



PATIENT

Navi Gonzalez

SPECIES

Feline

BREED

DSH

SEX

Male

AGE

2y 9m

WEIGHT

9.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho,
 CVT

HOSPITAL NAME

AC & Hospital of
 Jersey City

REFERRING VET

Dr. Buchholz

INVOICE

13376

DATE

4/7/26

PRESENTING CLINICAL SIGNS

History: Possible GI Foreign body

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, echogenic to particulate non-dependent 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.

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. A discrete to intermittent, hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.8 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.31 cm. The right adrenal gland measured 0.46 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. 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

The normal visible intact gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained mild to irregular, strongly shadowing ingesta primarily in the gastric body with no evidence of obstruction to pyloric outflow.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Empty lumen without mechanical/metabolic ileus, shadowing or visualized content to the level of the colon. Small intestine wall measured 0.29 cm.



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

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Pancreas

SPECIES

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.

Feline

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Free Abdomen

DSH

No overt lymphadenopathy or peritoneal effusion was present.

SEX

PRIMARY FINDINGS Mild to irregular, strongly shadowing gastric ingesta content

Male

- Intact mildly thickened intestinal wall with altered wall layer ratio

AGE

SECONDARY FINDINGS

2y 9m

- Bilateral nonspecific indistinct renal medullary rim
- Urinary bladder sediment

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

9.1 lbs

The shadowing gastric content is strongly suggestive of non-obstructive gastric foreign material. Concurrent IBD intestinal pattern suspected. Minor potential for emerging to occult intestinal round cell neoplasia, i.e. low-grade lymphoma may present in a similar sonographic manner yet thought less likely. Given the time frame between ultrasound and interpretation and assuming documented fast, sonographic reassessment of the stomach is recommended. Otherwise, if concurrent or appropriate gastrointestinal signs, i.e. inappetence or vomiting, direct exploratory laparotomy with expectation toward gastrotomy and with intestinal faultiness biopsies considered essential is recommended.

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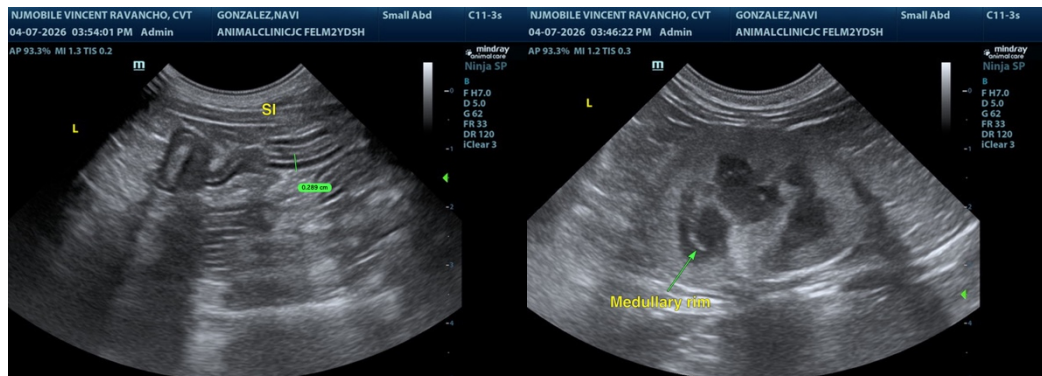
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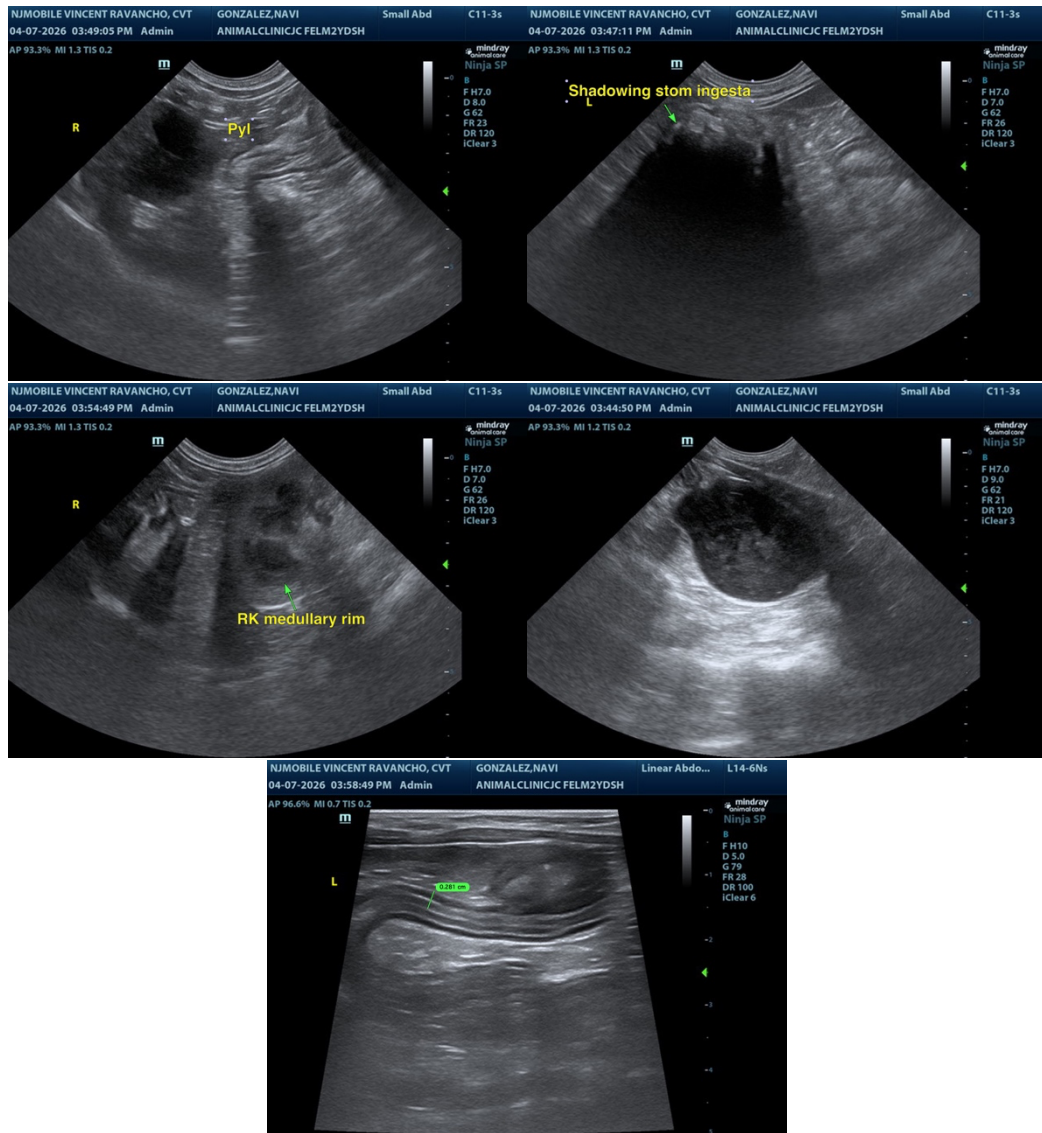
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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