

## PATIENT

Leo Kurz

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

5 Years

## WEIGHT

9 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Arielle Roldan CVT

## HOSPITAL NAME

Milford Animal  
Hospital

## REFERRING VET

Dr. Aleksandra Ascione  
DVM

## INVOICE

14303

## DATE

03/13/26

## PRESENTING CLINICAL SIGNS

- vomiting and diarrhea on/off for a week
- still has an appetite but vomits after eating
- O reports pt vomited up tinsel a few days ago and has a history of chewing on plastic

Abnormal PE/Chem/CBC/UA Results: Owner declined bloodwork

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent 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.

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 3.6 cm in length. The right kidney measured 3.8 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 0.40 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. 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*



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta/chyme without evidence of pyloric outflow obstruction.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with segmental nonobstructive intestinal gas pattern to the level of the colon. The duodenum wall measured 0.22 cm wall width. The jejunum wall measured 0.20 cm wall width.

Normal visible colon wall layers were present with semi formed fecal matter.

### **Pancreas**

The area of the pancreas was sonographically normal.

### **Free Abdomen**

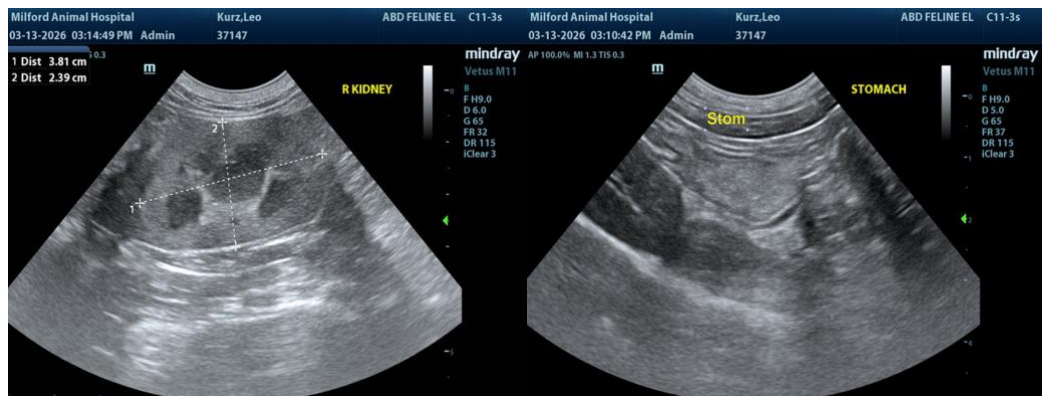
No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Normal stomach with mild nonshadowing ingesta/chyme.
- Primarily empty sonographically normal small intestine with mild segmental nonobstructive gas pattern.
- Semi formed fecal matter in colon.
- Normal area of the pancreas.
- Mild urine sediment.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal obstructive pattern or definitive foreign material. No indication for current surgical intervention. Gastrointestinal support which may include dietary trial, as needed gastroprotectants with clinical monitoring is recommended. A GI panel to include PLI, TLI, cobalamin and folate to assess for non-structural intestinal disease or mild pancreatitis which may present sonographically normal may be considered. Sonographic reassessment is indicated if persistent or progressive gastrointestinal signs. Correlation with lab work to rule out underlying metabolic disease is recommended. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.





