



## PATIENT

Casper McAlonis

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

12 Years 2 Months

## WEIGHT

11.6 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Heather Platzer

## HOSPITAL NAME

Hershire Animal  
Hospital

## REFERRING VET

Dr. Rebecca McAlonis  
DVM

## INVOICE

13597

## DATE

02/04/26

## PRESENTING CLINICAL SIGNS

- Started vomiting Friday night, mult in the evening and overnight. Decreased eating - still had interest but would turn head away. No diarrhea found in the box. Started giving cerenia, and no vomiting since. Lethargic / a little ADR
- current meds: Cerenia 1/2 of 16mg this am, zofran 2mg last night / this am, famotidine 1/2 10mg tab am.
- new hm heard today 2/6
- indoor / outdoor
- did eat a few bites of food this morning.

## 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 change were noted.

The area of the aortic trifurcation was free of pathology.

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 3.9 cm in length. The right kidney measured 4.3 cm in length.

### Adrenal Glands

No obvious pathology in the areas of the left and right adrenal glands.

### 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 mild biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, to progressively shadowing moderate ingesta without signs of



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obstruction or foreign material. Patent pylorus with no evidence of obstructive pyloric mural pathology or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental to generalized mild nonshadowing ingesta to the level of the colon. The duodenum wall measured 0.24 cm wall width. The jejunum wall measured 0.23 cm wall width.

Normal visible colon wall layers were present with formed fecal matter 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

No overt lymphadenopathy or peritoneal effusion was present.

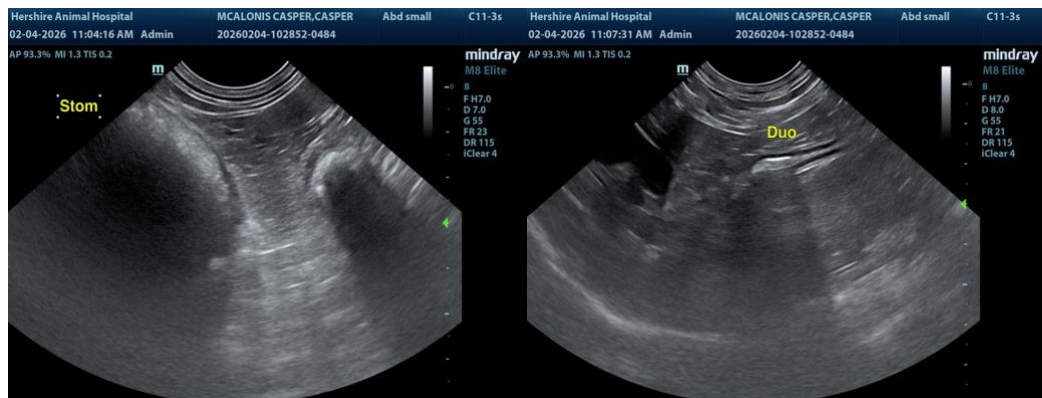
## ULTRASONOGRAPHIC FINDINGS

- Structurally normal gastrointestinal tract with generalized gastrointestinal ingesta.
- Normal area of the pancreas.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from the gastrointestinal ingesta, no evidence of visceral pathology, specifically gastrointestinal mural pathology or active pancreatitis. Correlation with most recent meal ingestion is recommended as the amount of gastric ingested is not overtly consistent with reported small recent meal ingestion. The gastric ingesta is most suggestive of food echogenicity although the possibility of intermixed hairball density or similar in the stomach cannot be definitively excluded.

Given the time frame between ultrasound study and interpretation, correlation with current clinical signs is indicated. If persistent gastric ingesta, documented 12-hour fast including gastrointestinal support and IV fluids to promote gastrointestinal motility and sonographic reassessment of the gastrointestinal tract is indicated. A GI panel to include PLI, TLI, cobalamin and folate is warranted to assess for non-structural intestinal disease or mild pancreatitis which may present sonographically normal.





