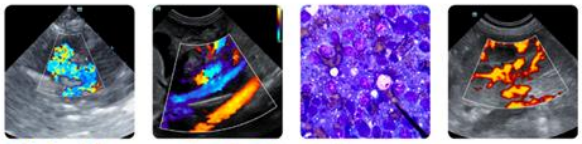


PATIENT

Oreo Warren

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

3

WEIGHT

14.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr Maniar

INVOICE
23825

DATE
02/06/2026

PRESENTING CLINICAL SIGNS

re checking fluid filled stomach from yesterday Patient has been fasted for over 24 hours

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 3.8 cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral 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

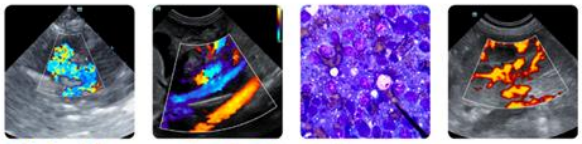
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended 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 stomach exhibited persistent moderate distension with retained fluid and lumen gas. No obvious visualized obstruction to pyloric outflow.

The small intestine exhibited primarily generalized mild to moderate distension with intestinal fluid and segmental gas. A suspicious mild to irregular strongly shadowing echo was present in the mid abdomen small intestine vs colon. Concurrent single visualized empty intestinal segment was present in the mid to cranial abdomen medial to the right kidney.

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



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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

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

Mild increased peri-intestinal omental echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary

- Persistent fluid distended stomach with concurrent fluid distended intestinal segments
- Suspicious mid abdomen intestinal vs colon echo
- Concurrent visualized empty small intestine
- Mild heterogeneous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although potential metabolic gastrointestinal ileus is possible, the persistent gastrointestinal fluid combined with empty intestinal segments is highly suggestive of obstructive intestinal criteria in conjunction with suspicious yet non-definitive mid abdomen intestinal vs colon echo. Sonographically the pancreas did not overtly correlate with significant active pancreatitis. Correlation with current clinical signs is recommended.

Exploratory laparotomy with gross inspection of the gastrointestinal tract is warranted given this presentation and if continued vomiting /inappetence.

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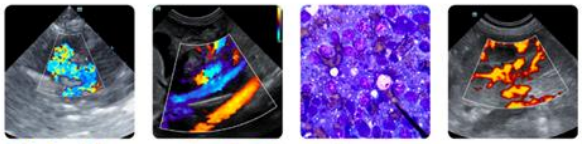

