

## PATIENT

Bo Haliski

## SPECIES

Feline

## BREED

DMH

## SEX

MN

## AGE

5Y

## WEIGHT

5.6kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Mayfield

## HOSPITAL NAME

Ark Animal Clinic

## REFERRING VET

Dr. Reed

## INVOICE

74425

## DATE

3-31-26

## PRESENTING CLINICAL SIGNS

- Seen @ VRC for vomiting on 3/21, last vomit has blood in it. Hx of eating hair ties.
- Initially, patient continued to vomit for ~ 5 days following therapy, despite oral antiemetics.
- Per O p has NOT continued to vomit since 3/27
- Medications:
  1. Ondansetron 4 mg tabs: Give 1/2 tablet by mouth every 8-12 hours for nausea.
  2. Prilosec 10mg tablets (omeprazole) no additives: Give 1/2 of a tablet (5mg) by mouth every 12 hours for 5 days

Abnormal PE/Chem/CBC/UA Results: Radiographs and labwork performed @ VRC on 3/21 - 3 view abd rads: The appearance of the gastrointestinal tract is consistent with a mild functional ileus. Blood work: - PCV/TS: 45/8.7 - EPOC: lac 5.0 (very wiggly draw)

## 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 changes were noted.

The area of the residual prostate appeared normal and free of pathology.

No evidence of pathology in the area of the aortic trifurcation.

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 measured 3.9 cm in length. The right kidney measured 4.4 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 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 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. Normal hepatic vascular volume was present. 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.



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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

### *Gastrointestinal*

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained anechoic pyloric fluid. No evidence of shadowing content or obstruction to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.22 cm. The jejunum wall measured 0.21 cm. The ileocolic wall measured 0.35 cm.

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

### *Pancreas*

The left pancreas is normal in size with mild capsular asymmetry exhibiting minor nonhomogeneous hypoechoic parenchyma compared to adjacent nonreactive or inflamed omentum. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

### *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Sonographically normal gastrointestinal tract with mild retained pyloric fluid.
- Minor hypoechoic nonhomogeneous left pancreas.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal mural pathology, obstructive pattern, or current foreign material. Resolving mild gastritis or left limb pancreatitis may be suspected. Assessment for evidence of cranial abdomen or subxiphoid discomfort on palpation which may allude to resolving pancreatitis is suggested.

Correlation with a Spec fPL or a full GI panel to include PLI/TLI/Cobalamin/Folate to rule out nonstructural intestinal disease may be considered. No indication for surgical intervention.

Continued gastrointestinal support with clinical monitoring is recommended.

