



PATIENT

Missy Forsythe

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

6.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Taylor Frownfelter

INVOICE

13405

DATE

01/26/26

PRESENTING CLINICAL SIGNS

- lethargic for one week, not eating since Friday, having diarrhea and vomiting

Abnormal PE/Chem/CBC/UA Results: Moderately painful on abdominal palpation Tacky mucous membranes Small amount of foul-smelling diarrhea around anus EPOC: pH 7.317, BE -6.8 L, NA141 L, Ca 1.11 L, BUN 41 H, Gluc 324 H, Hct 28 CBC: Hct 25.1 L, Hb 9.0 L, RBC 6.42 L, Immature neutrophils 0.26K, Lymph 0.23K L, Eos 0.03K L, Baso 0K L Chem: Glu 313 H, BUN 42 H, Ca 7.7 L, Glob 5.6 H, ALT <10 L, Tbili 2.0 H T4: 0.9 Rads 1. Multiple loops of the small intestinal tract are moderately to severely dilated, and there 2 separate populations of bowel present- strongly concerning for mechanical intestinal obstruction; however, definitive intraluminal foreign material is not identified radiographically. The presence of a small intestinal mass lesion is also possible. 2.Scant volume peritoneal effusion, likely associated

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 3.5 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 0.37 cm width.

No obvious pathology in the area of the right adrenal gland.

Spleen

The spleen presented mildly enlarged in size and exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 1.1 cm width level of the mid spleen.

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.



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The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. The gastric body wall measured -cm width. The stomach contained a mild amount of anechoic fluid. No overt obstruction to pyloric outflow.

The small intestine presented segmentally thickened jejunum wall exhibiting intact to indistinct wall layer detail and mild nonobstructive ileus. Concurrent segments of jejunum and exhibited intact wall layering with normal wall layer ratio and empty lumen. The duodenum and ileocolic junction were sonographically normal. The duodenum wall measured 0.25 cm wall width. The segmentally thickened jejunum wall measured 0.34 cm wall width. The ileocolic wall measured 0.45 cm wall width. The normal appearing jejunum wall measured 0.22 cm wall width.

Normal visible colon wall layers were present with semi formed fecal matter in lumen.

Pancreas

The left limb of the pancreas presented mild prominent in size with mild nonhomogenous parenchyma compared to adjacent nonreactive or inflamed omentum. Mild left limb pancreatic duct dilation was noted.

Free Abdomen

A solitary minor visualized colic lymph node was present. This lymph node was homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild perilymphatic hyperechoic omentum. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Mild nonobstructive hypomotile stomach.
- Enteropathy exhibiting segmental thickened jejunum exhibiting intact to indistinct wall layer detail and mild nonobstructive ileus.
- Possible mild left limb chronic pancreatitis.
- Mild gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Segmental to generalized inflammatory enteropathy, i.e. IBD or other, or emerging intestinal neoplasia such as lymphoma are primary potentials. Emerging neoplastic criteria is of concern given segmental indistinct jejunal mural detail. No evidence of significant or swollen mesenteric lymphadenopathy or definitive mechanical intestinal obstruction. A GI panel to include PLI/TLI/Cobalamin/Folate +/- Diarrhea PCR panel may be considered. Intestinal biopsies are required for a definitive diagnosis. Gastrointestinal support, empirical therapy for possible chronic pancreatitis with clinical and as needed sonographic monitoring is recommended.



