

**PATIENT**

Charlie Wilson

**SPECIES**

Feline

**BREED**

Maine Coon x

**SEX**

Neutered Male

**AGE**

13 Years 1 Month

**WEIGHT**

4.33 kg

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING  
PERFORMED BY**Mariusz Chmielinski,  
DVM**HOSPITAL NAME**Apex Veterinary  
Services, Ltd.**REFERRING VET**

Alpine 24/7 ER

**INVOICE**

74220

**DATE**

4/5/26

**PRESENTING CLINICAL SIGNS**

Acute onset vomiting ( $\geq 8$  episodes, clear fluid) and profound lethargy beginning overnight. Marked behavioral change (subdued, non-responsive, not hiding). Possible tulip exposure (uncertain ingestion). Decreased appetite and recent weight loss reported.

Abnormal PE/Chem/CBC/UA Results: Physical Exam Findings: Lethargic, subdued, BCS 4/9, Vitals otherwise stable (HR 180, RR 30), Abdomen: non-painful, no palpable masses, No significant abnormalities on systemic exam Diagnostics: CBC: WNL (possible bands noted) Chemistry: Pancreatic lipase: markedly elevated (24; ref  $< 4.4$ ), Mild  $\uparrow$  liver enzymes, Renal values, electrolytes, glucose: WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – cm exhibited normal thickness and tone. Minor non-dependent particular urine sediment present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were 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. Left kidney measured 4.3 cm. Right kidney measured 4.2 cm.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. Left measured 0.44 cm. Right measured 0.31 cm.

**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. A solitary discrete hyperechoic intraparenchymal nodule was noted adjacent to the gallbladder measuring 0.84 cm in diameter. 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 mildly thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild to moderate amount of anechoic fluid. Shadowing pyloric lumen gas noted. No evidence of obstructive pyloric mural pathology.



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The small intestine presented primarily intact wall layering with primarily maintained duodenojejunal wall layer ratio. Mild segmental duodenojejunal ileus present. A segment of mid abdominal jejunum exhibited mildly thickened hypoechoic wall with indistinct wall layering. Mildly thickened jejunum wall measured 0.27 cm. By comparison, normal appearing jejunum wall measured 0.24 cm. Segmental hyperechoic to progressive strongly shadowing jejunal content noted in the area of the thickened jejunum wall. No evidence of pathology in the area of the ileocolic junction. Duodenum wall measured 0.21 cm. Ileocolic wall measured 0.30 cm.

Normal visible colon wall layers were present with apparent formed feces 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***

Mild perijejunal hyperechoic omentum and minor peritoneal effusion noted.

No obvious visualized significant or swollen mesenteric lymphadenopathy.

## **ULTRASONOGRAPHIC FINDINGS**

- Segmentally thickened jejunum with shadowing luminal content, partial proximal gastrointestinal obstructive pattern – Consistent with foreign material. Inflammatory jejunal changes with potential for emerging mural neoplasia possible.
- Mild peri intestinal hyperechoic omentum and minor peritoneal effusion.
- Discrete hyperechoic liver nodule – Non-specific yet suspect benign criteria i.e., hyperplasia, adenoma, granuloma or similar. Potential for emerging low-grade hepatic neoplasia thought less likely yet not excluded.
- Mild gallbladder debris.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given timeframe between ultrasound study and interpretation, brief sonographic reassessment to ensure persistent shadowing jejunal content is recommended. Exploratory laparotomy with gross inspection of the gastrointestinal tract with expectation toward enterotomy and with intestinal biopsies (which are considered essential) is recommended.



