



## PATIENT

Doxter Garbarino

## SPECIES

Feline

## BREED

DSH

## SEX

M

## AGE

8mo

## WEIGHT

8.9lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Ken Leal

## HOSPITAL NAME

Kenilworth Animal  
Hospital

## REFERRING VET

Dr Mansour

## INVOICE

24900

## DATE

05/21/2026

## PRESENTING CLINICAL SIGNS

Vomiting for a few days. Decreased appetite. Xray show some material in stomach. Rule out foreign body.

Abnormal PE/Chem/CBC/UA Results: Not available

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. 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 asymmetrical margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and indistinct corticomedullary definition was present. 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 prominent 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 3.4 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

### *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width at the caudal pole.

### *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. 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.

### *Gastrointestinal*



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained pyloric fluid with mild lumen gas and no signs of obstruction or foreign material.

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The small intestine presented overall intact, mildly thickened small intestine wall with mild altered wall layer ratio. Empty intestinal segments with concurrent segmental generally mild intestinal ileus. Small amounts of hyperechoic intestinal content in the areas of intestinal ileus visualized without overt obstructive pattern. The small intestine wall measured 0.28-0.3 cm in width.

## BREED

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

### *Pancreas*

The area of the pancreas was sonographically normal.

## SEX

M

### *Free Abdomen*

No evidence of peritoneal effusion was present.

## AGE

8mo

Intermittent mild to variably 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 2.4 cm x 0.68 cm.

## ULTRASONOGRAPHIC FINDINGS

### WEIGHT

8.9lb

### Primary

- Normal stomach with minor retained pyloric fluid.
- Acute nonspecific enteropathy exhibiting intact, mildly thickened intestinal wall and mild segmental intestinal ileus.
- Minor segmental hyperechoic intestinal content.
- Variable formed fecal matter in colon.
- Mild to variable mesenteric lymphadenopathy.
- Bilateral nonspecific renal medullary rim sign with potential mild renal dysplasia.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No evidence of gastric foreign body. Acute enteropathy potentially associated with dietary indiscretion, infectious disease, enterotoxin, acute inflammatory bowel, mild pancreatitis which may present sonographically normal, occult parasitism with mesenteric lymphadenitis suspected. Small amounts of non-obstructive potentially passing foreign material in the intestine possible. Emerging to occult intestinal neoplasia or FIP with metastatic or granulomatous mesenteric lymphadenopathy not definitively excluded. Further assessment may include assuming normal clotting status, lymph node FNA cytology +/- C/S.

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Gastrointestinal support over the next 24 hours with clinical and sonographic monitoring is indicated. Exploratory laparotomy may be considered with intestinal and lymphatic biopsies considered essential if persistent or non-responsive gastrointestinal signs or persistent / progressive intestinal ileus.

