



## PATIENT

Sully Hatkoski

## SPECIES

Feline

## BREED

DLH

## SEX

Male Neutered

## AGE

5y

## WEIGHT

3.6 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Cassie Jackson

## HOSPITAL NAME

Huntsville AH

## REFERRING VET

Brenda Cameron

## INVOICE

13083

## DATE

1/15/26

## PRESENTING CLINICAL SIGNS

History: for the last week he has been hyporexia and yesterday started vomiting hairballs, food and then water. Lethargic and off by himself, which is abnormal for him

Abnormal PE/Chem/CBC/UA Results: PE: moderately dehydrated. General health profile with TT4 and PL were unremarkable aside from mildly low K.

## 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. Mild, non-dependent, echogenic to particulate 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.

The area of the aortic trifurcation was free of pathology.

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. The left kidney measured 3.7 cm in length. The right kidney measured 3.6 cm in length.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.27 cm.

### 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 normal intact wall layering and exhibited moderate distention with retained anechoic fluid and non-shadowing chyme. No obvious evidence of gastric shadowing content or visualized obstruction to pyloric outflow.



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The small intestine exhibited intact segmentally prominent wall layering with overall maintained wall layer ratio. Example of jejunum wall measured 0.26 cm. Concurrent fluid dilated proximal duodenum with strongly shadowing lumen echo at the subjective level of the mid to descending duodenum or possible proximal jejunum. The echo measured ~2.0 cm in diameter. Primarily empty small intestinal segments distal exhibiting mild concurrent jejunal ileus to the level of the ileum and colon.

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

### Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

### Free Abdomen

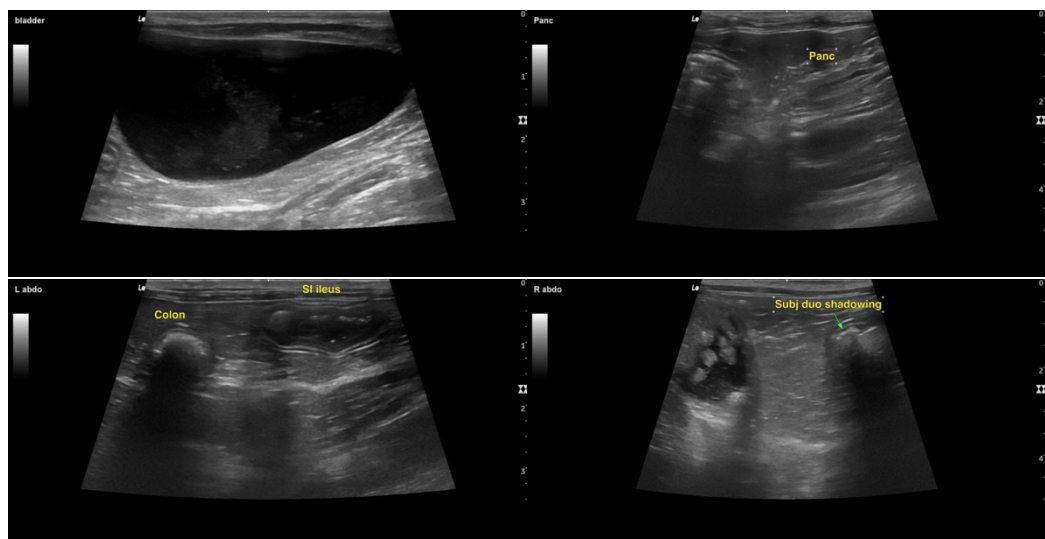
No visualized significant omental lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Duodenal to possible proximal jejunal foreign body with obstructive gastrointestinal pattern proximal, primarily empty small intestine distal with segmental mild jejunal ileus
- Intact borderline thickened small intestine wall - nonspecific

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with gross inspection of the gastrointestinal tract and with expectation toward enterotomy is recommended. Additional areas of gastrointestinal foreign material were not obvious, although small amounts of non-obstructive or passing gastrointestinal foreign material possible. Intestinal biopsies at time of surgery suggested to assess for underlying intestinal disease.





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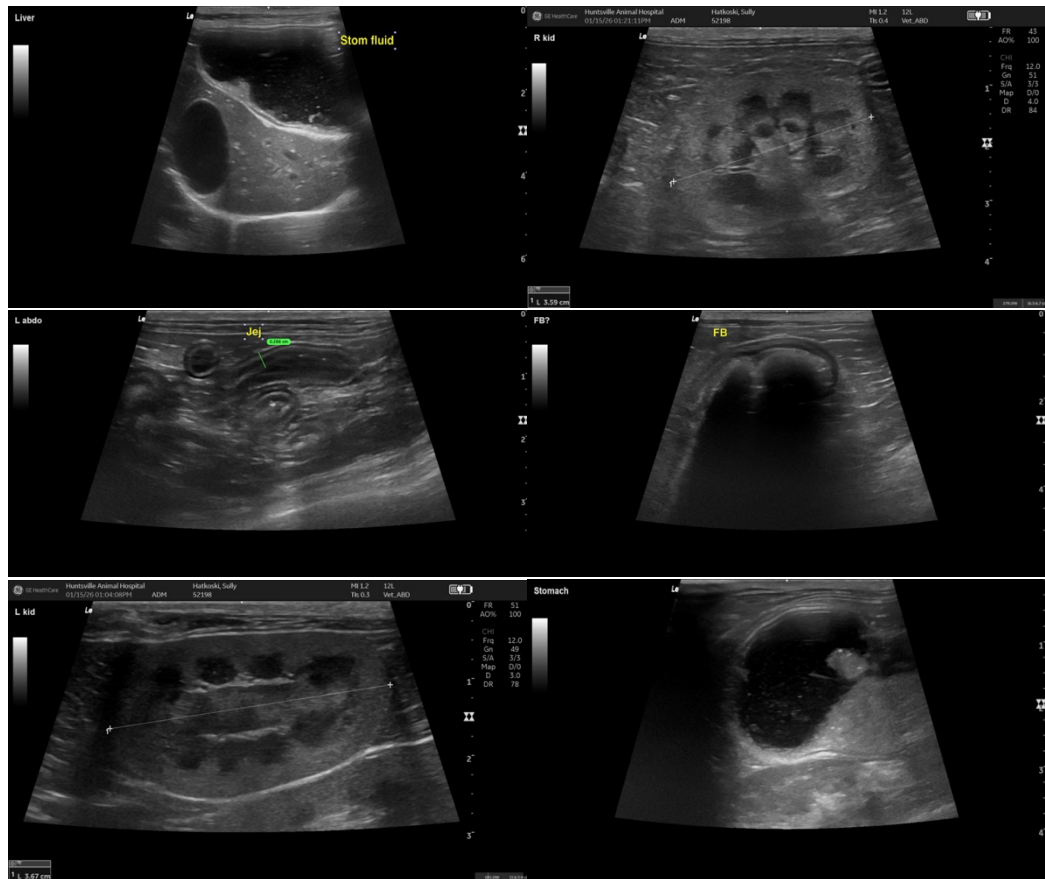
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)