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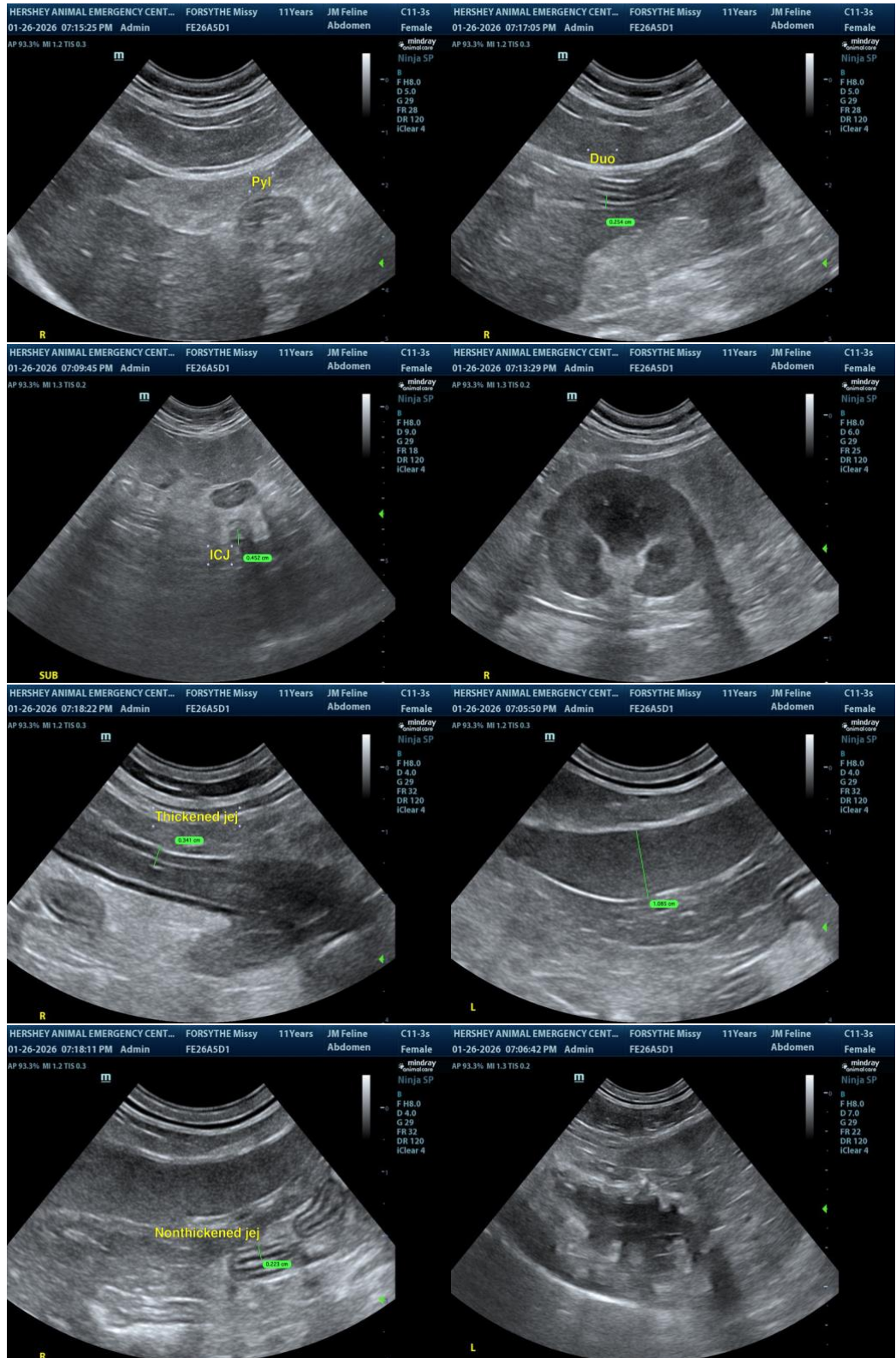
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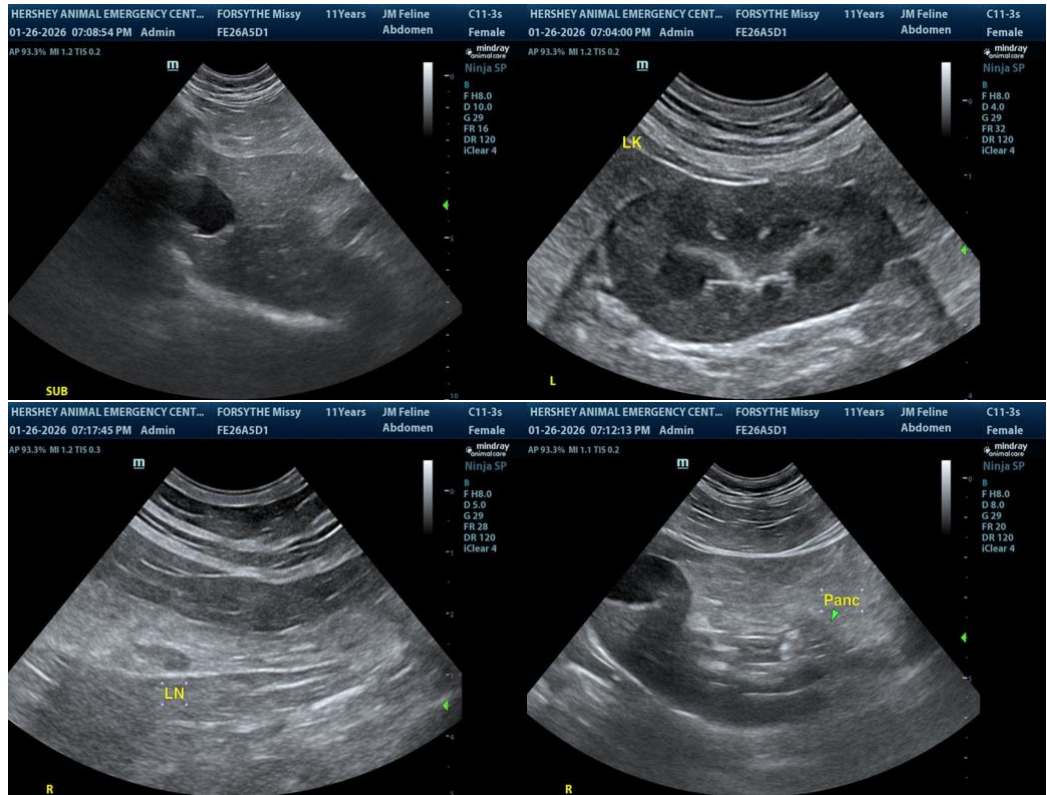
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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