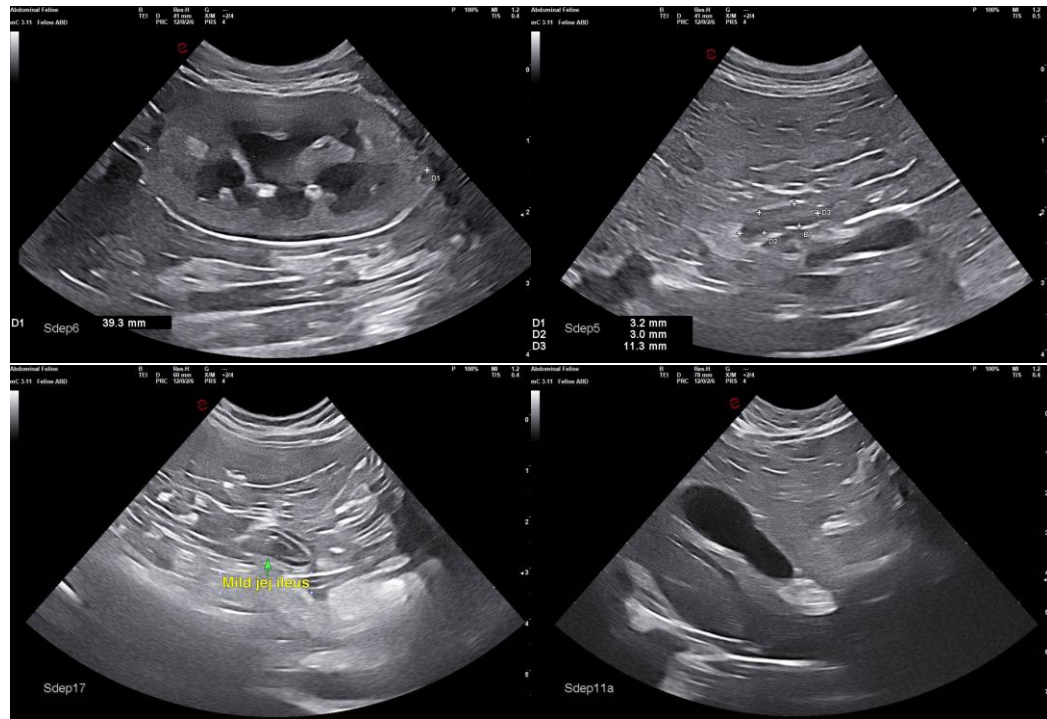
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)