



PATIENT	PRESENTING CLINICAL SIGNS
Griffey Leszczynski	Vomited ribbon and plastic, bunching on xrays painful abd palp.
SPECIES	Abnormal PE/Chem/CBC/UA Results: cpl-4.6
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Tabby	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
SEX	
MN	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 mild 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 with interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 4.4 cm in length. The right kidney measured 4.5 cm in length.
AGE	
2yr	
WEIGHT	
13lb	The area of the aortic trifurcation was free of pathology.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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 not definitively visualized, no overt pathology in the area of the right adrenal gland.
IMAGING PERFORMED BY	Spleen
Kerri Becker	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.
HOSPITAL NAME	Liver/Gallbladder
Rockaway Animal Hospital	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.
REFERRING VET	
Dr Dubos	
INVOICE	
24434	
DATE	
04/09/2026	



PATIENT

Griffey Leszczynski

SPECIES

Feline

BREED

Tabby

SEX

MN

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2yr

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Gastrointestinal

The stomach presented intact mildly prominent wall layering with subjective mildly hypoechoic stomach wall measuring 0.37 cm wall width. The stomach was overall non-distended containing a mild amount of hyperechoic progressively shadowing ingesta. No overt obstruction to pyloric outflow.

The small intestine presented intact wall layering with maintained muscularis/mucosa ratio. Generalized empty intestinal lumen with segmental intestinal gas. No evidence of obstructive pattern or intestinal plication to the level of the colon. The small intestinal wall measured 0.22 cm in width.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Mildly thickened stomach containing mild hyperechoic progressively shadowing content
- Generalized empty small intestine exhibiting mild segmental non-obstructive intestinal gas
- Formed fecal matter in colon
- Sonographically normal area of pancreas

Secondary

- Bilateral mild non-specific renal medullary rim sign

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Rockaway Animal
Hospital

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstruction or intestinal plication. A small amount of residual foreign material in the stomach or potentially passing through the small intestine obscured by gas with potential for passed material in the colon possible. Given no evidence of obstructive pattern, 24-hour gastrointestinal support, which may include IV fluids, documented 12-hour fast and sonographic reassessment of gastrointestinal tract would be reasonable.

If persistent gastrointestinal signs, mildly shadowing gastric content without evidence of passage or resolution, exploratory laparotomy with gross inspection of the gastrointestinal tract and with biopsies strongly recommended despite exploratory findings may be indicated. Sedated oral and sublingual exam is recommended if not done.



