

PATIENT

Quantavius Fisher

SPECIES

Canine

BREED

Maine Coon

SEX

MN

AGE

4yr

WEIGHT

6.65kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho,
CVT

HOSPITAL NAME

Bond Vet Union

REFERRING VET

Dr Tedesco

INVOICE
24885

DATE
05/20/26

PRESENTING CLINICAL SIGNS

Vomiting, not eating. Has not eaten since 5 pm yesterday. No medications, only gabapentin for AUS.

Abnormal PE/Chem/CBC/UA Results: Neuts 2.19k/ul. SDMA 18. U/A 1+ protein, 3+ blood (cysto). USG 1.063

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

The spleen exhibited mild enlargement with symmetrical contour and homogenous parenchyma. The spleen measured 1.2 cm in width at the level of the mid spleen.

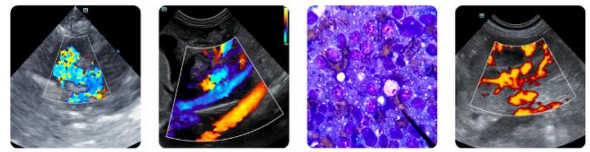
Liver/Gallbladder

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. 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 mild non-organized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.43 cm width.



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Overtly normal visible colon wall layers were present. The proximal colon was mildly distended containing liquid fecal matter. Semi-formed to soft fecal matter was present in the transverse and descending colon to level colorectum.

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Pancreas

The left pancreas was normal in size with mild non-homogenous hypoechoic parenchyma compared to adjacent omentum.

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Free Abdomen

Minor peritoneal effusion was present.

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Focally enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 2.8 cm x 0.85 cm.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Normal empty stomach
- Non-specific enteritis pattern exhibiting mild segmental non-obstructive intestinal ileus
- Non-formed soft fecal matter in colon with proximal colon distension
- Mild irregular non-homogenous mesenteric lymphadenopathy
- Mild non-homogenous hypoechoic left pancreas
- Minor peritoneal effusion
- Mild splenomegaly- hyperplasia, hematopoiesis, sedation if clinically applicable, inflammation, occult neoplasia possible

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No definitive evidence of mechanical gastrointestinal obstruction or foreign material. Reactive lymphatic hyperplasia or lymphadenitis potentially secondary to acute inflammatory bowel episode with potential mild pancreatitis as a contributing factor is possible. Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may correlate with low grade pancreatitis is recommended.

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Potential for emerging to occult neoplasia or FIP given splenomegaly and effusion not definitively excluded. Further assessment may include assuming normal clotting status using 25ga needle splenic and accessible lymph node FNA cytology +/- C/S and if possible, effusion analysis. No indication for immediate surgical intervention with gastrointestinal support and clinical monitoring pending additional diagnostics recommended.

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Recheck sonogram if persistent or non-responsive gastrointestinal signs or evidence of progressive effusion.

