



PATIENT

Sanam Avella

PRESENTING CLINICAL SIGNS

Intermit V+, hx of ibd, also sched ct for sneezing.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, 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 non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

BREED

Persian

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 was primarily visualized in transverse plane. The right kidney measured 4.1 cm in length.

SEX

MN

The area of the aortic trifurcation was free of pathology.

AGE

9yr

Adrenal Glands

No obvious pathology in the area of the left/right adrenal gland. The left adrenal gland subjectively measured 0.37 cm width. The right adrenal gland subjectively measured 0.38 cm width

WEIGHT

13.5lb

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.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Rockaway Animal Hospital

Gastrointestinal

The stomach presented moderately distended with retained anechoic to echogenic fluid. Overtly normal intact visible stomach wall.

REFERRING VET

Dr Maniar

The small intestine presented intact segmental borderline thickened wall with overall maintained wall layer ratio. The small intestine exhibited segmental primarily mild non-shadowing ingest/ chyme. An example of small intestine wall measured 0.29 cm in width. Within the subjective cranial small intestinal segments which may suggest duodenum or cranial abdomen jejunum, a strongly shadowing echo measuring ~ 1.5 cm in diameter was present.

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

Sanam Avella

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

SPECIES

Feline

Free Abdomen

BREED

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

Persian

ULTRASONOGRAPHIC FINDINGS

Primary

SEX

- Moderate gastric distention with retained fluid /chyme
- Borderline to mild thickened sonographically normal small intestinal wall with non-shadowing intestinal ingesta / chyme
- Shadowing cranial abdomen intestinal lumen echo
- Normal area of pancreas

MN

AGE

9yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

The intact mildly thickened small intestinal wall may correlate with historical IBD. The strongly shadowing cranial abdomen intestinal lumen echo combined with degree of gastric ileus is strongly concerning for mechanical gastrointestinal obstruction despite reported intermittent vomiting.

13.5lb

INTERPRETED BY

Exploratory laparotomy with gross inspection of the gastrointestinal tract and with intestinal biopsies strongly recommended despite exploratory findings is warranted. Documented 12 hour fast and sonographic reassessment of the gastrointestinal tract with gastrointestinal support would be more conservative.

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

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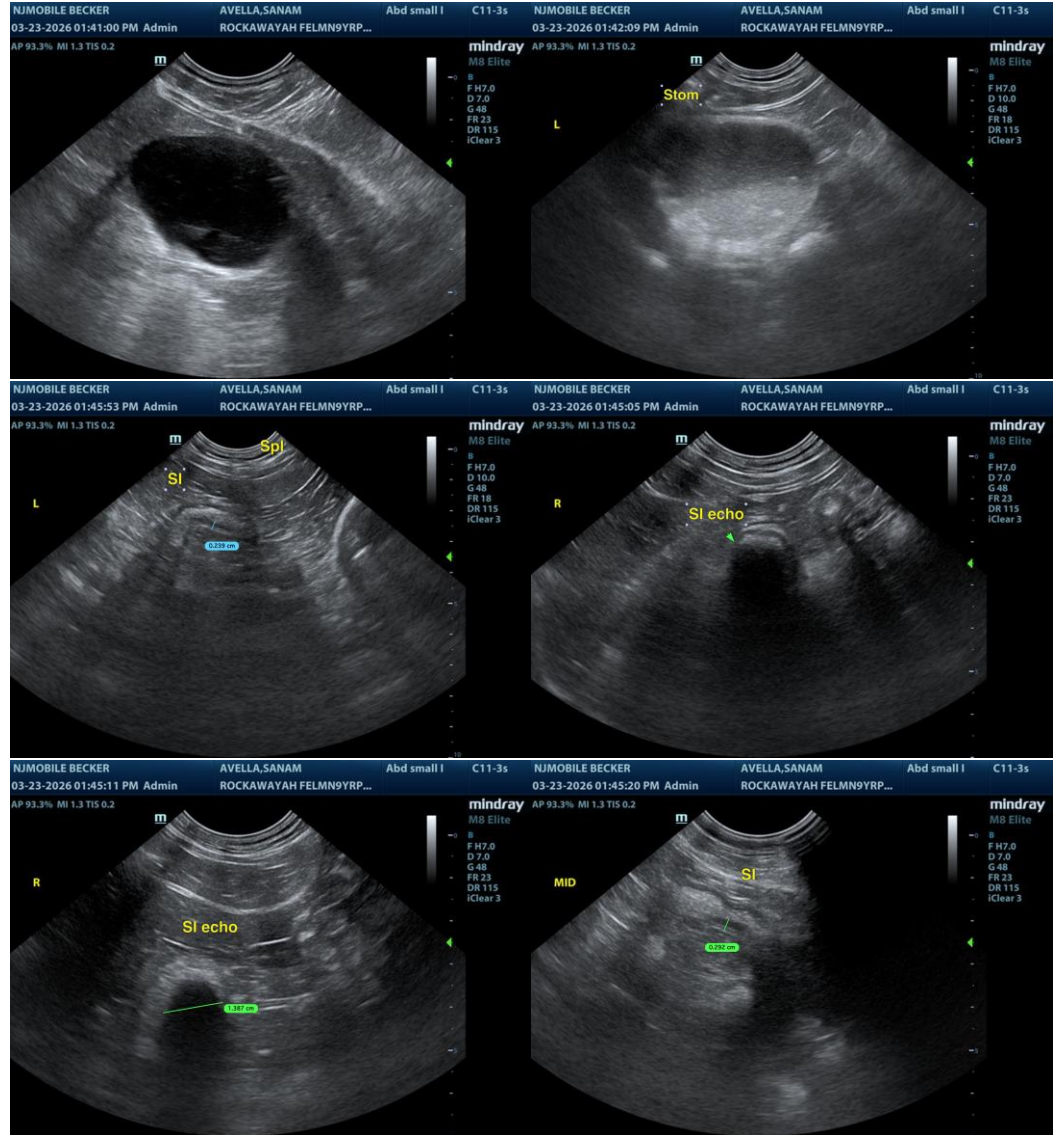
Dr Maniar

