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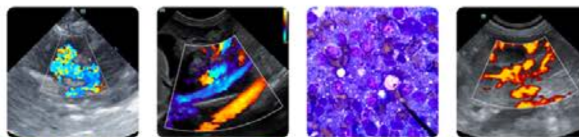


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT
Morris Chaplin

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
8 Years

WEIGHT
17.3 lbs

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

IMAGING PERFORMED BY
Heather

HOSPITAL NAME
Animal Care Clinic of Flanders

REFERRING VET
Dr. Casulli

INVOICE
74599

DATE
4/19/26

PRESENTING CLINICAL SIGNS

Vomiting and anorexia, possible cranial abdominal mass , r/o gastric outflow obstruction, ibd, fatty liver

Abnormal PE/Chem/CBC/UA Results: 4/20/26 - p02 - 155.9 (hi) , 02sat - 99.2, BE (ecf) (bun high on 4/19 but on fluids over the weekend and bun came down)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Moderate non-dependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

Normal renal size and margination. Mildly thickened, hyperechoic cortex with mild indistinct corticomedullary border demarcation. Normal medullary volume. Left kidney measured 4.5 cm. Right kidney measured 4.5 cm.

Adrenal Glands

The adrenal glands were not definitively visualized.

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

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, non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

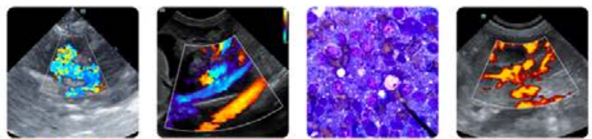
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Pylorus wall measured 0.25 cm.

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. Small intestinal wall measured 0.20 cm.

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

Pancreas

The area of the pancreas is sonographically normal.



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Free Abdomen

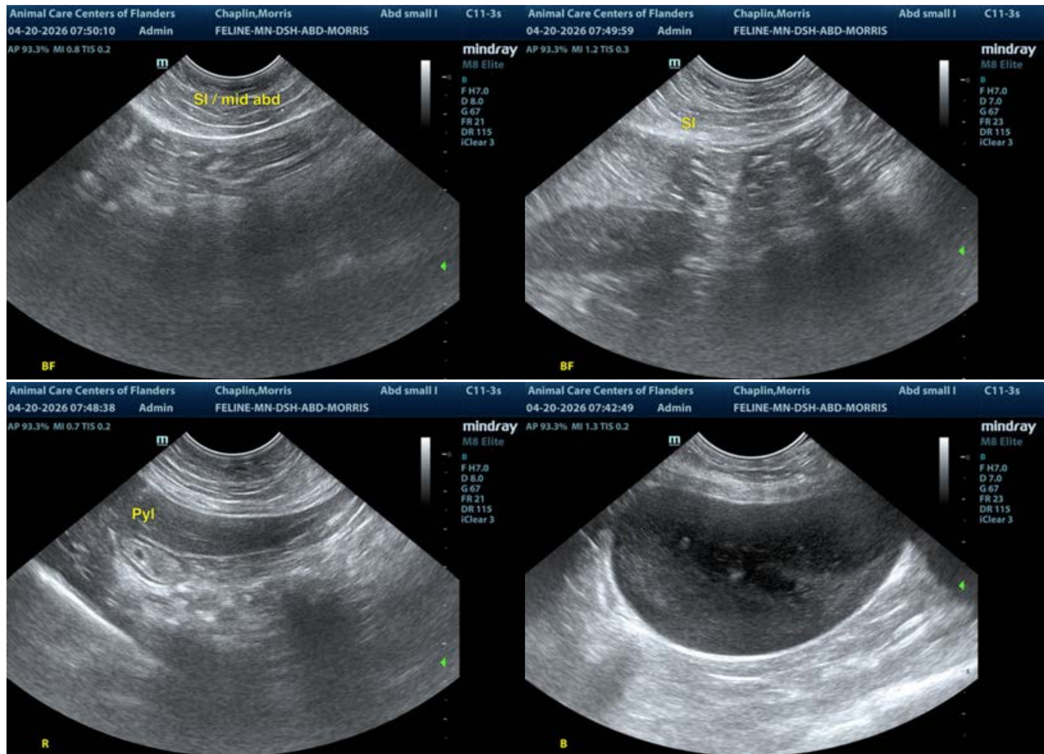
No overt lymphadenopathy or peritoneal effusion was present.

