

**PATIENT**

Whiskers Odsuren

**SPECIES**

Feline

**BREED**American  
Shorthaired Cat**SEX**

MN

**AGE**

1yr, 6mo

**WEIGHT**

3.6 kg

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING  
PERFORMED BY**Dr. Mariusz  
Chmielinski, DVM**HOSPITAL NAME**

Apex VS LTD.

**REFERRING VET**Alpine 24/7 / ER  
doctor**INVOICE**

10816

**DATE**

4/16/26

**PRESENTING CLINICAL SIGNS**

Acute vomiting and anorexia x 2 days, No diarrhea, Similar episodes in February and early April, previously resolved with supportive care, Current episode not improving

Abnormal PE/Chem/CBC/UA Results: Mentation: QAR, Marked abdominal pain, Hydration: ~9% dehydrated, MM: pale pink, dry, Vitals: T: 37.9°C, HR: 188 bpm, RR: 26, BP: 98/81 mmHg, Hematocrit: increased RBC and HCT - consistent with dehydration, Leukocytosis with neutrophilia: Suggestive of inflammatory process, Hyperglycemia: Likely stress-related, Mild ↑ ALT (208 U/L): Likely secondary/reactive, Electrolytes: within acceptable limits

**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.

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 3.7 cm in length. The right kidney measured 3.8 cm in length.

**Adrenal Glands**

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width and 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. 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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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## *Gastrointestinal*

The stomach was mildly to moderately distended with retained echogenic fluid and chyme. An irregular, strongly shadowing, variably hyperechoic echo was noted, measuring ~3.0 – 4.0 cm in diameter, appearing to extend through the pyloric outflow into the duodenum. A hyperechoic linear echo within the lumen of the pylorus and duodenum, with associated retained duodenal nonshadowing chyme, and subjective upper to mid duodenal plication was present.

The jejunum exhibited intact wall layering with maintained wall layer ratio and an empty lumen to the level of the colon.

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

## *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.

## *Free Abdomen*

No significant omental lymphadenopathy was visualized. No evidence of peritoneal effusion was present. Mild increased peri-gastroduodenal hyperechoic omentum was noted.

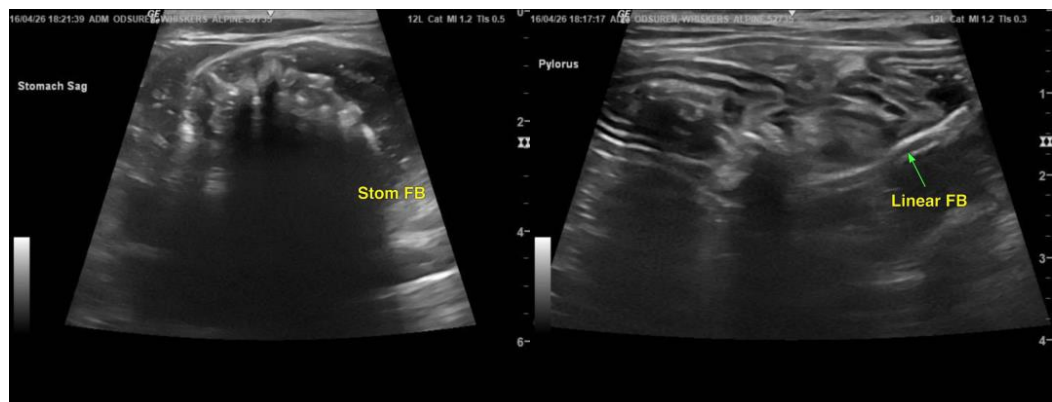
## ULTRASONOGRAPHIC FINDINGS

- Gastric foreign body appearing to extend through the pylorus into the duodenum with linear component, associated retained gastroduodenal fluid / chyme and segmental duodenal plication.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with gastrotomy and probable enterotomy is recommended with generalized gross inspection of the gastrointestinal tract.

If surgery was not immediately performed following ultrasound, brief sonographic reassessment, given the timeframe between ultrasound study and interpretation, is suggested to ensure persistent sonographic findings.





