



## PATIENT

Jacques Wagner

## SPECIES

Feline

## BREED

Bengal

## SEX

MN

## AGE

8yr

## WEIGHT

14lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Christina Wagner

## HOSPITAL NAME

Angeles Clinic for  
Animals

## REFERRING VET

Christina Wagner

## INVOICE

24571

## DATE

04/21/2026

## PRESENTING CLINICAL SIGNS

Chronic intermittent vomiting for several years. Has eaten hydrolyzed diet exclusively for that time period (Royal Canin Hydrolyzed or now Royal Canin Hydrolyzed + Satiety). Recent increase in frequency of vomiting, will vomit shortly after eating if eats more than about 10g in a sitting. Did have weight loss, but realized his calories were too restricted after switching to Hydrolyzed + Satiety and regained 0.25 lb in one month after slight increase in calorie intake. NO diarrhea.

Abnormal PE/Chem/CBC/UA Results: CBC - NSF Chem - NSF fPL - 1.3 UA - USG 1.047 benign sediment T4 - 1.7 FeLV/FIV negative for both

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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 4.2 cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

### 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. 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.

### Gastrointestinal



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The stomach presented intact wall layering with subjective borderline prominent pylorus wall. Mild retained pyloric fluid with no evidence of obstruction to pyloric outflow. The pylorus wall measured 0.31 cm in width.

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The small intestine presented intact wall layering with maintained muscularis/mucosa ratio. Borderline prominent duodenal wall with empty intestinal lumen to the level of the colon. The duodenum wall measured 0.26 cm width. The jejunum wall measured 0.26 cm width.

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

## BREED

**Pancreas**

Bengal

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

## SEX

**Free Abdomen**

MN

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

## ULTRASONOGRAPHIC FINDINGS

### AGE

8yr

#### Primary

- Suspect mild pyloric gastritis with mild retained pyloric fluid
- Intact borderline prominent duodenal wall- non-specific
- Mild pancreatic remodeling

## WEIGHT

14lb

#### Secondary

- Urinary bladder sediment

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant gastrointestinal pathology with sonographic evidence of mild possibly chronic pyloric inflammation and potential mild pyloric non-obstructive ileus. Small intestinal patient variant with potential for concurrent low-grade to chronic inflammatory enteropathy or concurrent low-grade pancreatitis despite normal FPL, all potentials.

## IMAGING PERFORMED BY

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Continued dietary therapy and consideration for as needed gastroprotectant omeprazole 1 mg/kg PO SID may prove beneficial. No evidence of obstructive gastrointestinal mural pathology. Screening GI panel to include PLI/TLI/cobalamin and folate is suggested. Clinical and sonographic monitoring indicated if continued or non-responsive gastrointestinal signs.