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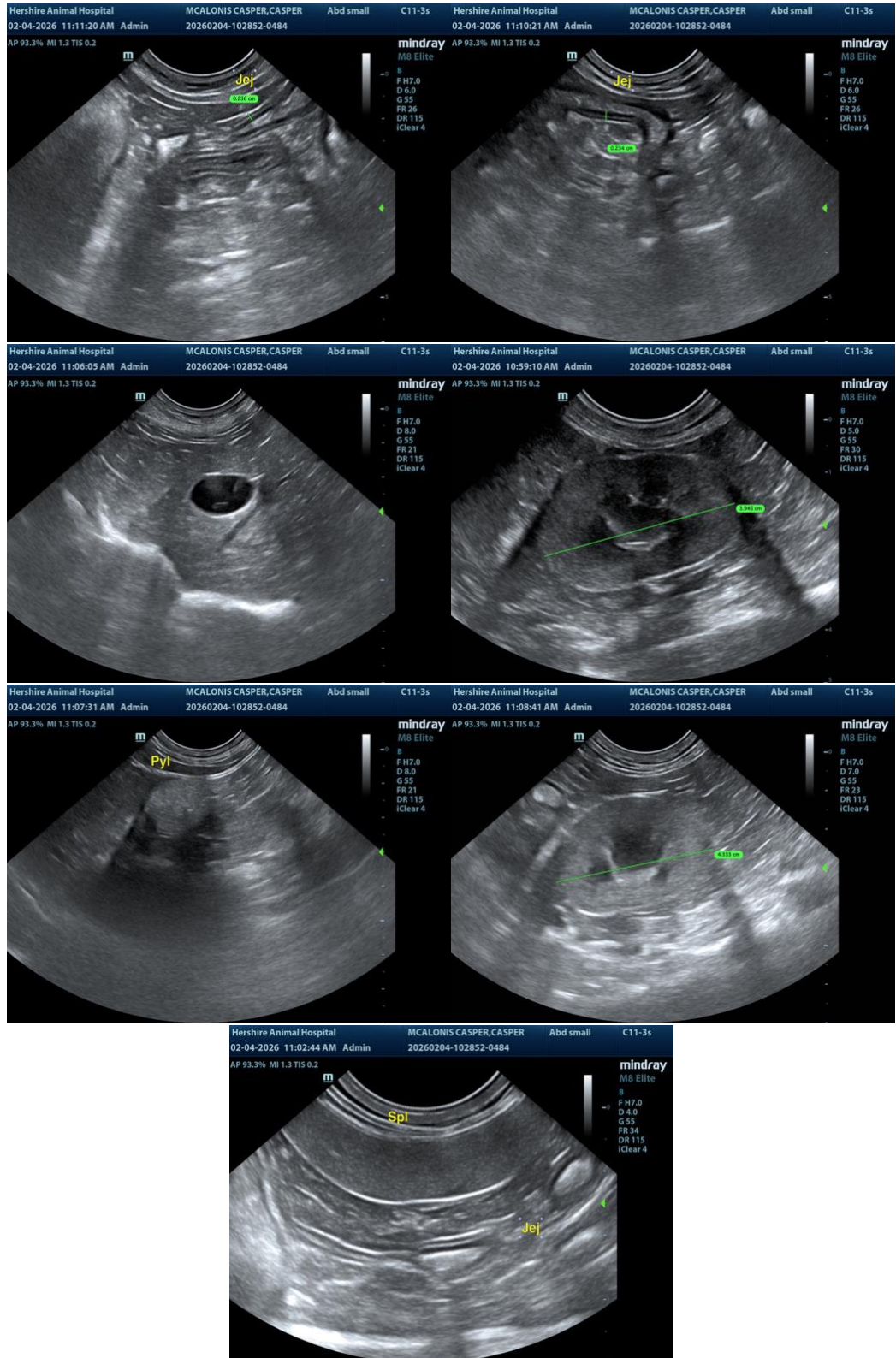
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)