



PATIENT

Jesse Novembre

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years 10 Months

WEIGHT

13.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe CVT

HOSPITAL NAME

Budd Lake Animal
Hospital

REFERRING VET

Dr. Welch

INVOICE

15388

DATE

04/23/26

PRESENTING CLINICAL SIGNS

In appetite for 3 to 4 days. Vomiting few times. Owner unsure if pet got into anything. Mild to moderate dental disease, but nothing inflamed. Initially tense in abdomen on first visit. Not much on second visit. Cerenia, mirtazapine, l/d. Started 1 dose pred last night 5mg PO. Patient ate ~ 1 tbsp food at home and has a churu/treat after ultrasound in hospital.

Abnormal PE/Chem/CBC/UA Results: NSF on CBC, Chem, T4. Fecal negative.

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 4.5 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.33 cm width. The right adrenal gland measured 0.30 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. 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 proximal common bile duct was dilated and tortuous without overt post hepatic obstruction.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained fluid and lumen gas with no signs of ileus, obstruction or foreign material.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio and nonthickened wall. A primarily generalized mild intestinal ileus pattern is present and segmental gas to the level of the colon. The small intestine wall measured 0.20 cm wall width.



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

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Pancreas

SPECIES

The area of the pancreas was sonographically normal.

Feline

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

- Generalized gastrointestinal ileus pattern with segmental intestinal gas.
- Normal area of the pancreas.
- Mild nonobstructive proximal common bile duct dilation- nonspecific, possible mild cholangitis.

Neutered Male

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

6 Years 10 Months

Generalized mild metabolic gastrointestinal ileus potentially secondary to non-specific gastroenteritis or acute inflammatory bowel episode which may present sonographically normal is suspected. A definitive area of mechanical intestinal obstruction was not obvious yet technically not excluded with segmental intestinal gas obscuring full evaluation of the intestinal lumen. Mild pancreatitis likewise may present sonographically normal and may be suspected if previous or current cranial abdomen or subxiphoid discomfort on palpation.

WEIGHT

13.2 pounds

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Hospitalization with 24-hour gastrointestinal support including IV fluids to promote gastrointestinal motility and sonographic monitoring/reassessment is recommended. Screening spec fPL could be considered. Recheck sonogram if non-responsive or progressive gastrointestinal signs or evidence of persistence of gastrointestinal ileus.

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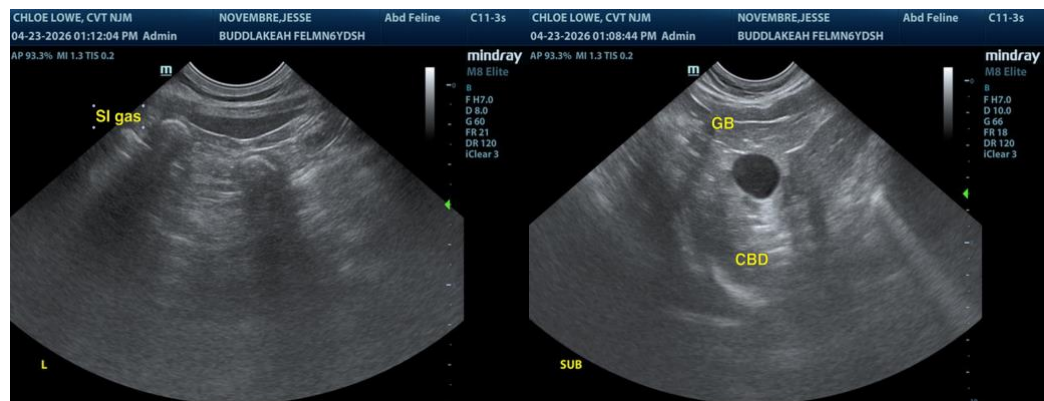
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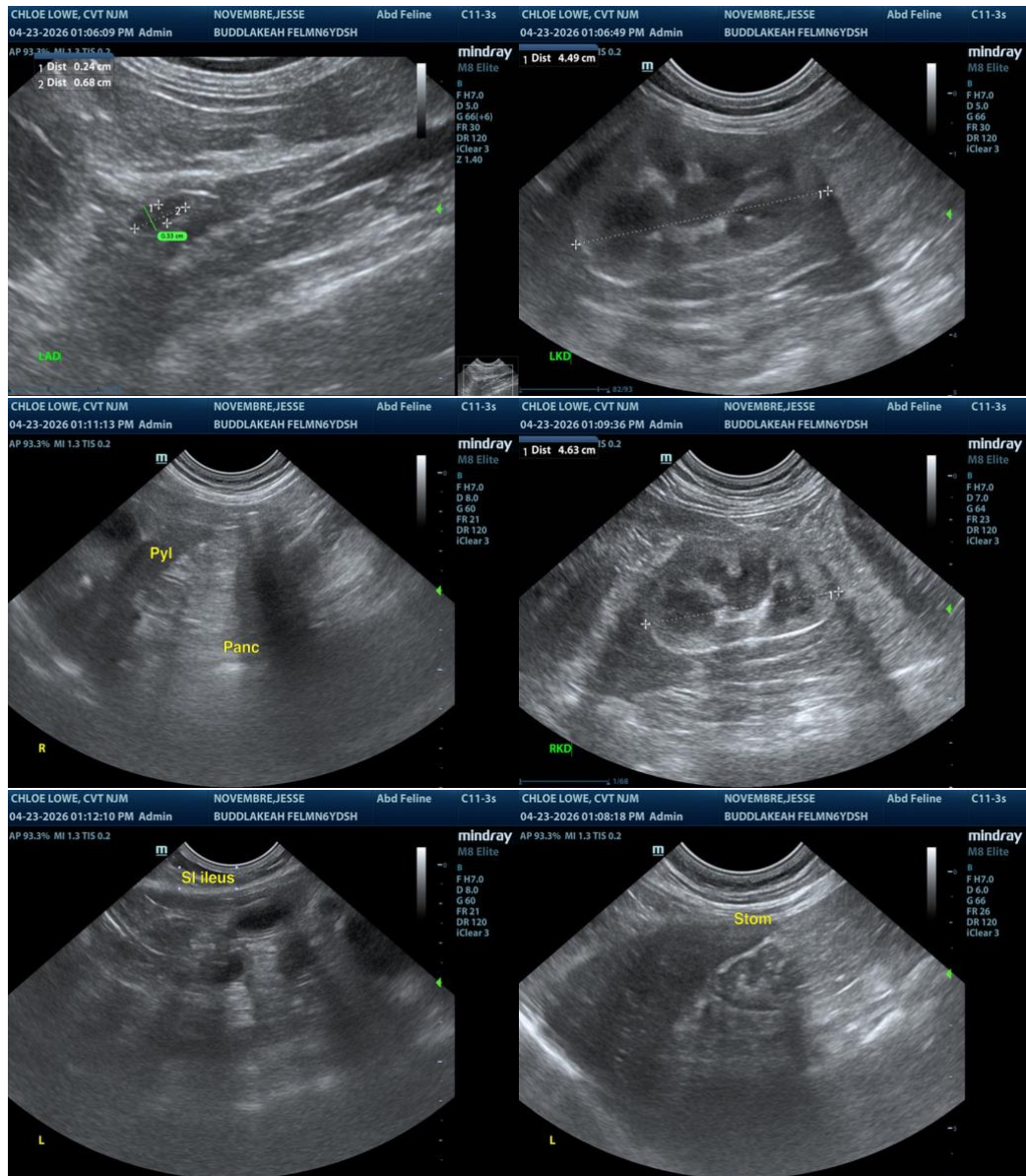
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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