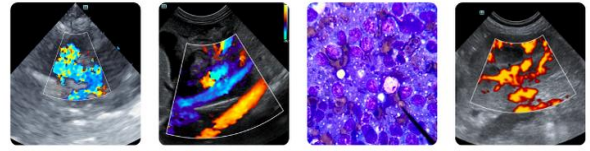
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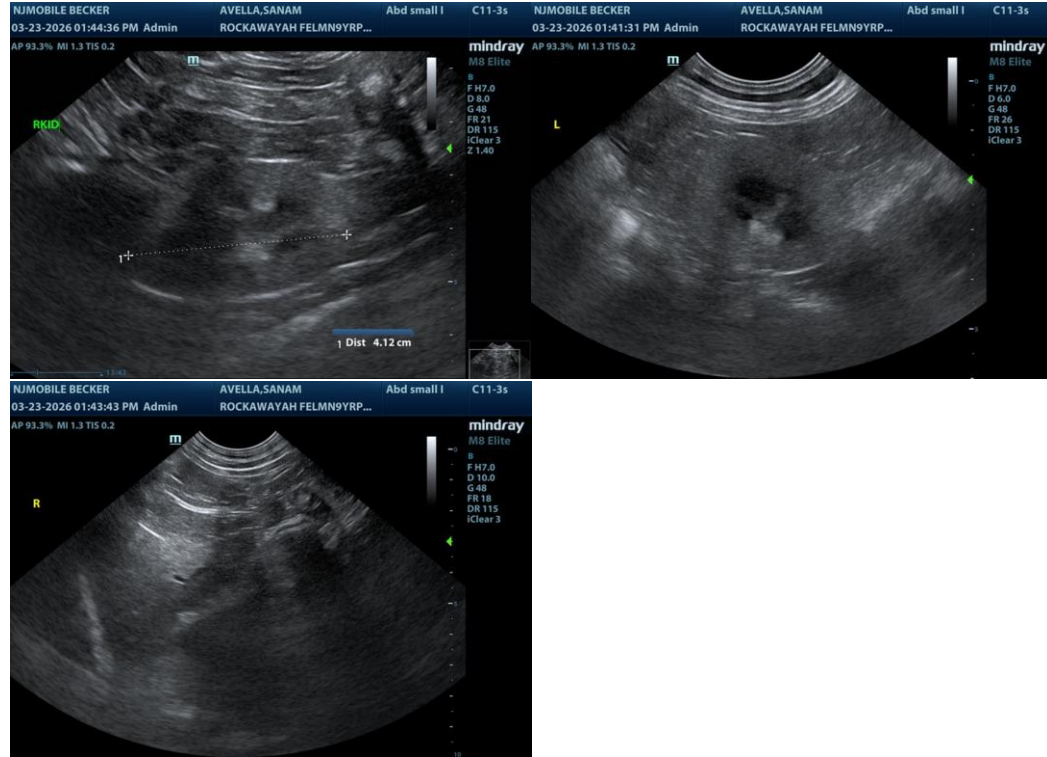
MN

AGE

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WEIGHT

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(Canine and Feline)

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.

IMAGING PERFORMED BY

Kerri Becker

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com

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