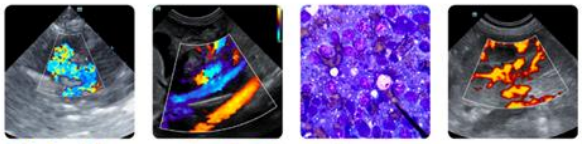


PATIENT

Cat Kvitnitsky

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

7

WEIGHT

13.9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Elizabeth Kyle-LaBell

HOSPITAL NAME

Flanders Veterinary Clinic

REFERRING VET

Dr. Elizabeth Kyle-LaBell

INVOICE
24221

DATE
03/16/2026

PRESENTING CLINICAL SIGNS

- vomiting, lethargy, inappetence
- no urine or stool production in litterbox this morning
- Hx of constipation- on high fiber GI prescription diet
- Hx of small intestinal obstruction with resection and anastomosis
- Abnormal PE/Chem/CBC/UA Results: Bloodwork WNL

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 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild to moderate, non-dependent particulate to hyperechoic sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.8 cm in length. The right kidney measured 3.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.40 cm width. The right adrenal gland measured 0.36 cm width.

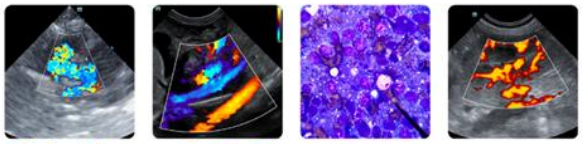
Spleen

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 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 moderately distended with variably echogenic ingesta exhibiting mild progressive distal acoustic shadowing. Overtly normal intact visible wall. No definitive visualized obstruction to pyloric outflow.

The small intestine exhibited segmental distention with non-shadowing variable ingesta /chyme exhibiting normal intact non-thickened wall with concurrent segmental mildly thickened wall exhibiting indistinct mural detail. Mildly thickened intestinal wall in an area of retained ingesta / chyme measured 0.31 cm in width. Concurrent indistinctly visualized yet subjective primarily empty intestinal segments with mild lumen gas.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Regional mild peri intestinal hyperechoic omentum and minor pockets of effusion.

No visualized significant or swollen mesenteric lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary

- Ingesta distended stomach and segmental intestine, concurrent primarily empty intestinal segments with mild lumen gas
- Subjective segmental mildly thickened intestine wall in area of retained intestinal ingesta
- Mild peri-intestinal hyperechoic omentum and minor effusion
- Normal area of pancreas

Secondary

- Mild chronic renal changes
- Urinary bladder sediment
- Sonographically unremarkable visible colon containing formed fecal matter

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although a definitive area of mechanical intestinal obstruction was not visualized, the amount of retained gastric and segmental intestinal ingesta given reported vomiting and inappetence is highly suggestive of mechanical intestinal obstruction. Considerations may include non-visualized foreign body, mural pathology, i.e. stricture mass or other.

Exploratory laparotomy with gross inspection of the gastrointestinal tract and with biopsies considered essential despite exploratory findings is warranted. Hospitalization with 18-24 hour gastrointestinal support including IV fluids with sonographic monitoring would be a more conservative approach.

