



## PATIENT

Nander Rodriguez

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

2y, 10m

## WEIGHT

11.3 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Vincent Ravancho, CVT

## HOSPITAL NAME

Montclair AH

## REFERRING VET

Dr. Stock

## INVOICE

10763

## DATE

4/3/26

## PRESENTING CLINICAL SIGNS

### History:

- possible intestinal blockage
- Ate chicken wings poss vomiting 4+ days, concern for possible intestinal blockage on radiographs

Abnormal PE/Chem/CBC/UA Results: Potassium 3.4 Other CBC/Chem WNL. Pancreatic Lipase WNL

## 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. Mild particulate nondependent 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. Sediment may indicate mild cellular or crystalline debris or mucus.

The area of the iliac trifurcation was free of pathology.

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 3.8 cm in length. The right kidney measured 4.1 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 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 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 presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild progressively shadowing ingesta extending into the area of the pylorus. There was no evidence of obstructive pyloric mural pathology.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with mild segmental nonshadowing, mildly hyperechoic ingesta without obstructive pattern to the level of the colon. The small Intestinal wall width measured 0.25 cm. The ileocolic wall width measured 0.31 cm.

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

***Pancreas***

The area of the pancreas was normal.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Nondistended stomach with mild retained progressively shadowing ingesta
- Sonographically normal, primarily empty small intestine with segmental mild hyperechoic nonshadowing intestinal ingesta
- Formed fecal matter in colon

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no evidence of a mechanical gastrointestinal obstructive pattern. The mild progressively shadowing gastric to nonshadowing segmental intestinal ingesta may indicate retained variably dense food echogenicity. Given reported vomiting, however, a small amount of persistent nonobstructive, possibly passing gastric and segmental intestinal foreign material is not definitively excluded.

There is no indication for immediate surgical intervention, given the lack of an obstructive pattern. Consideration for 24-hour hospitalization with gastrointestinal support, including IV fluids, a documented 12-hour fast, and sonographic reassessment of the gastrointestinal tract, is recommended. If nonresponsive or persistent gastrointestinal signs and progressively shadowing gastric ingesta, laparotomy with gross inspection of the gastrointestinal tract and with biopsies, strongly suggested despite exploratory findings, may be considered.