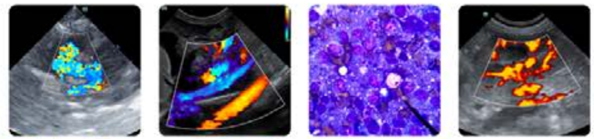
ULTRASONOGRAPHIC FINDINGS

- Sonographically normal empty small intestine.
- Normal area of pancreas.
- Non-specific mild chronic renal changes.
- Urinary bladder sediment.
- Sonographically normal liver with mild gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant or definitive visceral pathology as an obvious cause of the patient's clinical signs. No evidence of abdominal mass or neoplastic criteria. Gastrointestinal and renal support recommended with monitoring of clinical signs, renal parameters, and renal culture and sensitivity (if inflammatory sediment on urinalysis) is recommended. Sonographic monitoring indicated if continued gastrointestinal signs or nephropathy.





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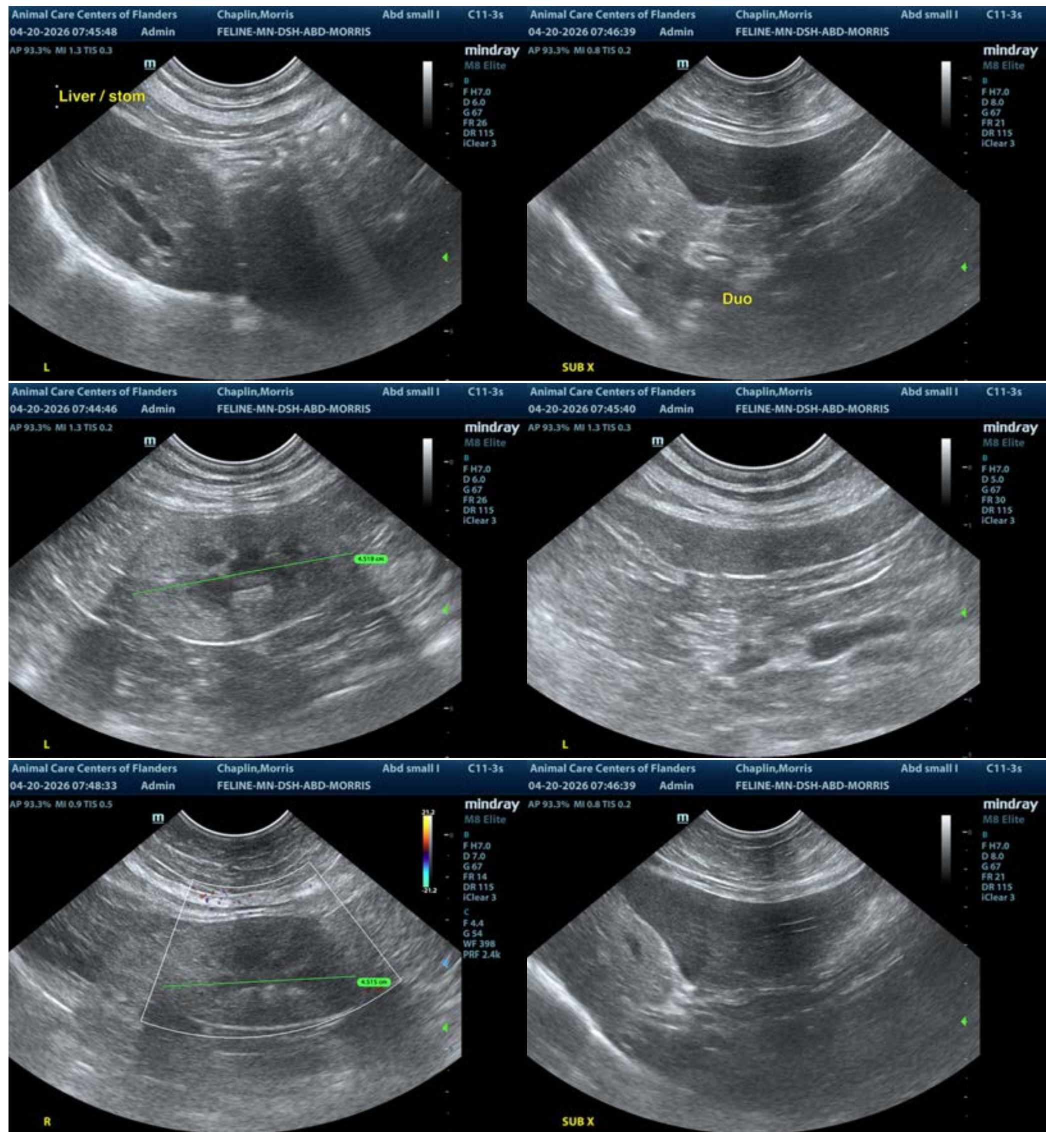

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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