

## PATIENT

Carl Marino

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

9

## WEIGHT

9

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr. Harrs

## INVOICE

14692

## DATE

03/28/26

## PRESENTING CLINICAL SIGNS

- vomiting, delayed gastric emptying prominent ropy intestines chronic constipation prev u/s 2022 IBD and chronic pancreatitis

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change 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 3.6 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 0.38 cm width at the caudal pole.

No obvious pathology 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.

### 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 biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta/chyme without signs of obstruction or foreign material. No evidence of obstruction to pyloric outflow. The pylorus wall measured 0.30 cm wall width.

The small intestine presented intact wall layering with overall maintained wall layer ratio. Borderline thickened small intestinal wall and generalized empty intestinal lumen. The duodenum wall measured 0.31 cm wall width. The jejunum wall measured 0.26 cm wall width.



**PATIENT**

Normal visible colon wall layers were present with formed fecal matter and empty descending colon.

Carl Marino

**Pancreas**

**SPECIES**

The left pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Feline

**Free Abdomen**

**BREED**

No overt lymphadenopathy or peritoneal effusion was present.

DSH

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Mild retained nonshadowing gastric ingesta/chyme- no evidence of obstructive pyloric pathology.
- Intact borderline thickened small intestine wall.
- Empty descending colon.
- Suspect mild chronic pancreatitis.
- Mild gallbladder debris.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

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The borderline thickened intact small intestinal wall may correlate with previous sonographic assessment of IBD criteria, although no evidence of significant gastrointestinal mural pathology. Gastrointestinal support which may include dietary trial and as needed gastroprotectants may prove beneficial.

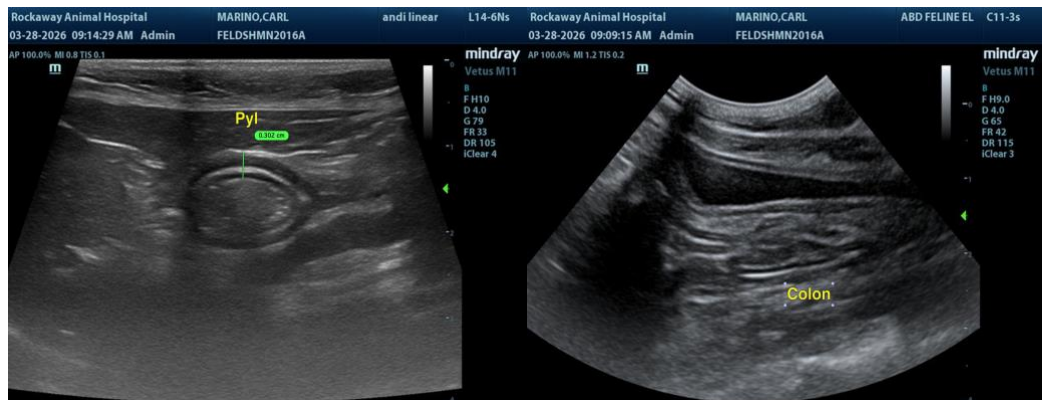
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Correlation with a spec fPL or full GI panel to include PLI, TLI, cobalamin and folate may be considered. Sonographic monitoring if persistent or progressive gastrointestinal signs or evidence of weight loss is indicated. Gastrointestinal biopsies may be required for a definitive diagnosis.