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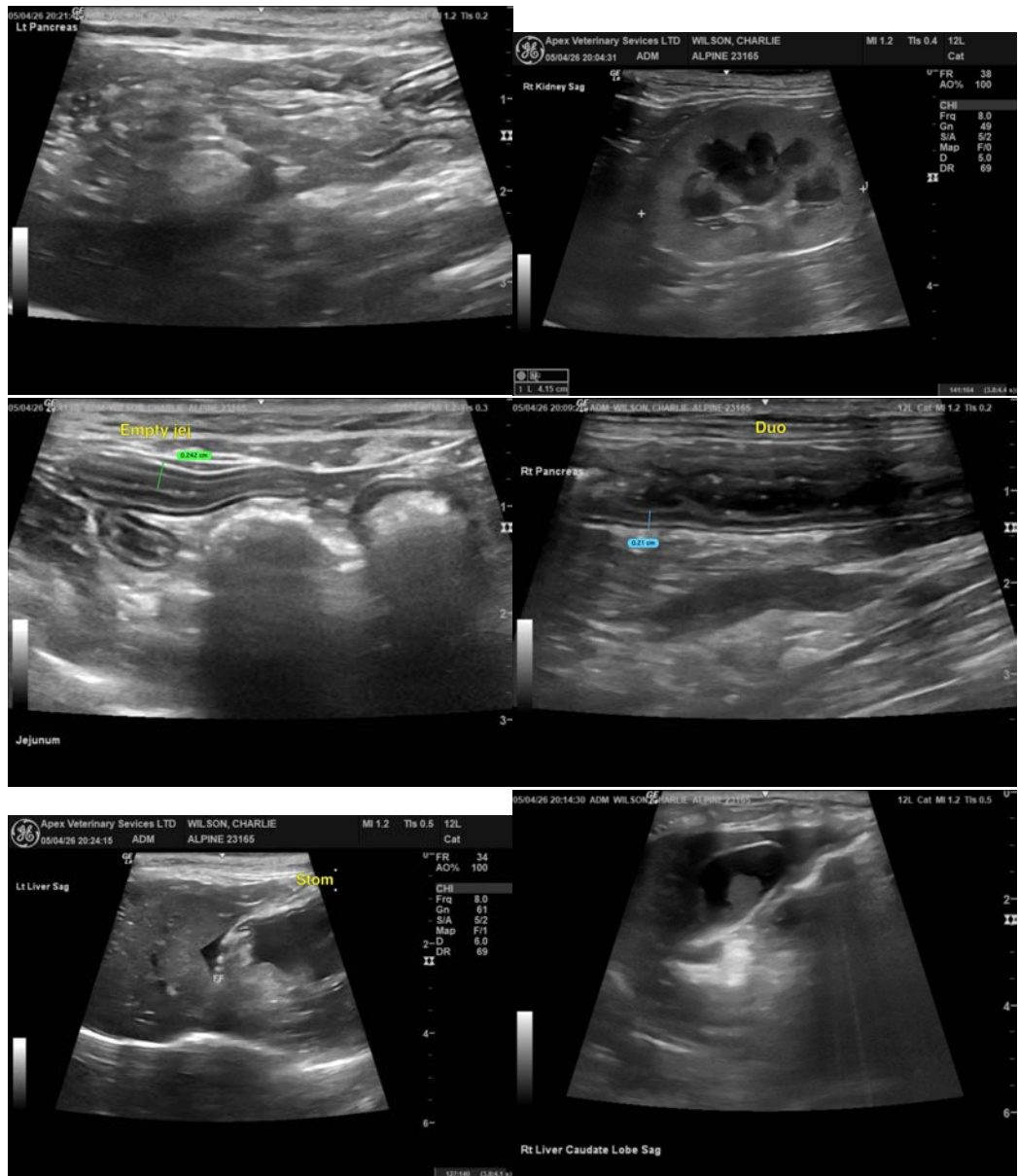
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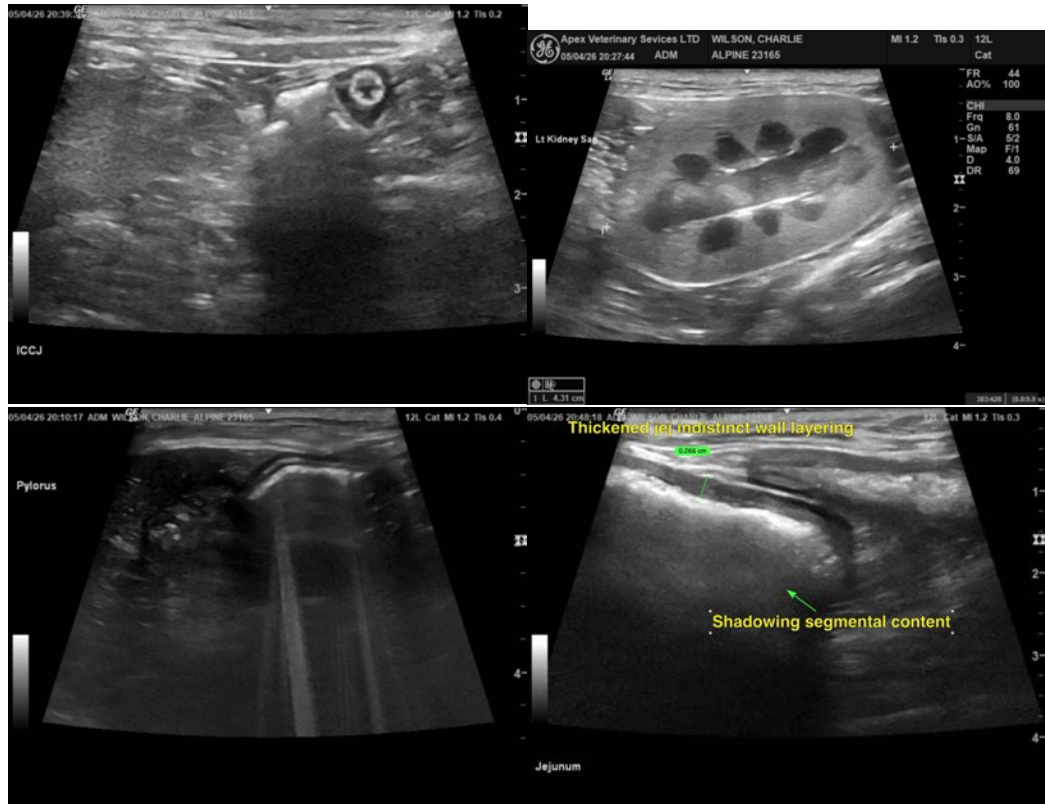
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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