



PATIENT

Zuko Faucett

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2 Years

WEIGHT

7.13 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kristin Evans

HOSPITAL NAME

Emergency AH of
Crystal Falls

REFERRING VET

Dr. Samantha Butrico

INVOICE

75555

DATE

5/30/26

PRESENTING CLINICAL SIGNS

Presenting complaint/duration: Vomiting and not eating since Thursday. Lot of stretching. Seen by rDVM on 5/29, radiographs performed and submitted for radiology review. Could not r/o nonobstructive intestinal FB. No labs performed. Has not had further vomiting but still not eating. Zuko LOVES food. Known to eat things - spatula, crocs, etc. Eating/drinking normally?: not eating; drinking OK. Urinating/defecating normally?: urinating OK; no BM. Any vomiting/diarrhea?: vomiting; no diarrhea or BM. Any coughing/sneezing?: none. PMHX: none. Vaccine history: UTD. HW prevention?: none. Flea/tick prevention?: none. Current meds: none. Diet: Tiki cat. Lifestyle: indoors only

Abnormal PE/Chem/CBC/UA Results: No bloodwork performed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the aortic trifurcation was free of pathology.

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 kidneys measured 3.1 cm each.

Adrenal Glands

The adrenal glands were not definitively visualized.

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 stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited moderate retained mildly echogenic fluid without obstruction to pyloric outflow.

The small intestine presented overall intact wall layering with 1:3 muscularis/mucosa ratio. Segmental intestinal fluid distention with concurrent empty small intestinal segments noted. In the mid abdomen



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there is shadowing intestinal content measuring approximately 1.1 cm in diameter. Suspect small intestinal origin of the shadowing content, with colon location and shadowing fecal matter possible yet thought less likely.

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Pancreas

The left pancreas exhibited mildly prominent size with symmetrical contour and mild non-homogeneous hypoechoic parenchyma compared to adjacent non-reactive omentum.

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Free Abdomen

Intermittent, mildly prominent to enlarged jejunocolic nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

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ULTRASONOGRAPHIC FINDINGS

AGE

2 Years

- Fluid dilated stomach and segmental small intestine, concurrent empty small intestine
- Shadowing intestine content
- Mild lymphadenopathy - consistent with hyperplasia / lymphadenitis
- Possible mild pancreatitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The combination of fluid dilated gastrointestinal tract and empty small intestine is consistent with obstructive pattern likely secondary to small intestine foreign material. Exploratory laparotomy with expectation for enterotomy is recommended. Given time frame between ultrasound and interpretation, brief sonographic reassessment to ensure persistent obstructive pattern and shadowing intestine content is recommended. Biopsies are suggested at time of surgery.