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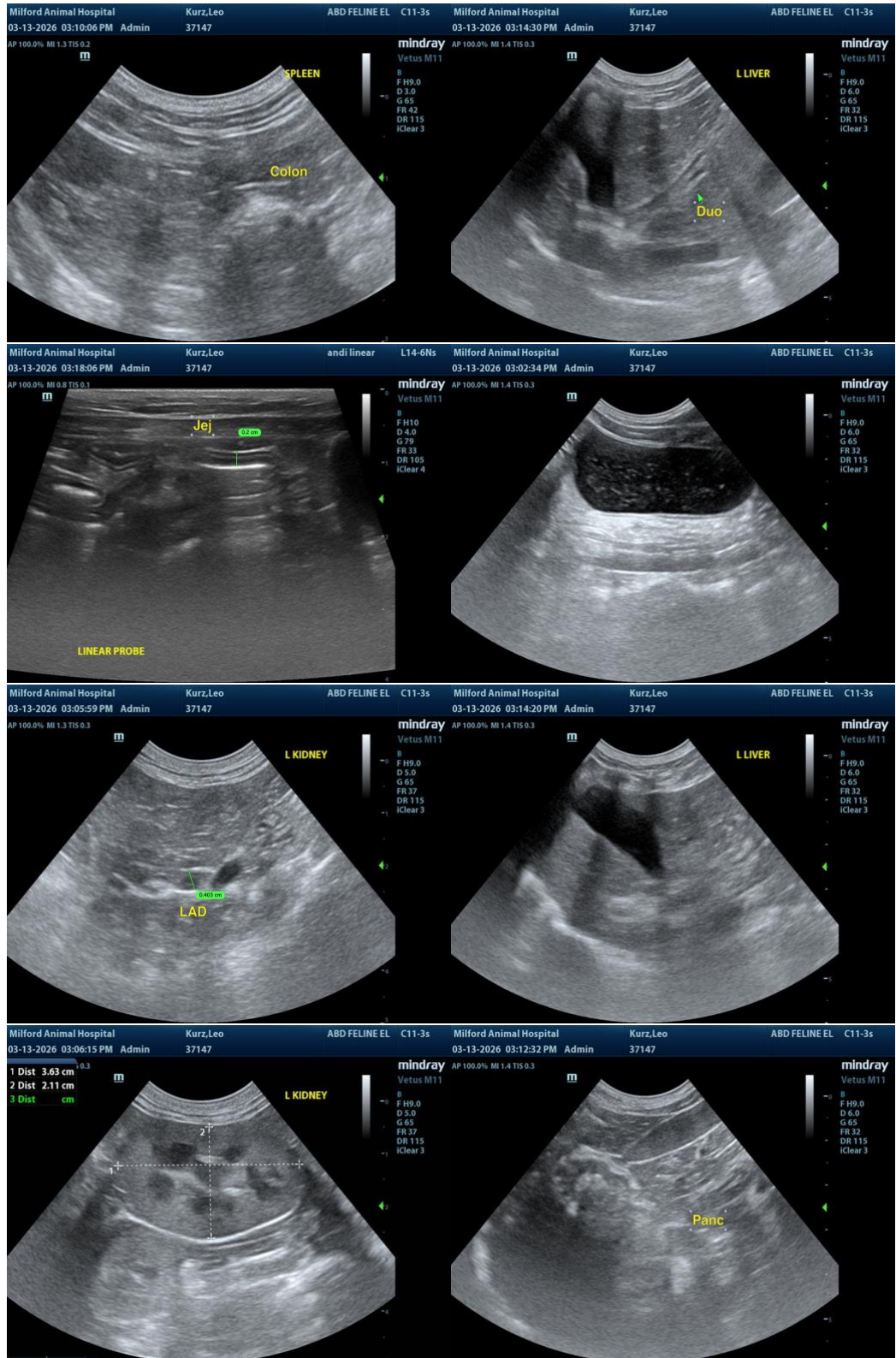
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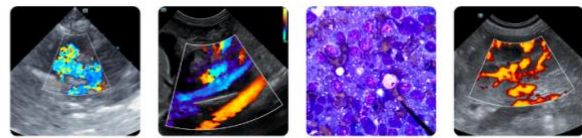
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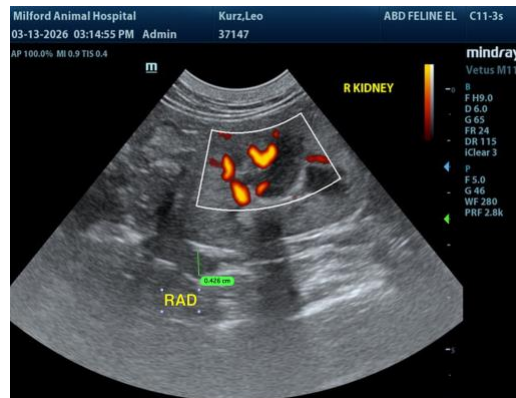
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)