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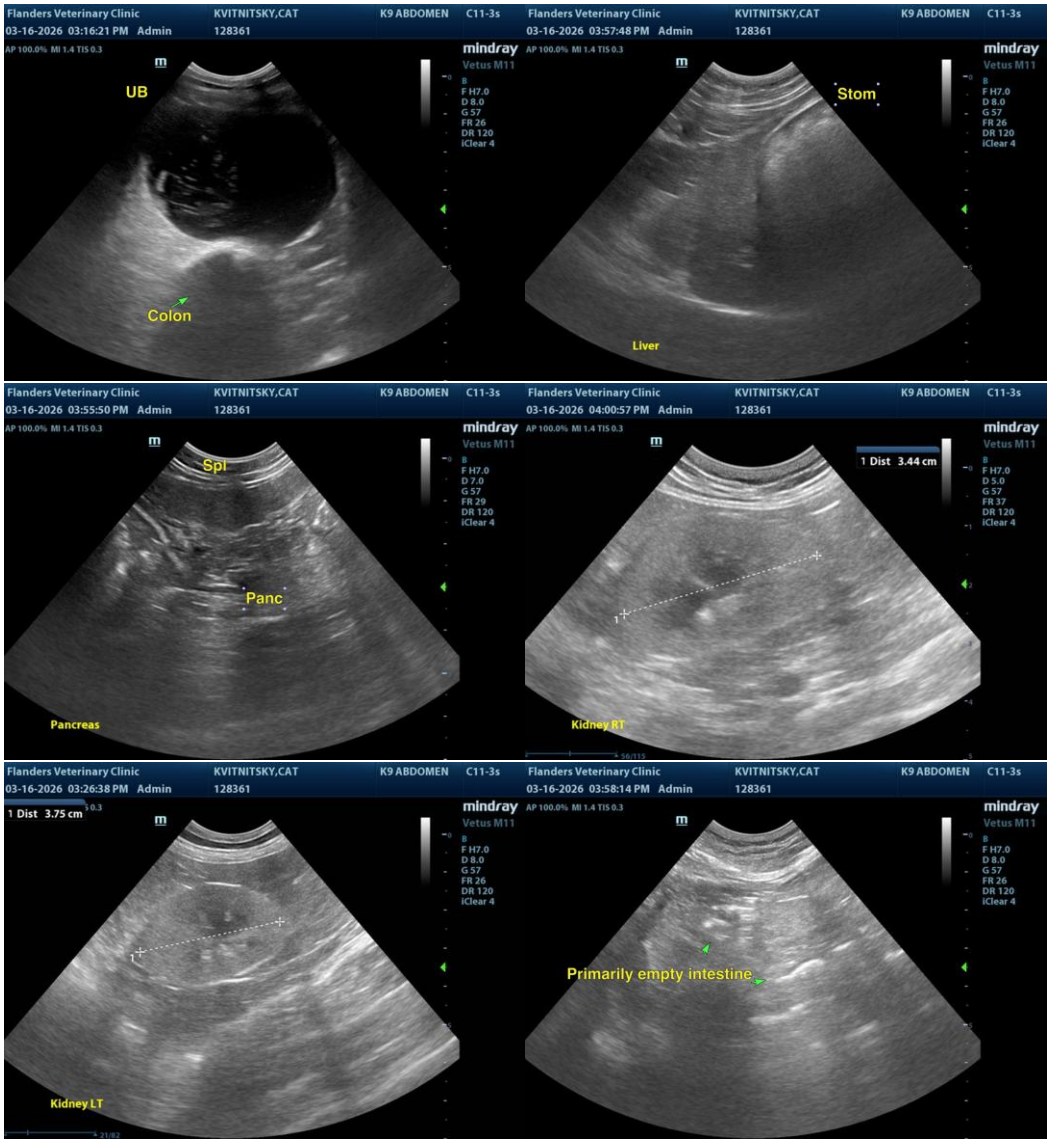

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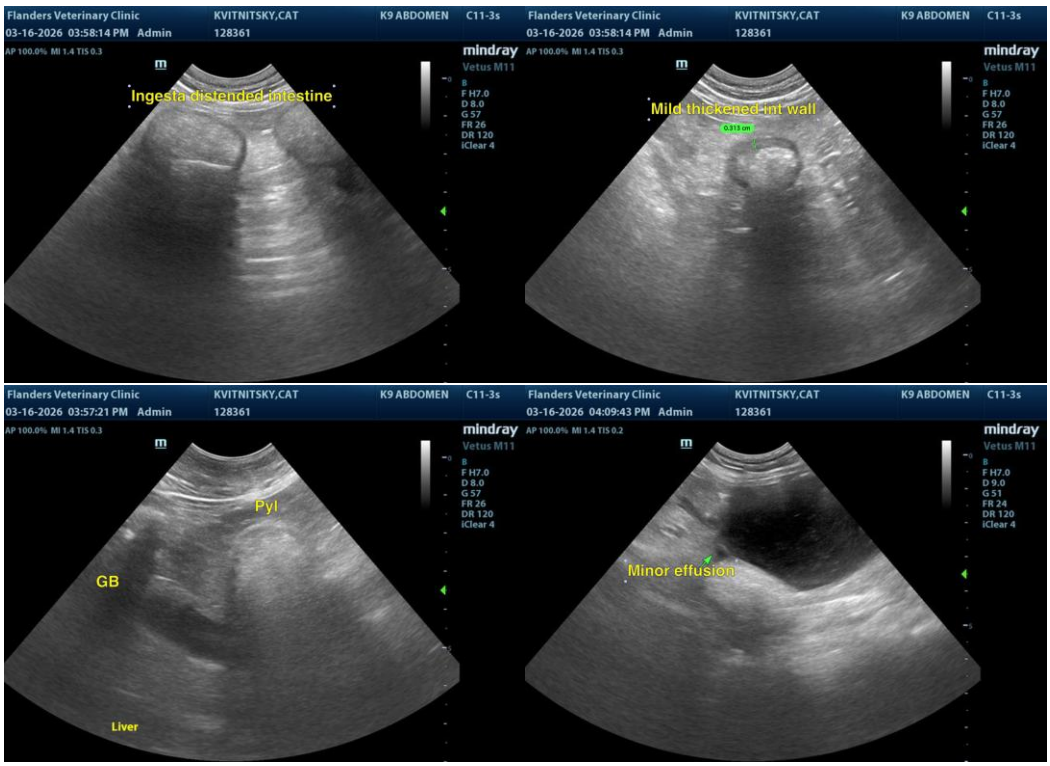

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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