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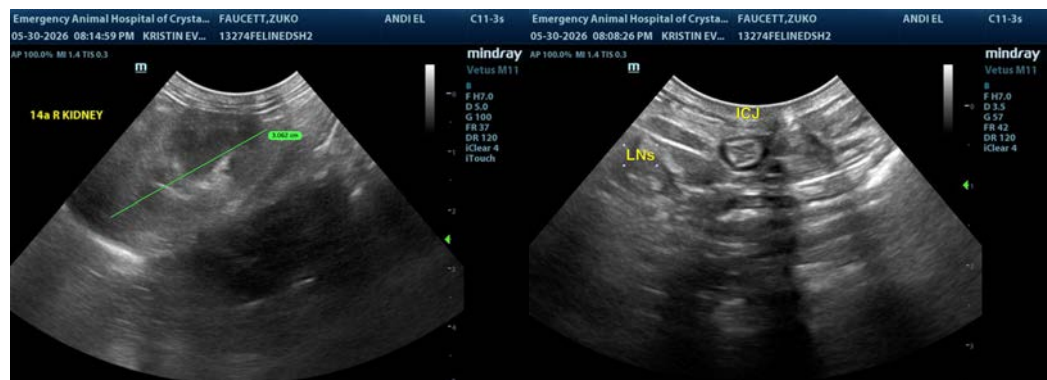
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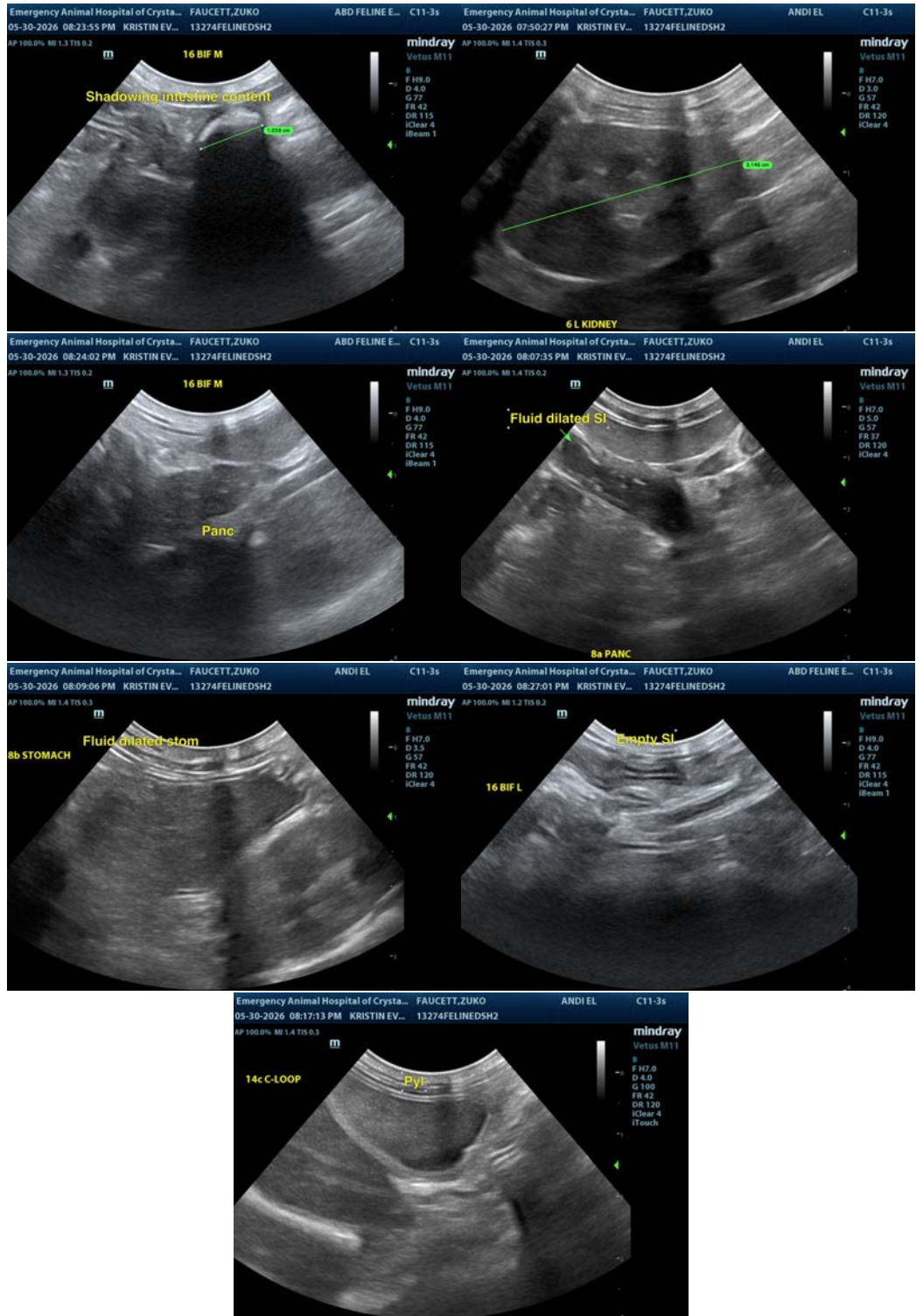
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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