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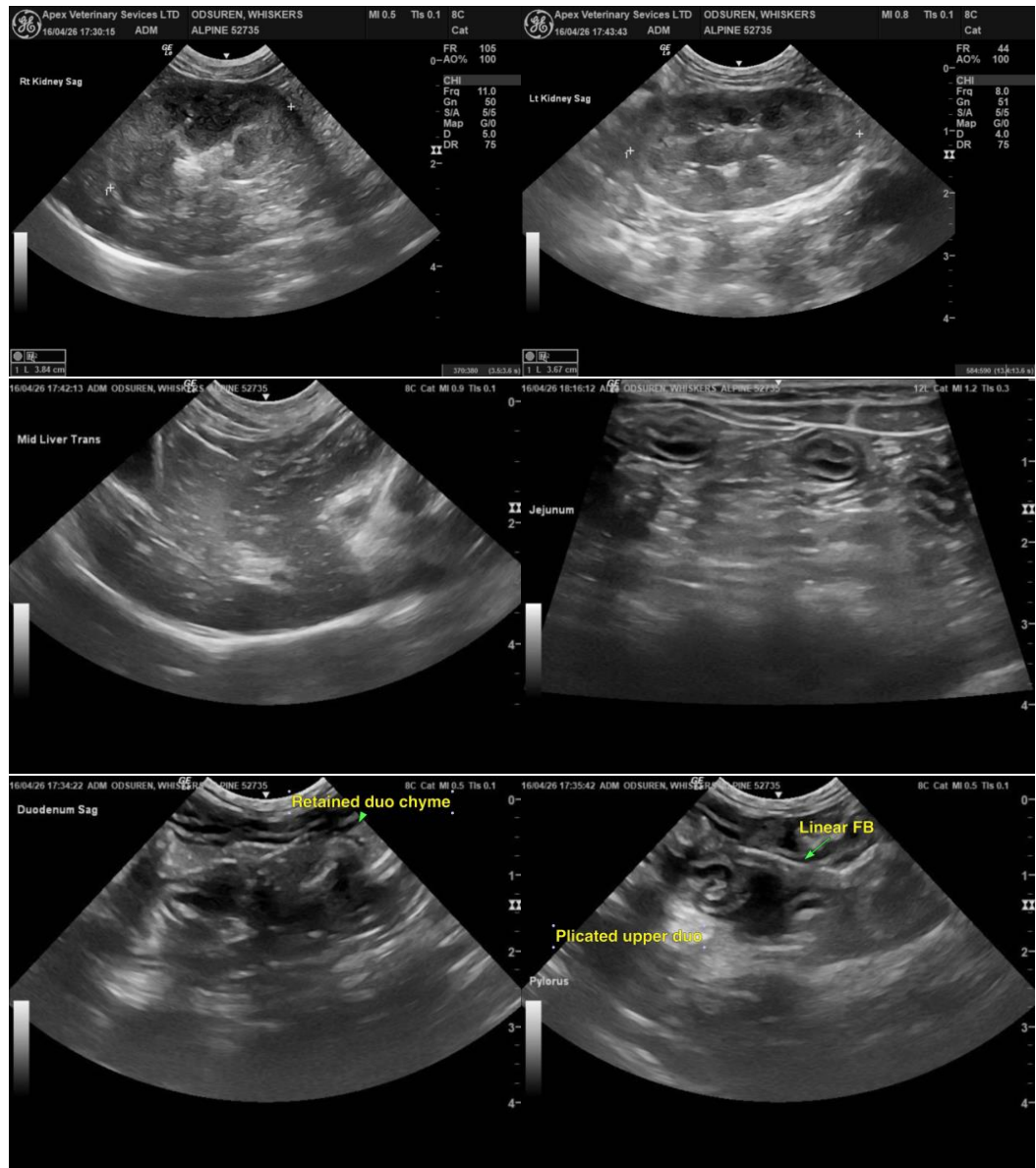
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)