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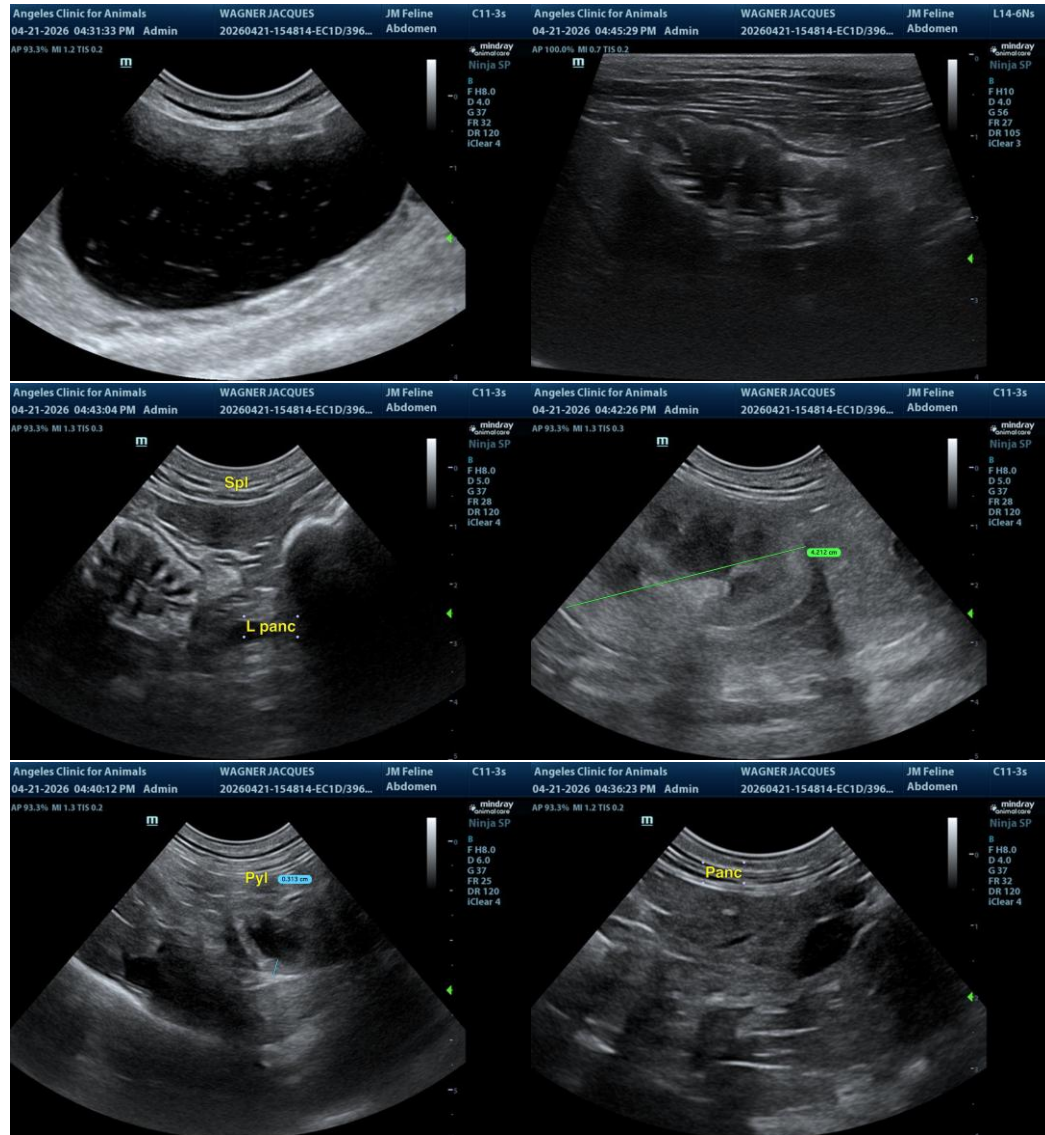
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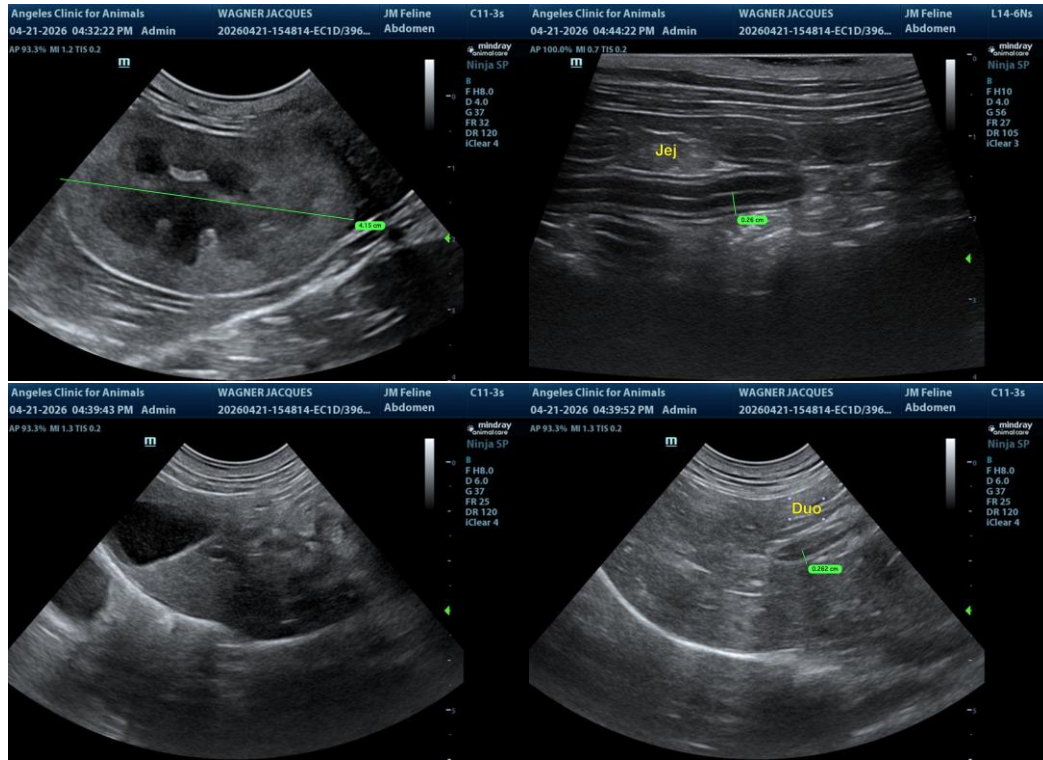
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**IMAGING PERFORMED BY**

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