



## PATIENT

Gray Man Gold

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

4 Years

## WEIGHT

12.2

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Brianna Gaines

## HOSPITAL NAME

Healthy Pets  
Veterinary Care Boca  
North

## REFERRING VET

Dr. Brianna Gaines

## INVOICE

14304

## DATE

03/13/26

## PRESENTING CLINICAL SIGNS

- anorexia not eating for 3 days. Dilated bowel loops and possible mass in the abdomen on radiographs.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder was mildly distended in size with normal tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent to hyperechoic mild to moderate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

The kidneys presented with a mild hyperechoic cortex and mild enhanced corticomedullary border demarcation, which is nonspecific and not overtly indicative of renal pathology and potentially a patient variant. The left kidney measured 4.4 cm in length. The right kidney measured 4.5 cm in length.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width.

No obvious pathology visualized 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. A solitary mid to lateral splenic small noncapsule deforming well demarcated hyperechoic nodule was present measuring 0.25 cm in diameter.

### 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 nonorganized biliary sludge. The proximal common bile duct was dilated and mild tortuous without overt post hepatic obstruction.

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a mild to moderate amount of retained fluid and a small amount of hyperechoic primarily nonshadowing to subtle progressively shadowing ingesta. No evidence of obstruction to pyloric outflow.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild nonshadowing intestinal ingesta and mild ileus to the level of the colon. The duodenum wall measured 0.25 cm wall width. The jejunum wall measured 0.20 cm wall width.

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

### **Pancreas**

The area of the pancreas was sonographically normal.

### **Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Metabolic gastric ileus with retained fluid and mild nonspecific hyperechoic ingesta.
- Segmental mild nonshadowing intestinal ingesta and mild intestinal ileus.
- Normal area of the pancreas.
- Mild gallbladder debris with nonobstructive proximal common bile duct dilation.
- Bilateral mild hyperechoic renal cortices.
- Urine sediment.

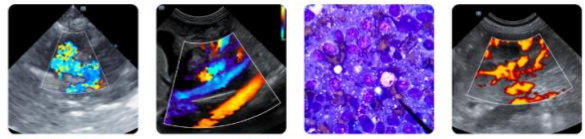
### Secondary Findings

- Small hyperechoic splenic nodule- suggestive of benign criteria i.e. small myelolipoma.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No visualized intra-abdominal mass or significant lymphadenopathy. Metabolic or functional gastric ileus, secondary to potential low-grade pancreatitis or non-structural subacute to nonspecific gastroenteritis is possible. A small amount of non-obstructive hairball type material in the stomach is of concern yet not definitive. An obvious area of mechanical intestinal obstruction was not visualized.

Spec fPL or full GI panel to include PLI, TLI, cobalamin and folate may be considered. Hospitalization with gastrointestinal support, documented 12-hour fast, clinical monitoring and sonographic reassessment of the gastrointestinal tract in 24 hours is recommended. Correlation with full lab work and urinalysis to assess for underlying metabolic disease. Correlation with gallbladder debris and mild non-obstructive common bile duct dilation which may suggest potential low-grade cholangitis as well as assessment of renal parameters and urinalysis +/- culture and sensitivity if evidence of inflammatory sediment is recommended.