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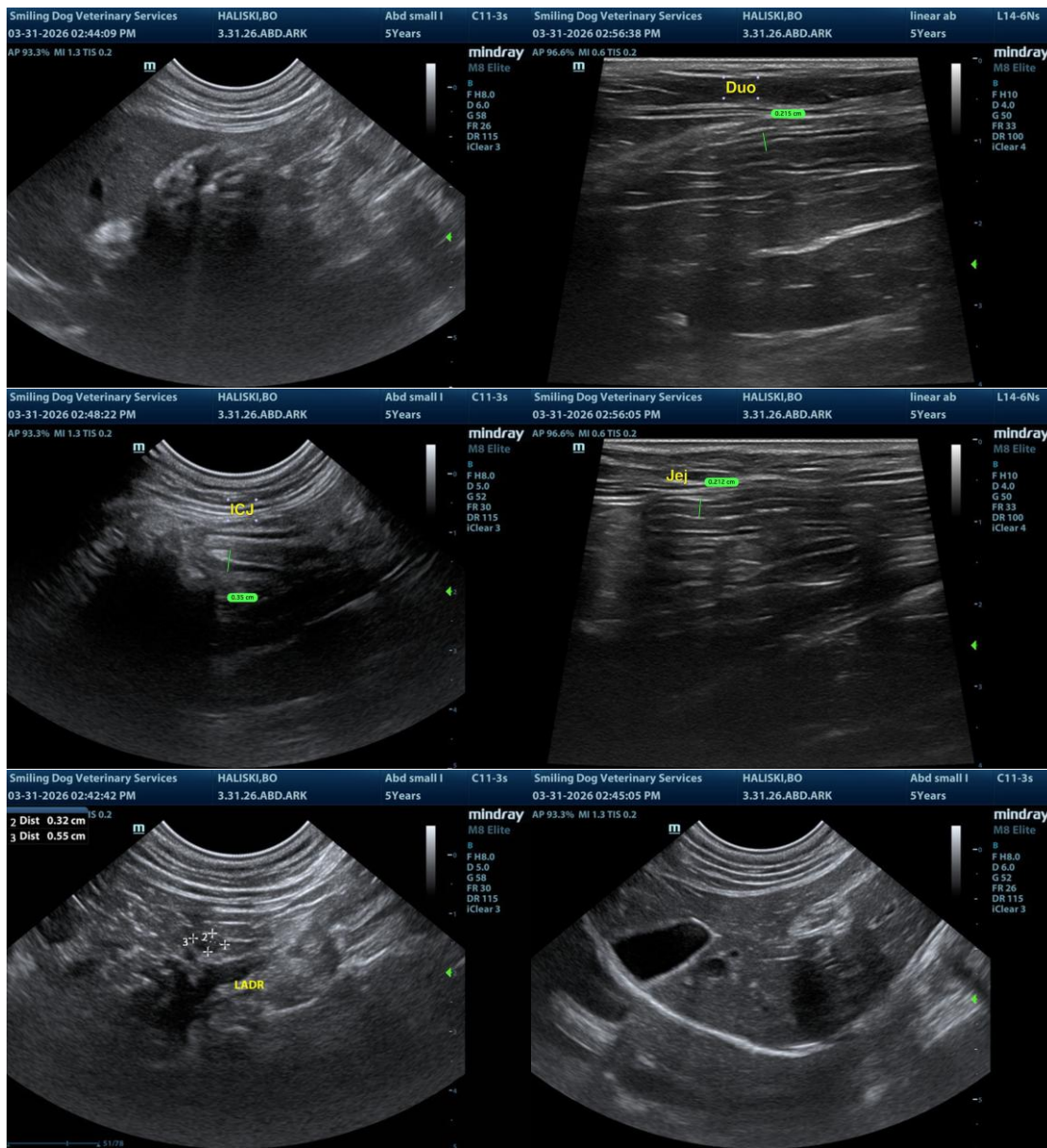
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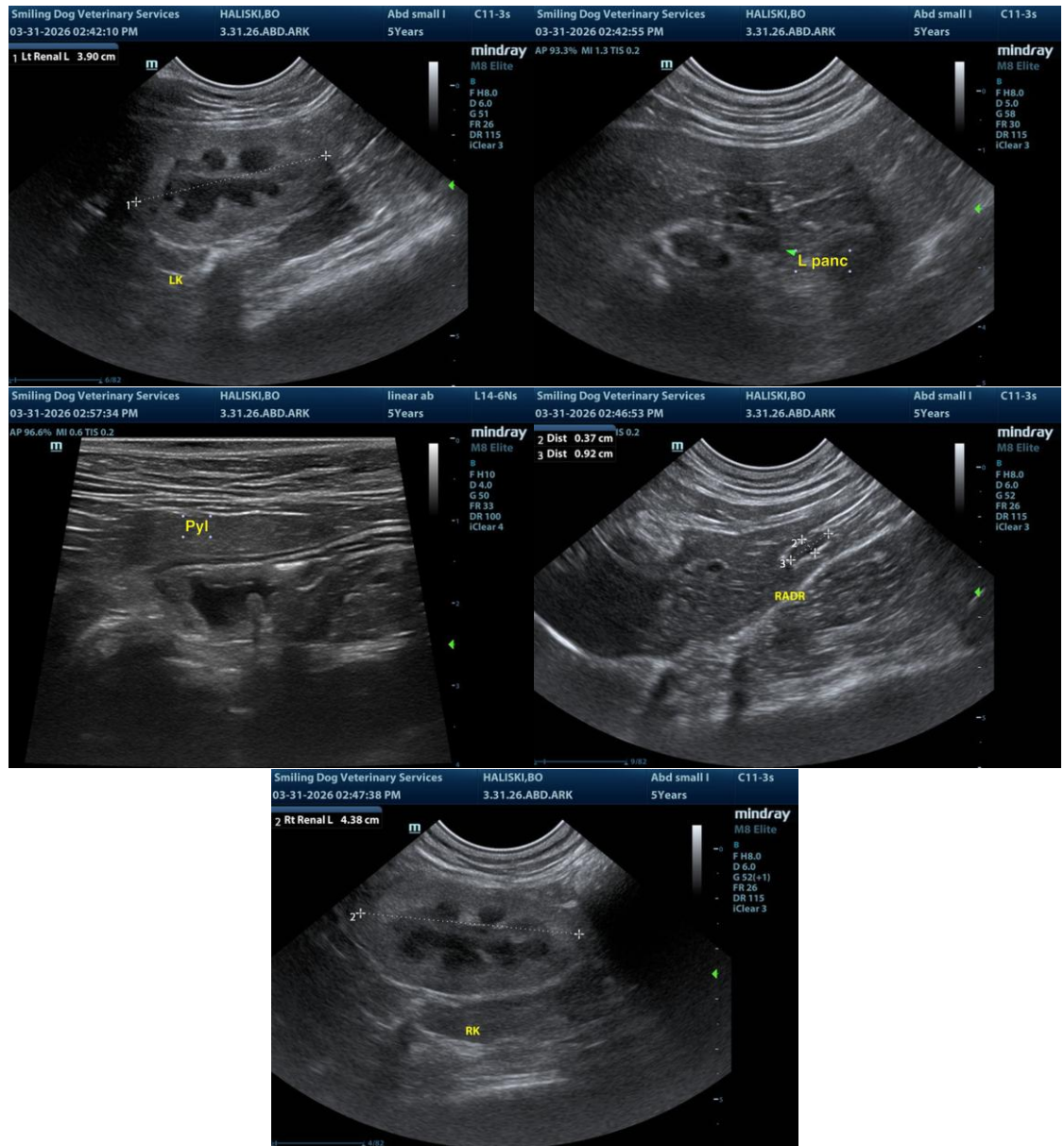
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)