



PATIENT

Stevie Borsellino

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

6yr

WEIGHT

5.35kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hamilton Region
Emergency Clinic

REFERRING VET

Dr Hussein

INVOICE

23835

DATE

02/09/2026

PRESENTING CLINICAL SIGNS

- Vomited medication and water around midnight
- Not eating since yesterday(decreased appetite since the day before)
- Last BM was last night, small but formed and urinated at 12:25 tonight
- Very low energy
- Last meds kept down was yesterday at 11am Omeprazole, Gabapentin, Clavaseptin from last visit 12 hours prior
- Hlstory of urinary stones, has been on a renal diet but recently switched to a urinary food due to hypercalcemia.
- Start Mirtazapine, Maropitant, Omeprazole, Clavaseptin, Gabapentin

Abnormal PE/Chem/CBC/UA Results: WBCs 26(2.87-17.02) Neuts 19.24(2.30-10.29) Lymph 3.48(0.92-6.88) Eosinophils 2.59(0.17-1.57)

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 3.9 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 adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 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



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non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The stomach was non-distended with mild lumen gas and progressively shadowing gastric ingesta.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild non-shadowing hyperechoic ingesta and mild segmental non-obstructive intestinal ileus to the level of the colon.

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

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Pancreas

The area of the pancreas was sonographically normal.

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Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

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- Structurally normal gastrointestinal tract with mild gastric and segmental intestinal ingesta, mild segmental non-obstructive intestinal ileus
- Normal area of pancreas

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Secondary

- Sonographically normal urinary bladder - no evidence of current mineral or calculi

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstruction or overt foreign material with suspect probable mild retained gastric and segmental intestinal food / chyme echogenicity. Non-specific gastroenteritis potentially secondary to medication, enterotoxin, infectious disease, non-structural inflammatory bowel, low-grade pancreatitis which may present sonographically normal all potentials.

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Gastrointestinal support without overt indication for surgical intervention with clinical monitoring over the next 24 hours and sonographic reassessment if non-responsive or progressive gastrointestinal signs is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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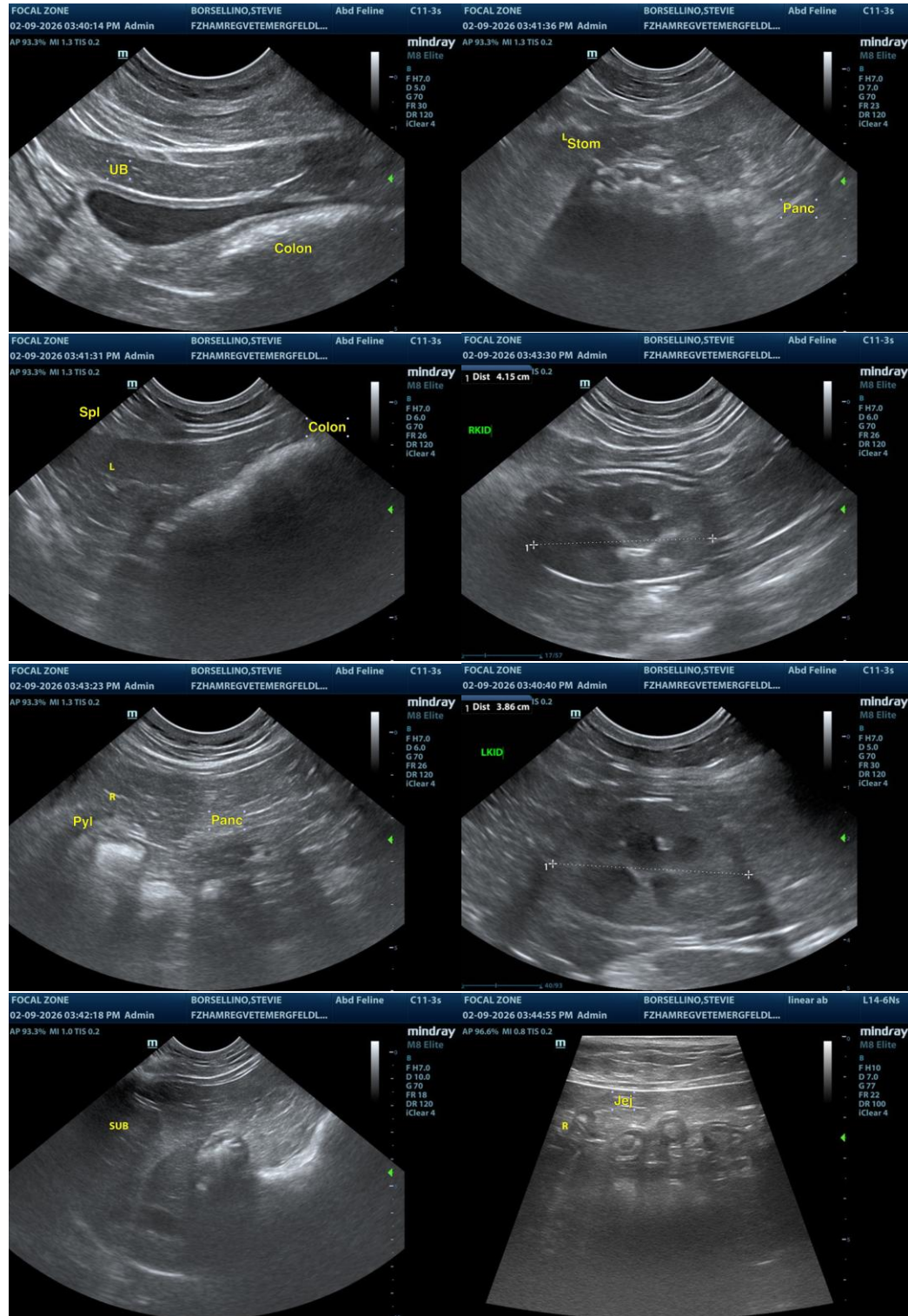
Dr Hussein

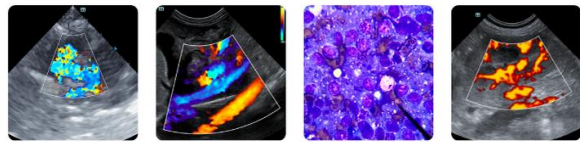
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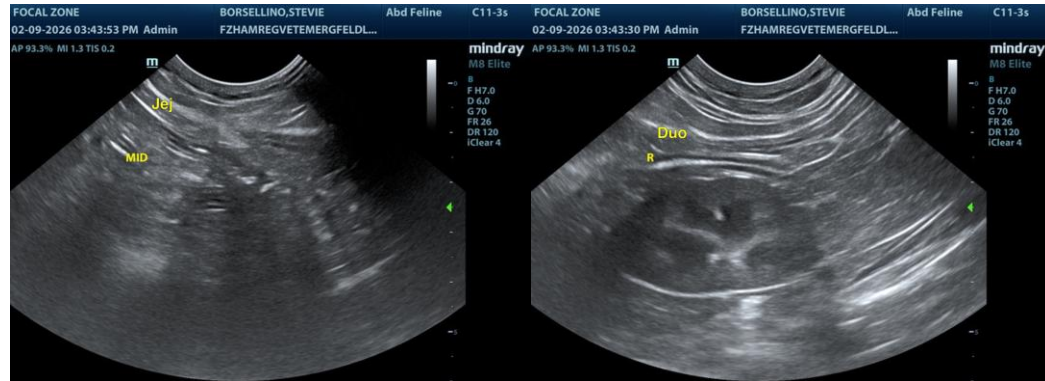
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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