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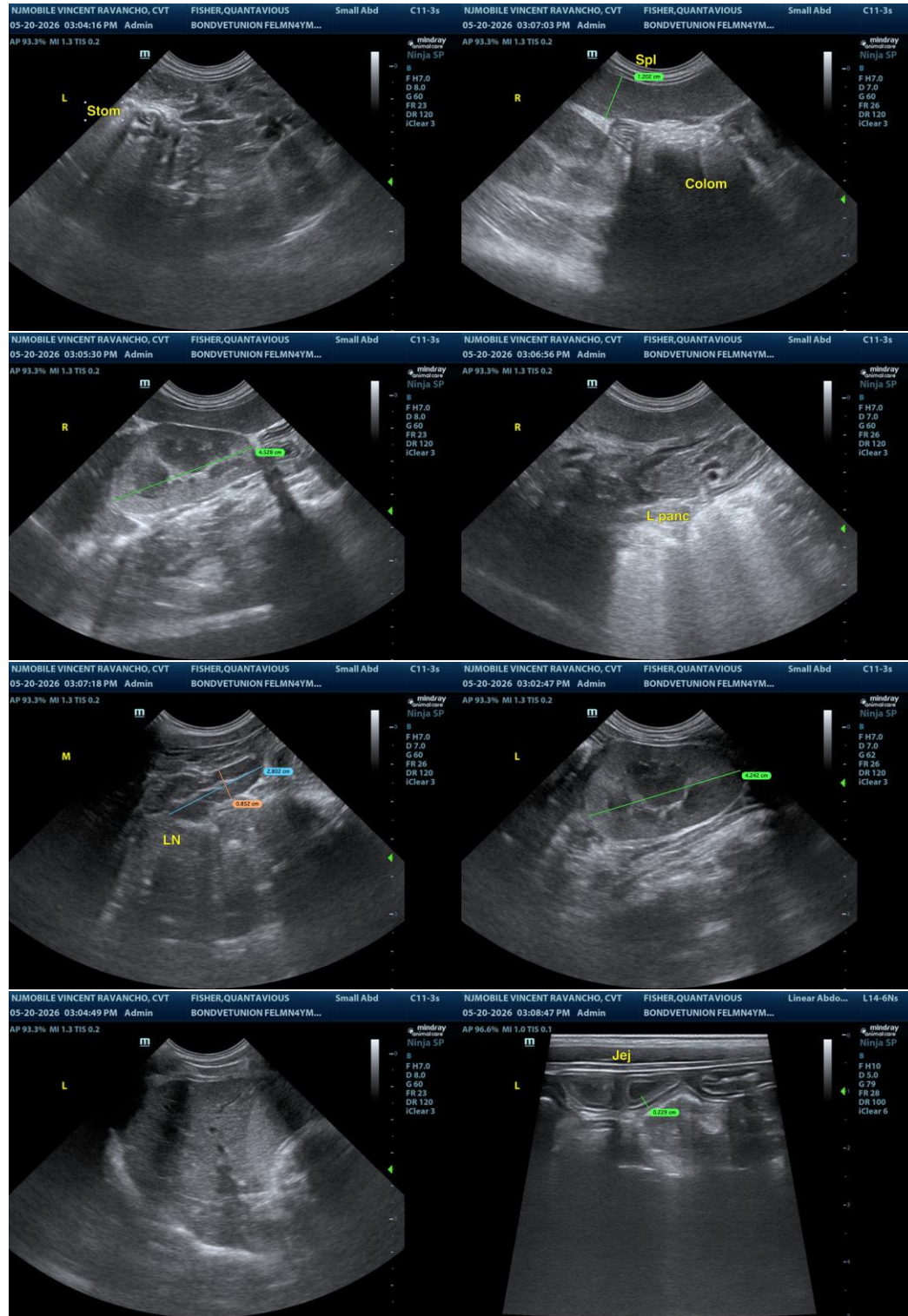
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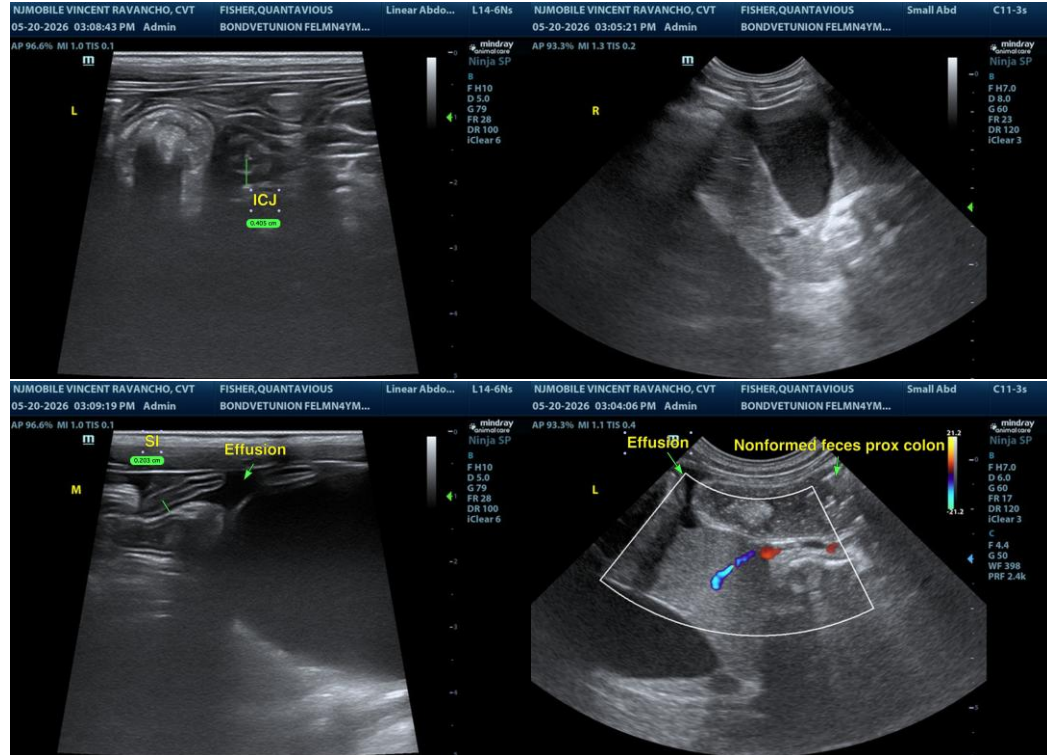
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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