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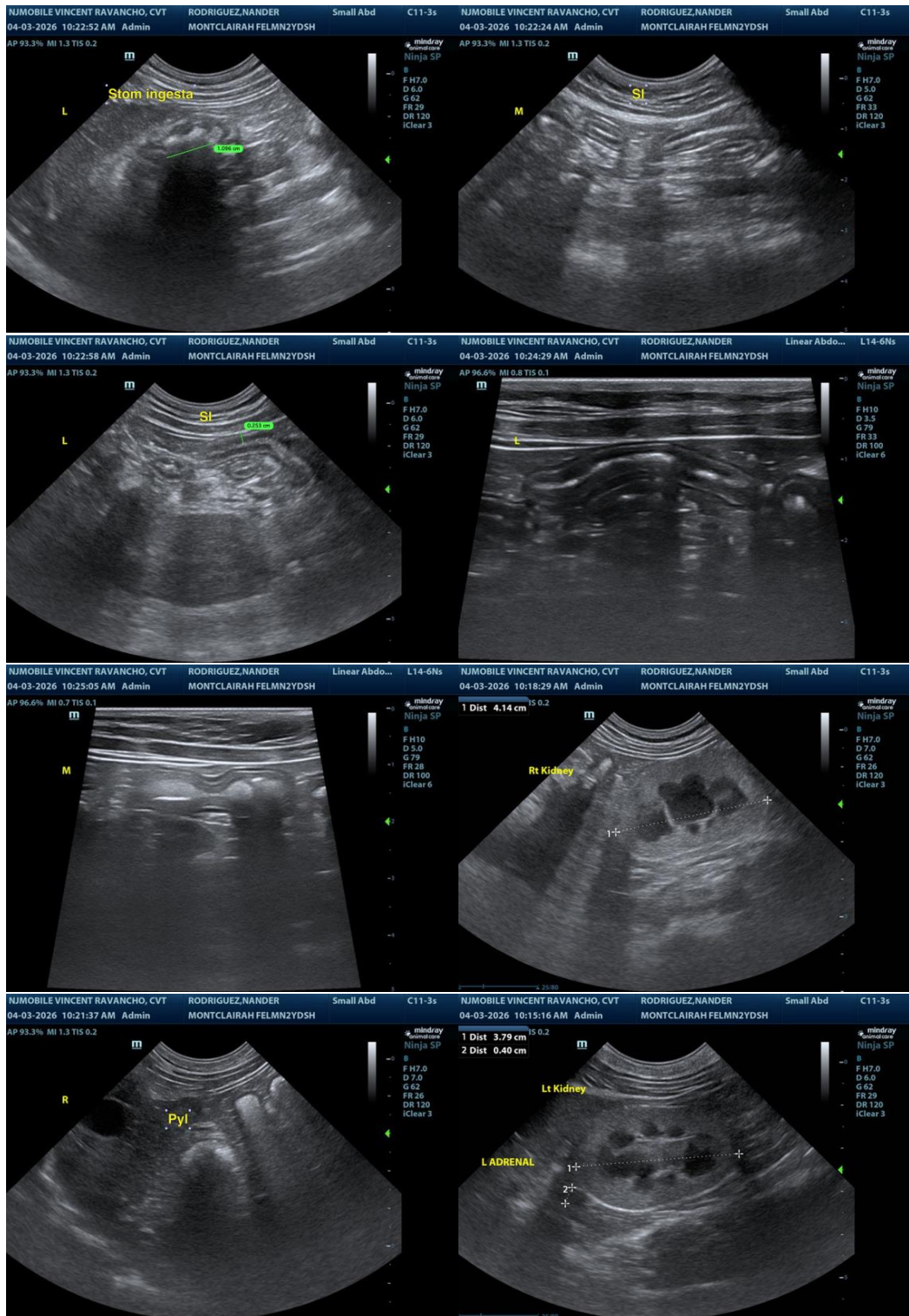
Dr. Stock

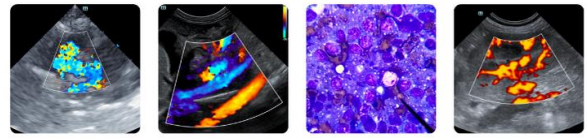
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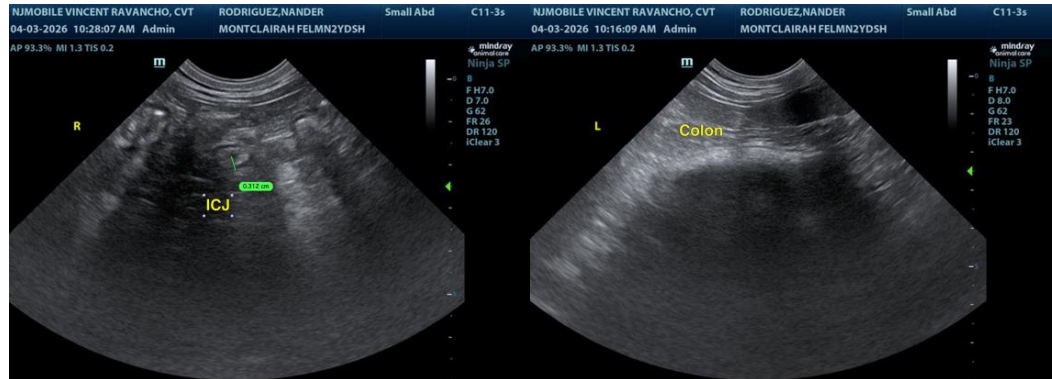
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)