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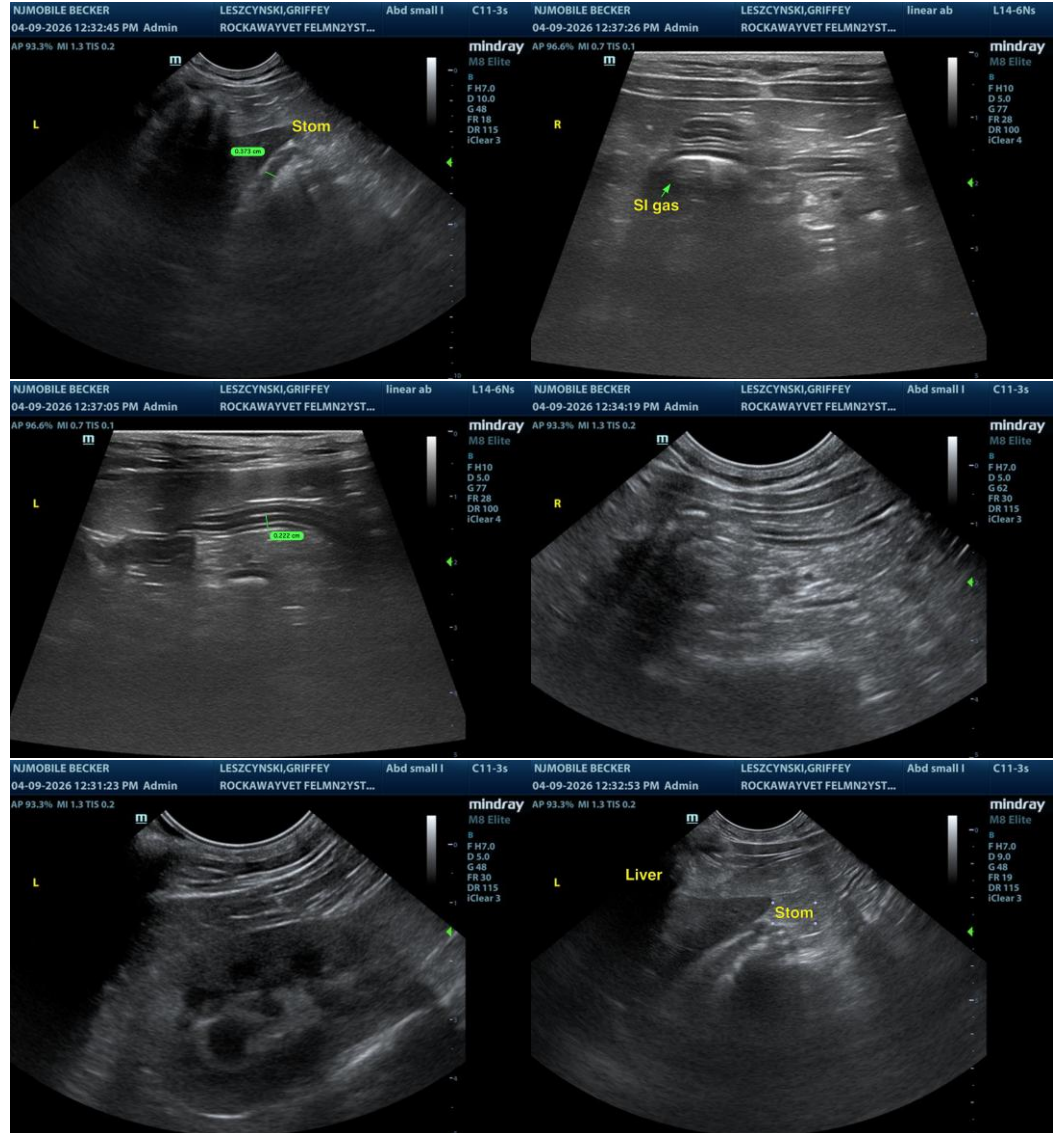
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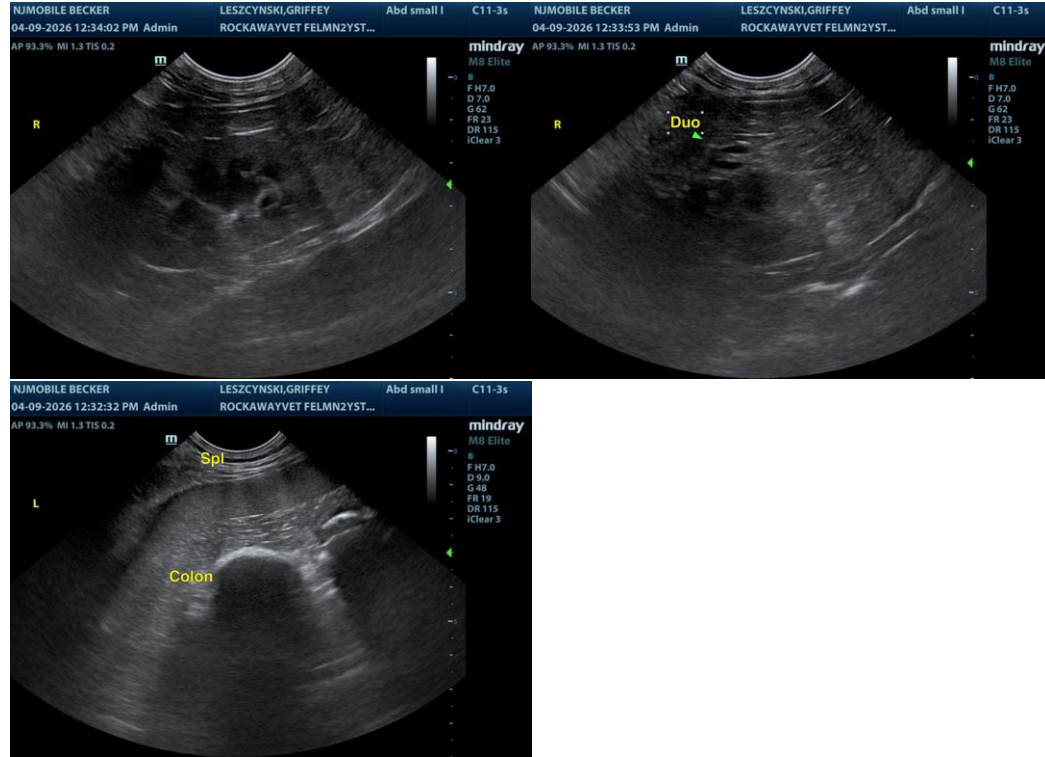
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INTERPRETED BY

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

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

Kerri Becker

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com

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