



## PATIENT

Phineas Kalachman

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

8

## WEIGHT

12.3

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr. Maniar

## INVOICE

16763

## DATE

06/18/26

## PRESENTING CLINICAL SIGNS

re check from yesterday

## 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. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild 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 renal size with asymmetrical margination was present in both kidneys. Mildly thickened cortex with mild hyperechoic cortex echogenicity. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mildly enhanced to indistinct corticomedullary border demarcation was also present. The left kidney measured 4.4 cm in length. The right kidney measured 4.4 cm in length.

### *Adrenal Glands*

No obvious pathology in the areas of the left and right adrenal glands.

### *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. 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 lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. No evidence of previous hairball type density. The pylorus was free of obstructive criteria or mural pathology.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus or shadowing content to the level of the colon.

Normal visible colon wall layers were present with strongly shadowing fecal matter.

### *Pancreas*



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The left pancreas presented mildly prominent in size with capsule asymmetry and mild nonhomogenous hypoechoic parenchyma. Mild peripancreatic hyperechoic omentum.

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Feline

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**BREED**

DSH

**ULTRASONOGRAPHIC FINDINGS**

- Empty stomach- no evidence of previous suspect hairball type density or similar.
- Empty small intestine.
- Strongly shadowing fecal matter.
- Possible mild left limb chronic/chronic active pancreatitis.
- Static chronic renal changes and urine sediment.

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

8

The content in the stomach appears to have passed without evidence of mechanical/metabolic ileus and suspected to currently be within the colon. Monitoring of fecal output is recommended. No indication for surgical intervention. Continued gastrointestinal support is indicated. Screening GI panel to include PLI, TLI, cobalamin and folate to correlate with the pancreas and assess for non-structural intestinal disease may be considered.

**WEIGHT**

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**INTERPRETED BY**

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Rockaway Animal Hospital

**REFERRING VET**

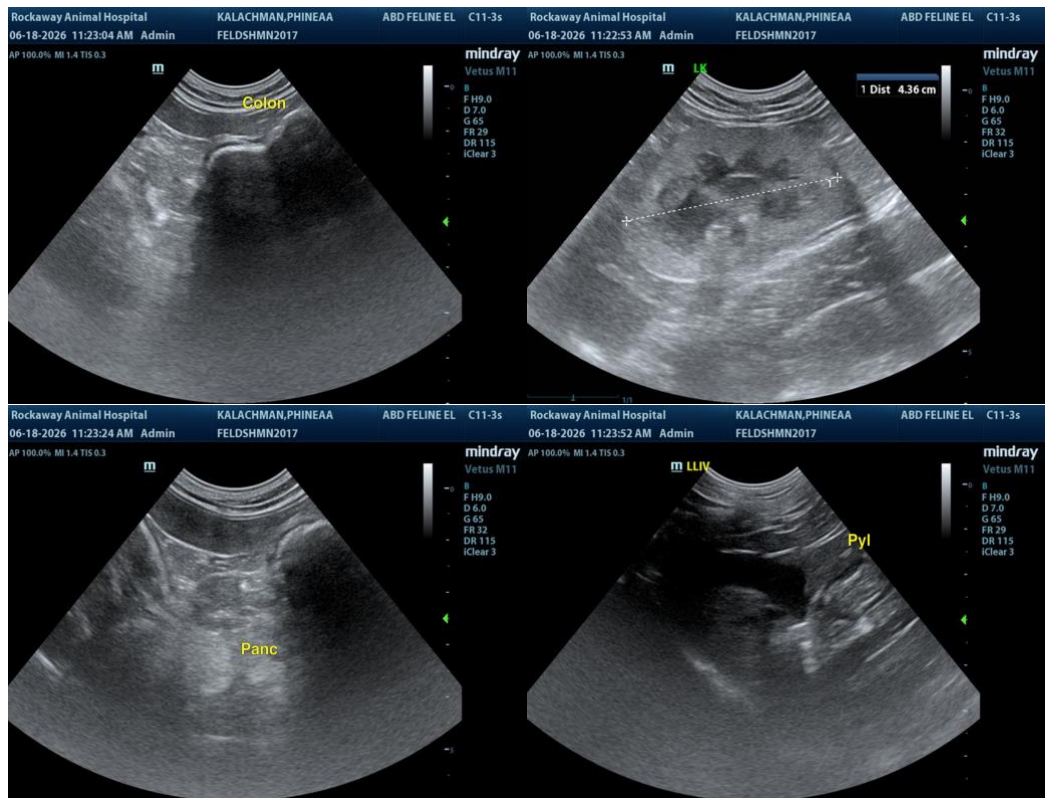
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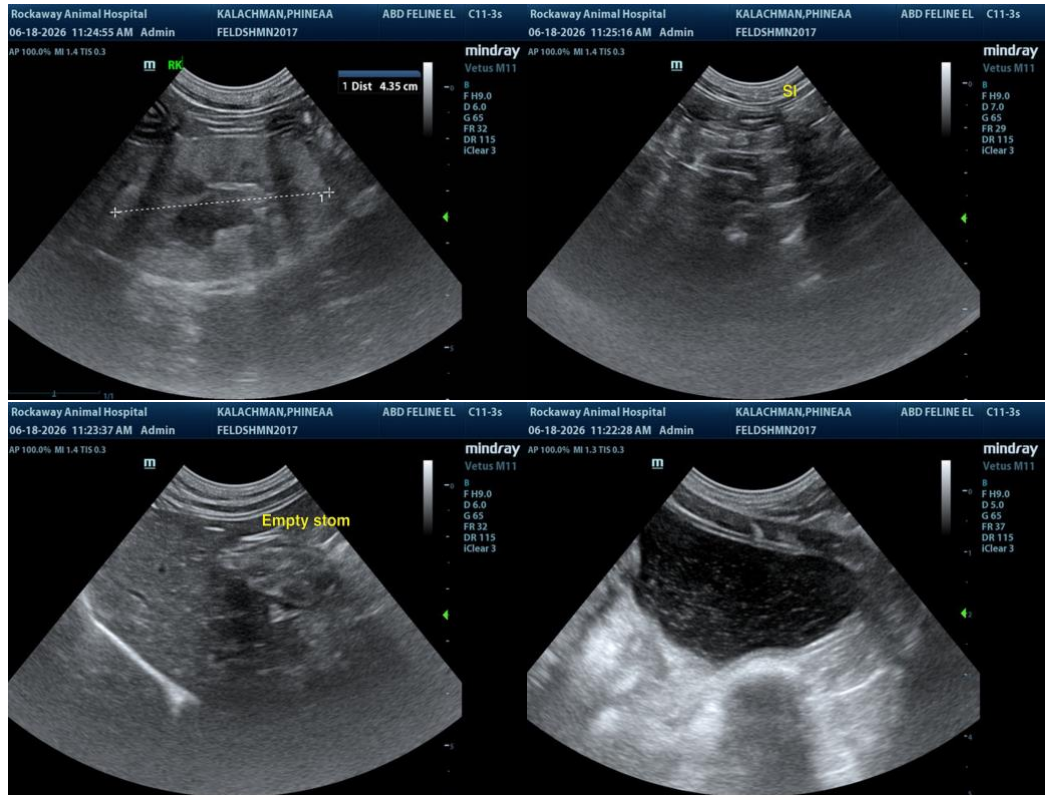
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)