



## PATIENT

Cassava McGregor

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

2yr

## WEIGHT

4.6kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Sarah Barthelemy

## HOSPITAL NAME

Fish Creek Pet Hospital

## REFERRING VET

Dr Van Sluys

## INVOICE 23999

## DATE

02/26/2026

## PRESENTING CLINICAL SIGNS

- presented with vomiting, anorexia, lethargy
- rads no obvious obstructive pattern but static
- non-responsive to outpatient therapy
- normal labs aside from hypochloremia and hyponatremia
- potential plastic or elastic ingestion?

## 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 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 3.7 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 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 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 contained mild to moderate retained gastric fluid.



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The small intestine presented overall intact wall layering with maintained muscularis/mucosa ratio. The duodenum was primarily empty. The segmental jejunum exhibited mild ileus and mild hypoechoic mural echogenicity which suggests mild segmental inflammatory jejunal component. Within the mid abdomen jejunal segments, segmental mild irregular hyperechoic to shadowing content was present consistent with foreign material potentially measuring 2-3 cm in length. Empty jejunal segments present distal to the level of the ileum and colon.

The small intestinal wall measured 0.21 cm in width.

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

### **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.

### **Free Abdomen**

Mild peri-intestinal hyperechoic to reactive omentum in the areas of jejunal ileus and jejunal foreign material.

Intermittent mildly prominent to enlarged mesenteric lymph 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).

Scant lateral abdomen effusion.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary**

- Jejunal foreign body/ possible bodies with partial to segmental jejunal and gastric obstruction obstructive pattern proximally, empty jejunum and ileum distally
- Mild peri-intestinal hyperechoic reactive omentum and intermittent mild benign mesenteric lymphadenopathy
- Scant lateral abdomen effusion

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Once the patient is stable for anesthesia, exploratory laparotomy with gross inspection of the gastrointestinal tract and expectation toward enterotomy is recommended. Intestinal biopsies at the time of surgery is suggested despite exploratory findings to assess for underlying small intestinal disease. Suspect scant inflammatory effusion without overt evidence of intestinal perforation or significant peritonitis.