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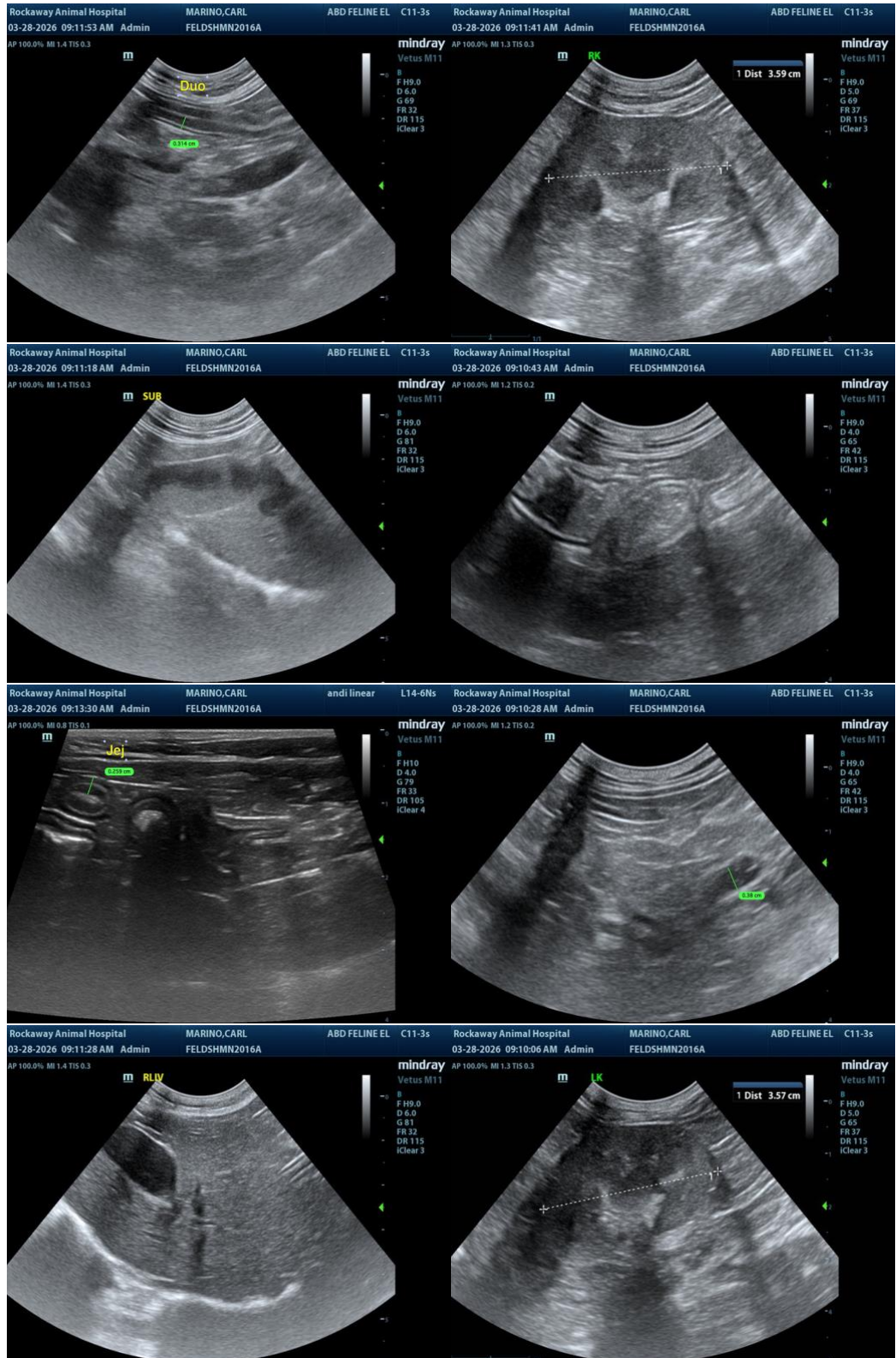
Dr. Harrs

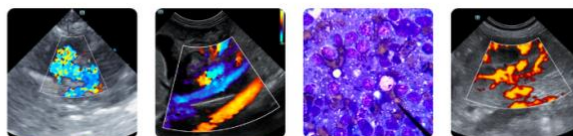
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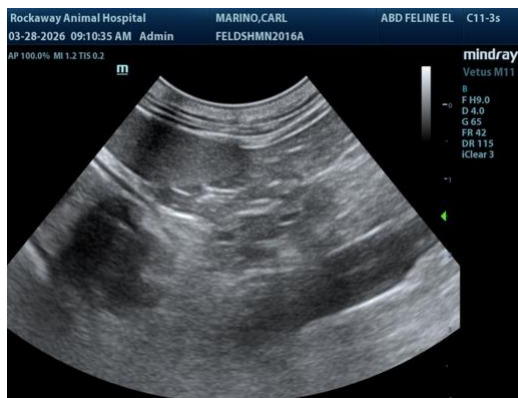
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)