



PATIENT

Mr. Knox Roadcap

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3 Years

WEIGHT

5.6 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Kim Davidson

INVOICE

13239

DATE

01/17/26

PRESENTING CLINICAL SIGNS

Presenting for acute vomiting beginning yesterday with episodes around 3:00 AM and 7:00 AM (water at 7:00 AM), now with lip licking, howling, and apparent pain this morning; no defecation for >24 hours. Has Cerenia and SQF yesterday. Uncomfortable on mid-abdominal palpation. Intestines palpate thickened

CBC: EOS 0.09 (L) Chem: Phos 2.7 (L) Lytes: K 3.5 (L)

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 change were noted.

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. A subtle 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 interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 4.3 cm in length. The right kidney measured 4.5 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 0.30 cm width.

The area of the right adrenal gland was free of pathology.

Spleen

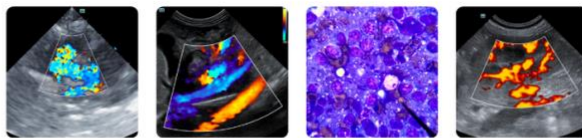
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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



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The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained mild retained nonshadowing ingesta/chyme with no evidence of mechanical pyloric outflow obstruction.

The small intestine presented intact wall layering exhibiting maintained normal wall layer ratio. Segmental borderline prominent jejunum wall without evidence of significant intestinal mural hypertrophy. Segmental mild nonshadowing intestinal ingesta present without obstructive pattern to the level of the colon. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.25 cm width.

Normal visible colon wall layers were present with apparent 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

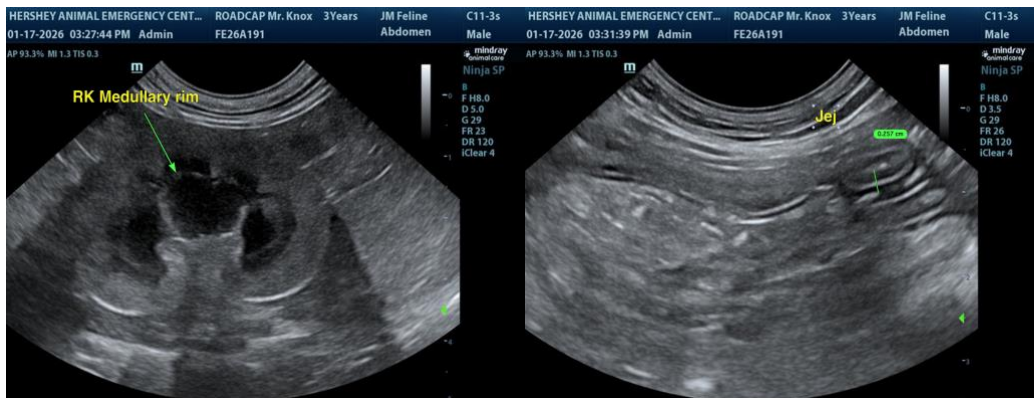
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Intact borderline thickened small intestine wall with nonshadowing gastric and segmental intestinal ingesta- no evidence of mechanical obstructive pattern or definitive visualized foreign material.
- Sonographically normal pancreas.
- Nonspecific subtle bilateral renal medullary rim sign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Nonspecific enteritis owing to dietary indiscretion, infectious disease, enterotoxin, occult inflammatory bowel with potential for emerging IBD, mild pancreatitis which may present sonographically normal are all potentials. No indication for immediate surgical intervention. Gastrointestinal support is indicated with clinical monitoring. Spec fPL or a GI panel for further clarification may be considered. Sonographic reassessment is recommended if non-responsive or progressive gastrointestinal signs. Urinalysis is recommended if not recently done.





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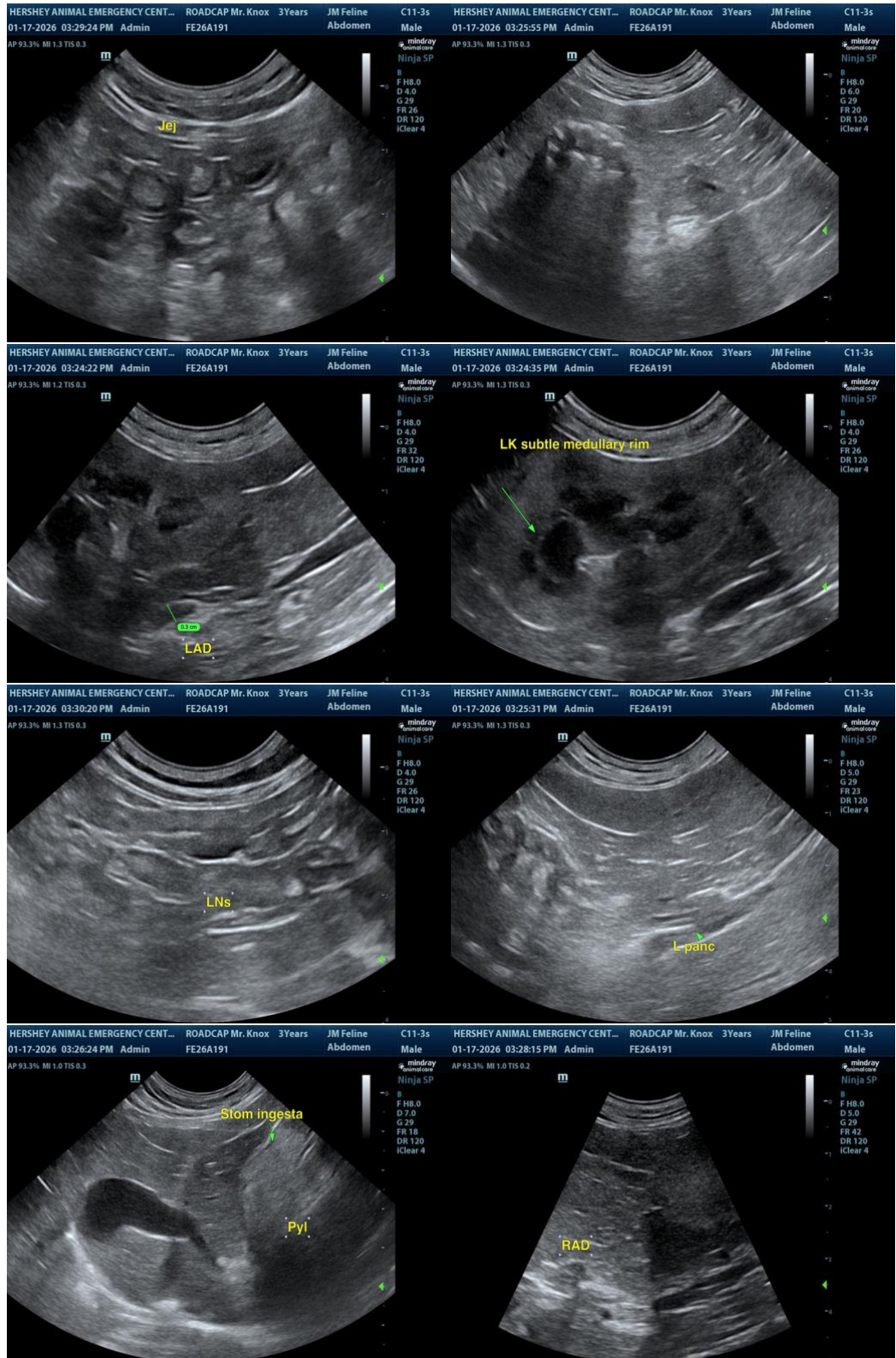
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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