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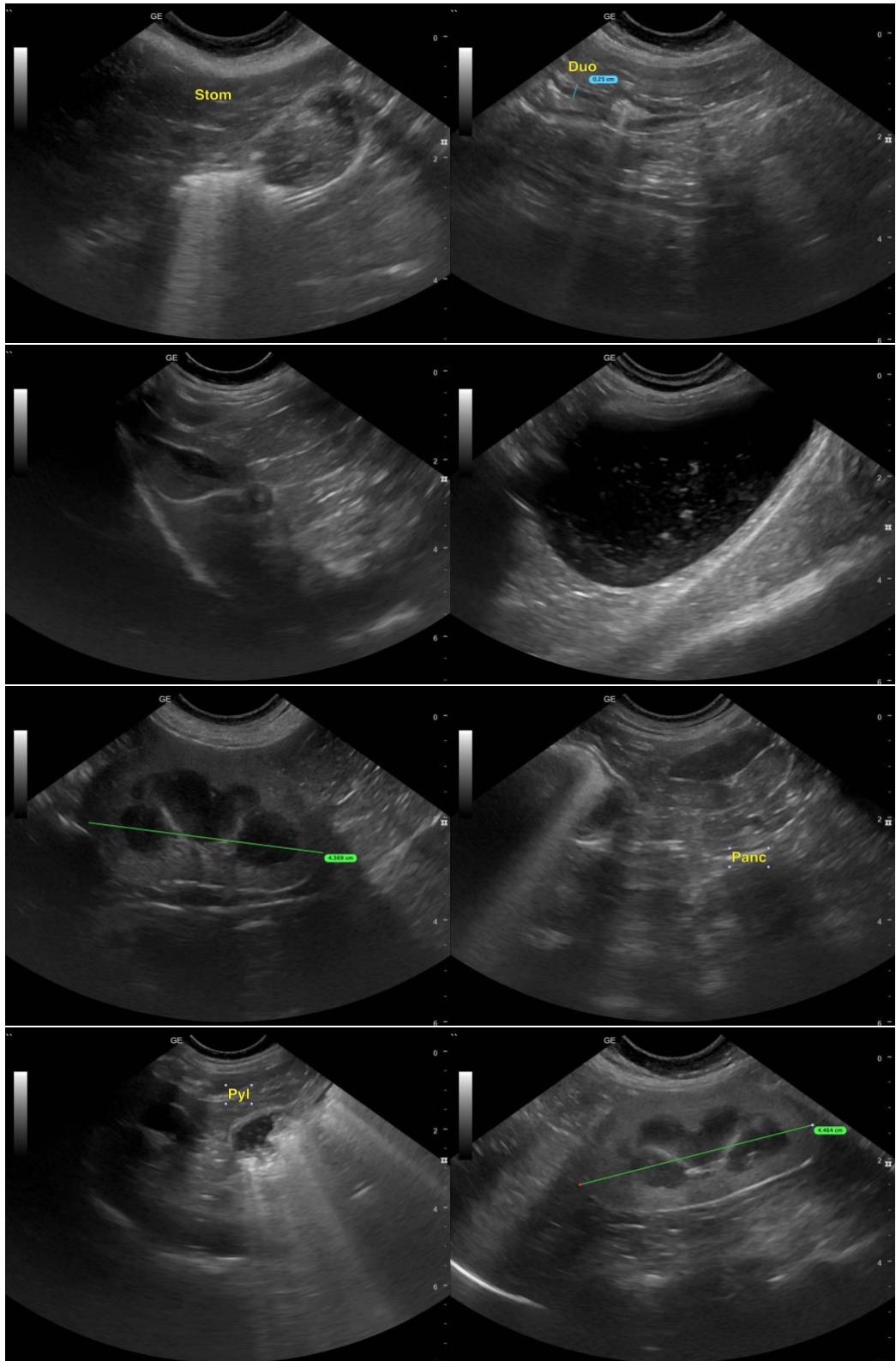
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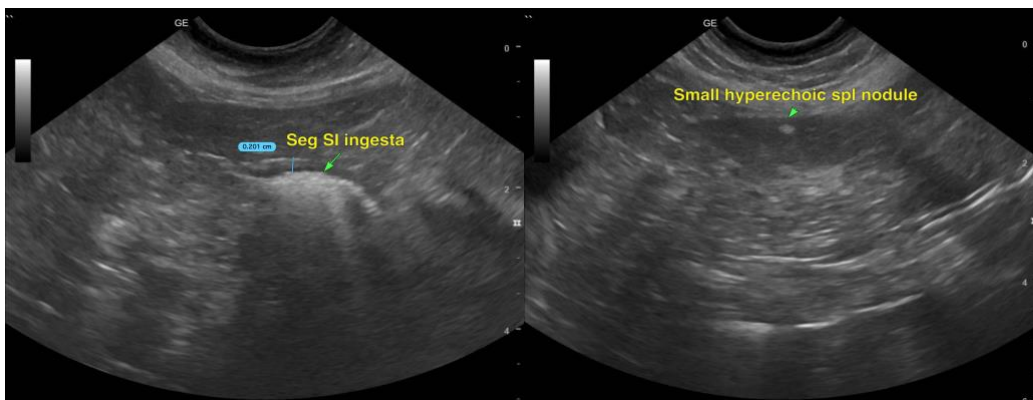
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)