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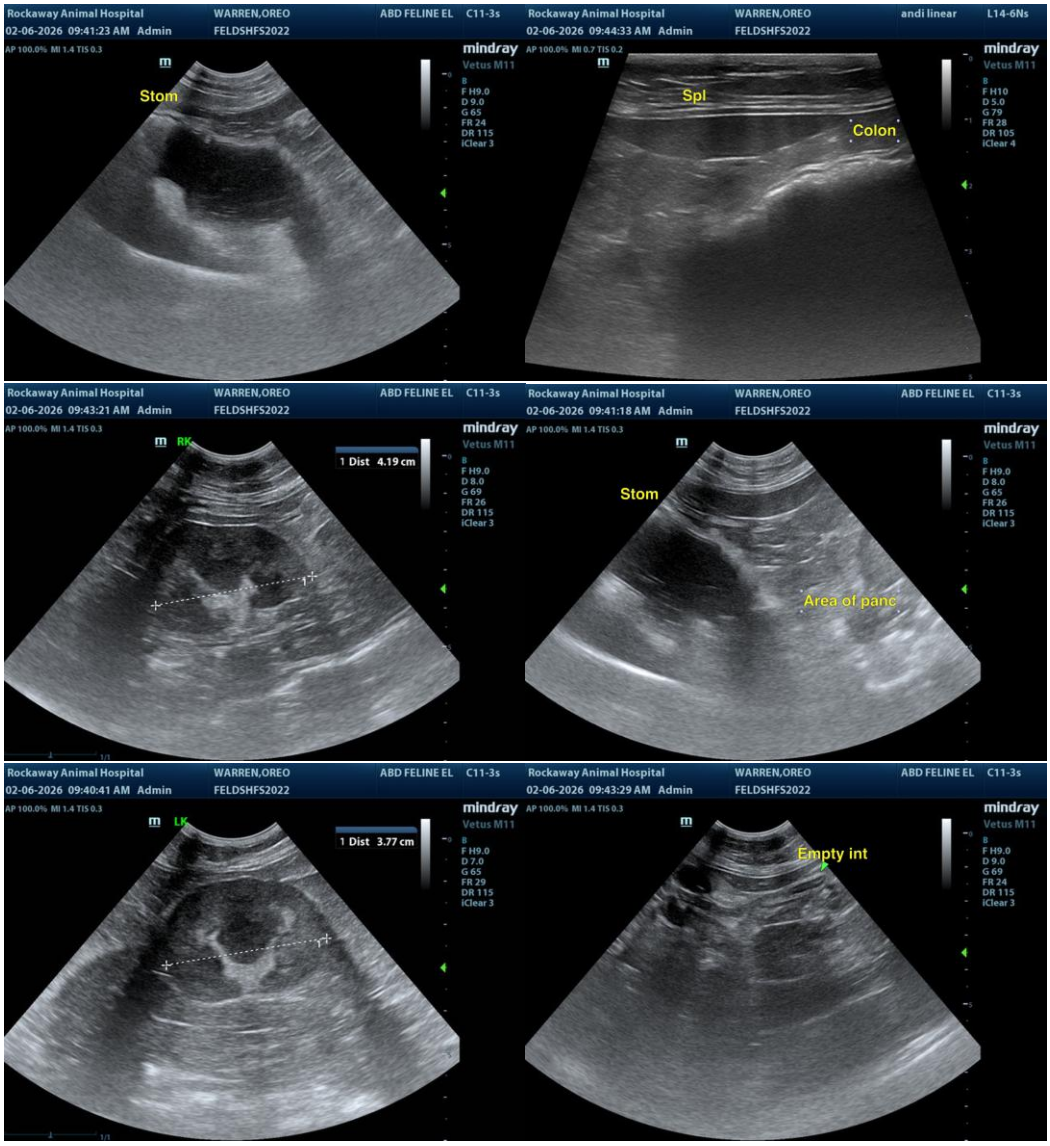

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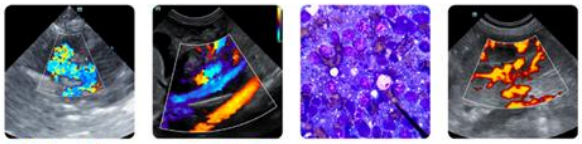

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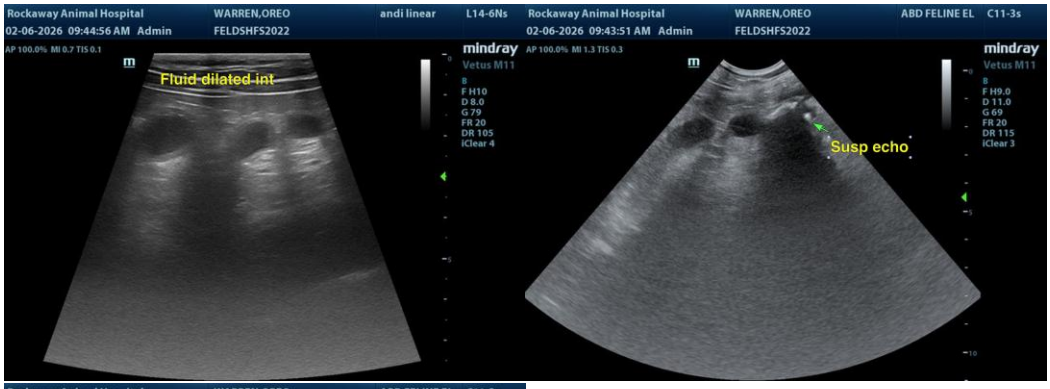

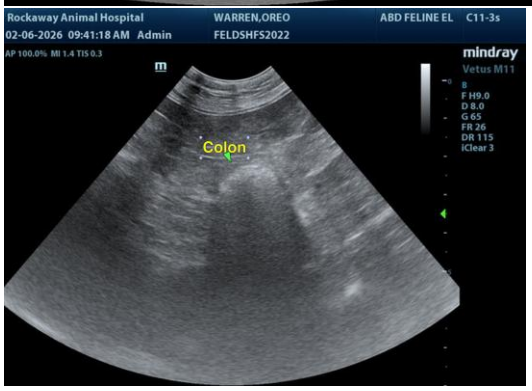

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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