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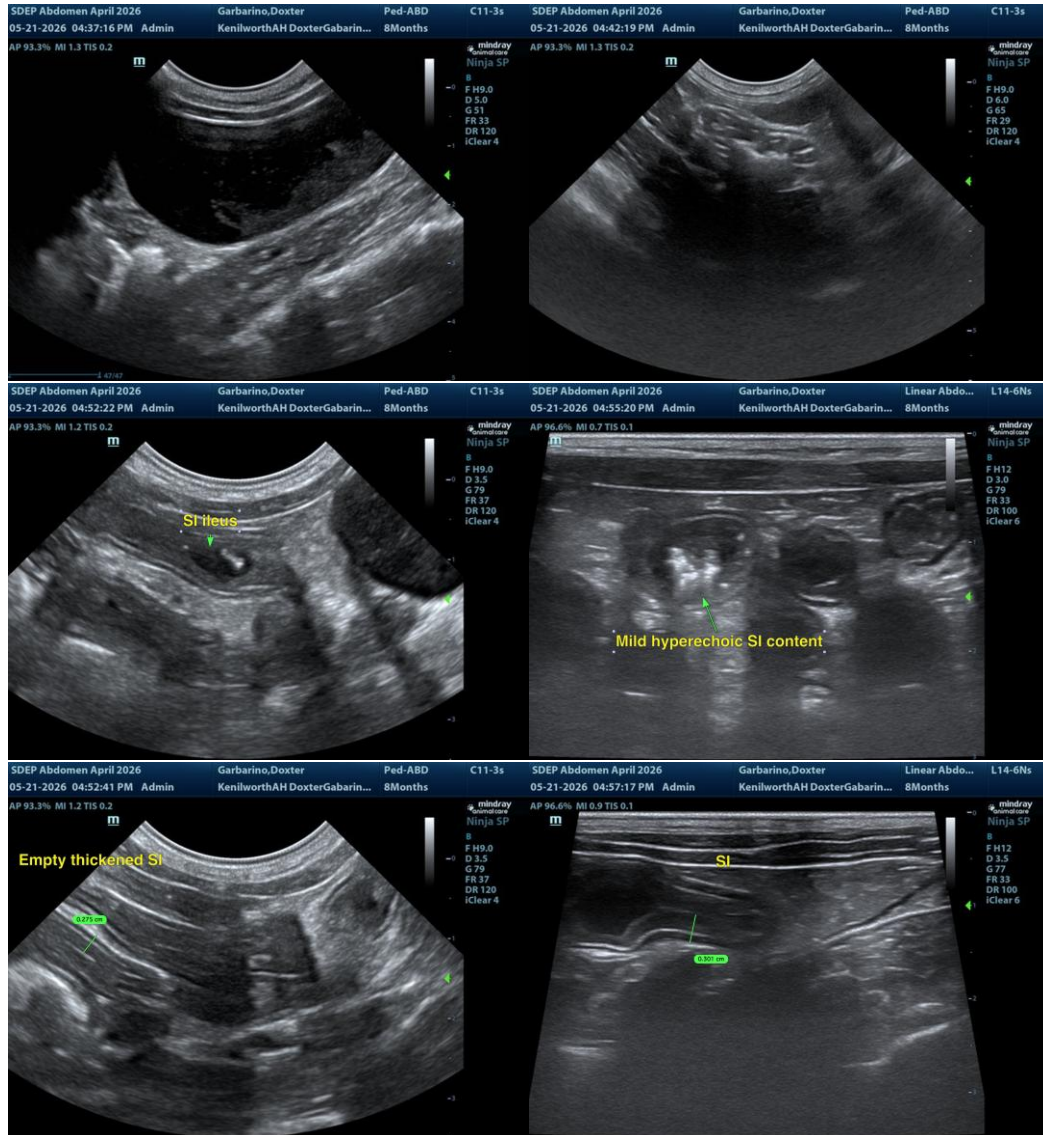
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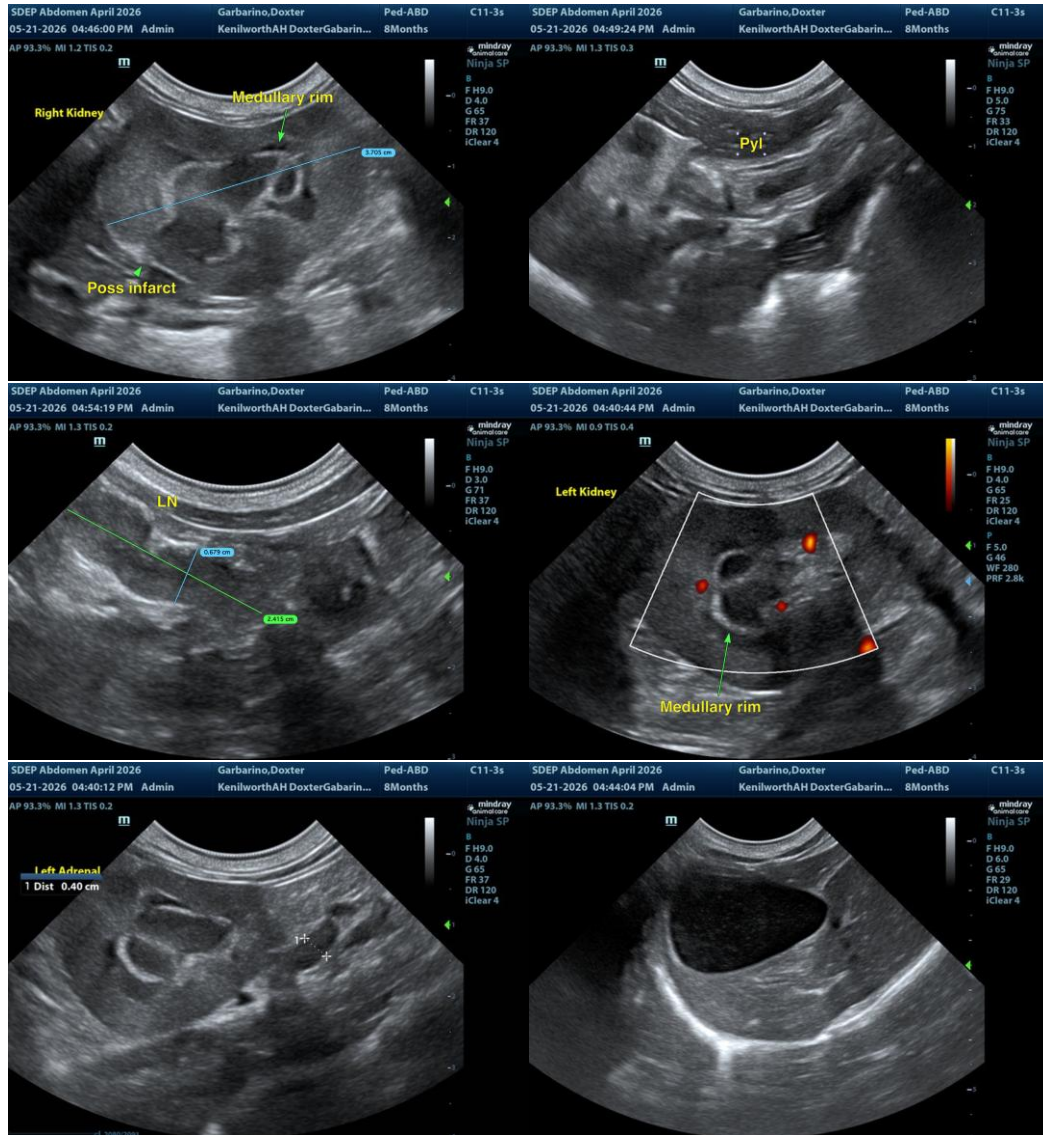
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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