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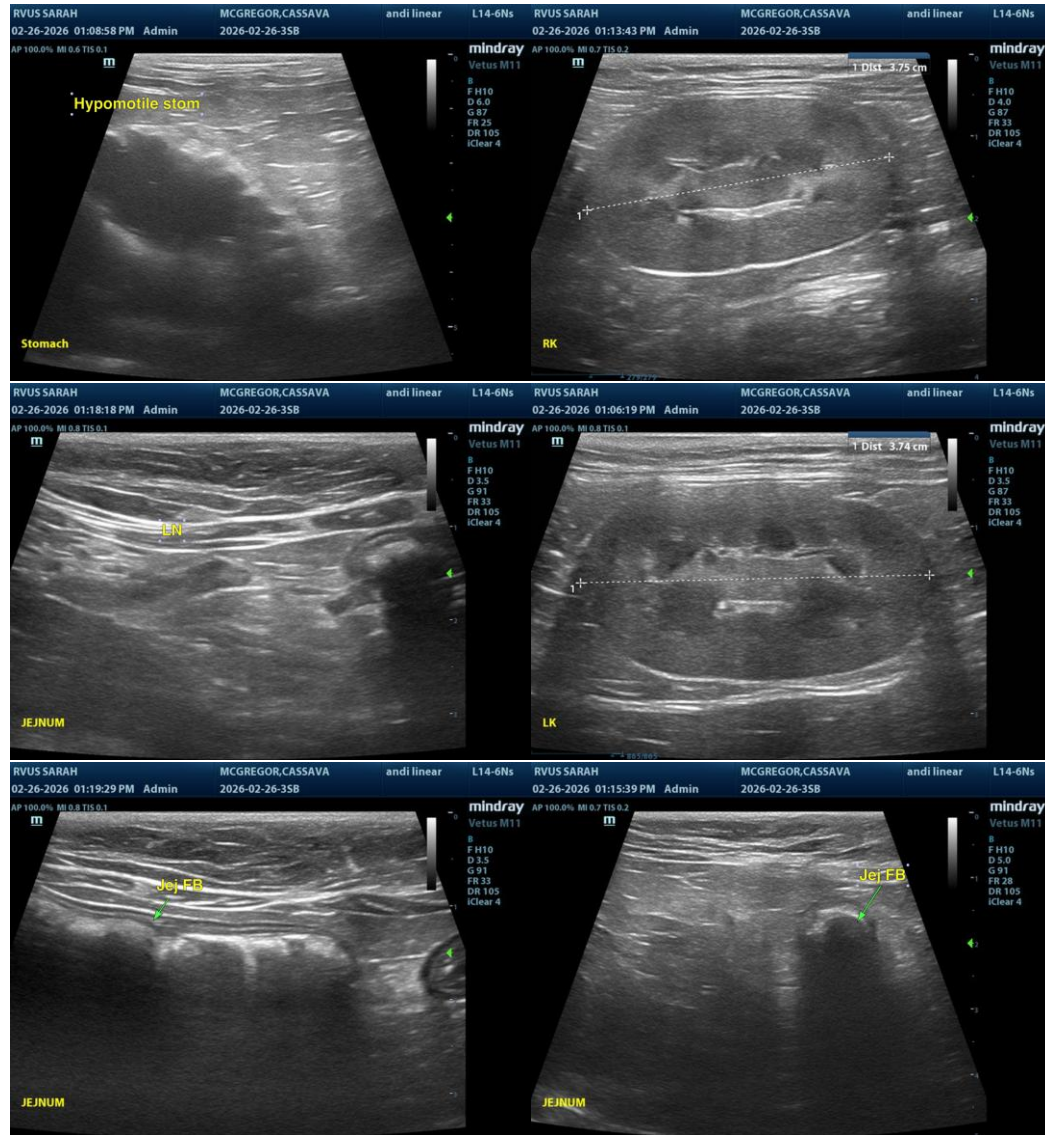
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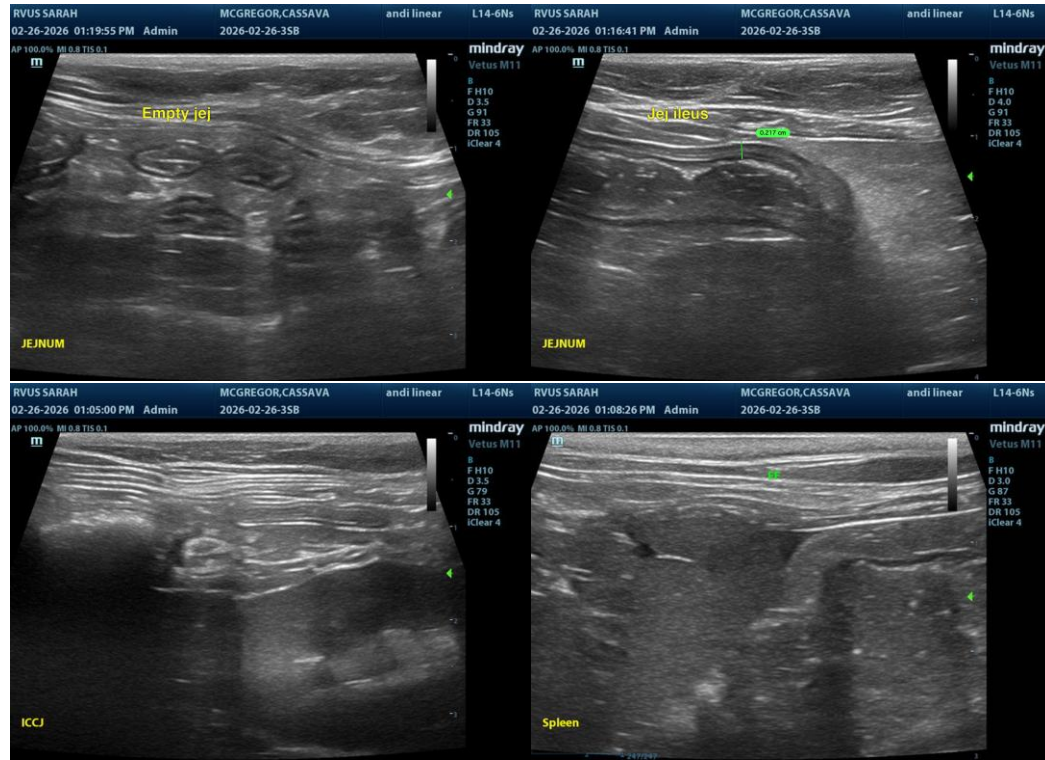
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)