



## PATIENT

Sam Clemson

## SPECIES

Feline

## BREED

DSH

## SEX

MI

## AGE

8mo

## WEIGHT

4.27kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Lindsay Powell, CVT

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Brian Jacobs

## INVOICE

23714

## DATE

01/29/2026

## PRESENTING CLINICAL SIGNS

2 day history of anorexia, vomiting. Vomiting has persisted through Cerenia injections.

Abnormal PE/Chem/CBC/UA Results: Bradycardia noted - HR 136. Bladder palpated large, nonpainful or firm CBC: HGB 16.4 (H), RDW 31.0 (H) Chem: ALT 155 (H), Tbili 1.7 (H), Glu 81 EPOC: pO2 50.2 (H), cSO2 85.5 (H), BE -5.6 (L) Pancreatic lipase: 1.1 Resting cortisol: 3.98 Urinalysis: USG >1.050, 1+ protein, inactive sediment Radiographs at rDVM showed thickened intestinal loops, no obvious obstruction or obstructive pattern

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder was distended in size with normal tone. The proximal urethra was normal in structure with decreased tone to a depth of 2 cm. Anechoic urine was present in the lumen with moderate non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 left kidney measured 4.2 cm in length. The right kidney measured 4.7 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

### 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. Normal vascular volume. 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



## PATIENT

Sam Clemson

## SPECIES

Feline

## BREED

DSH

## SEX

MI

## AGE

8mo

## WEIGHT

4.27kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Lindsay Powell, CVT

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Brian Jacobs

## INVOICE

23714

## DATE

01/29/2026

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid with no signs of obstruction or foreign material.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental mild ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.38 cm width.

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

### **Pancreas**

The area of the pancreas was sonographically normal.

### **Free Abdomen**

No omental masses or peritoneal effusion was present.

Focally enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 2.0 cm x 0.6 cm.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary**

- Non-specific gastroenteritis pattern exhibiting mild non-obstructive gastric and segmental intestinal ileus
- Normal area of pancreas
- Mesenteric lymphadenopathy most suggestive of reactive lymphadenitis, potentially secondary to inflammatory bowel episode

### **Secondary**

- Distended urinary bladder and visible proximal urethra with moderate urine sediment

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of mechanical gastrointestinal obstructive criteria i.e. foreign body, stricture, mass, etc. Gastrointestinal support indicated without indication for surgical intervention. Sonographic reassessment recommended if non-responsive or continued gastrointestinal signs as well as sonographic monitoring of the lymph nodes for evidence of progression. Monitoring of urinary pattern is recommended.



**PATIENT**

Sam Clemson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MI

**AGE**

8mo

**WEIGHT**

4.27kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Lindsay Powell, CVT

**HOSPITAL NAME**

Hershey Animal  
Emergency Center

**REFERRING VET**

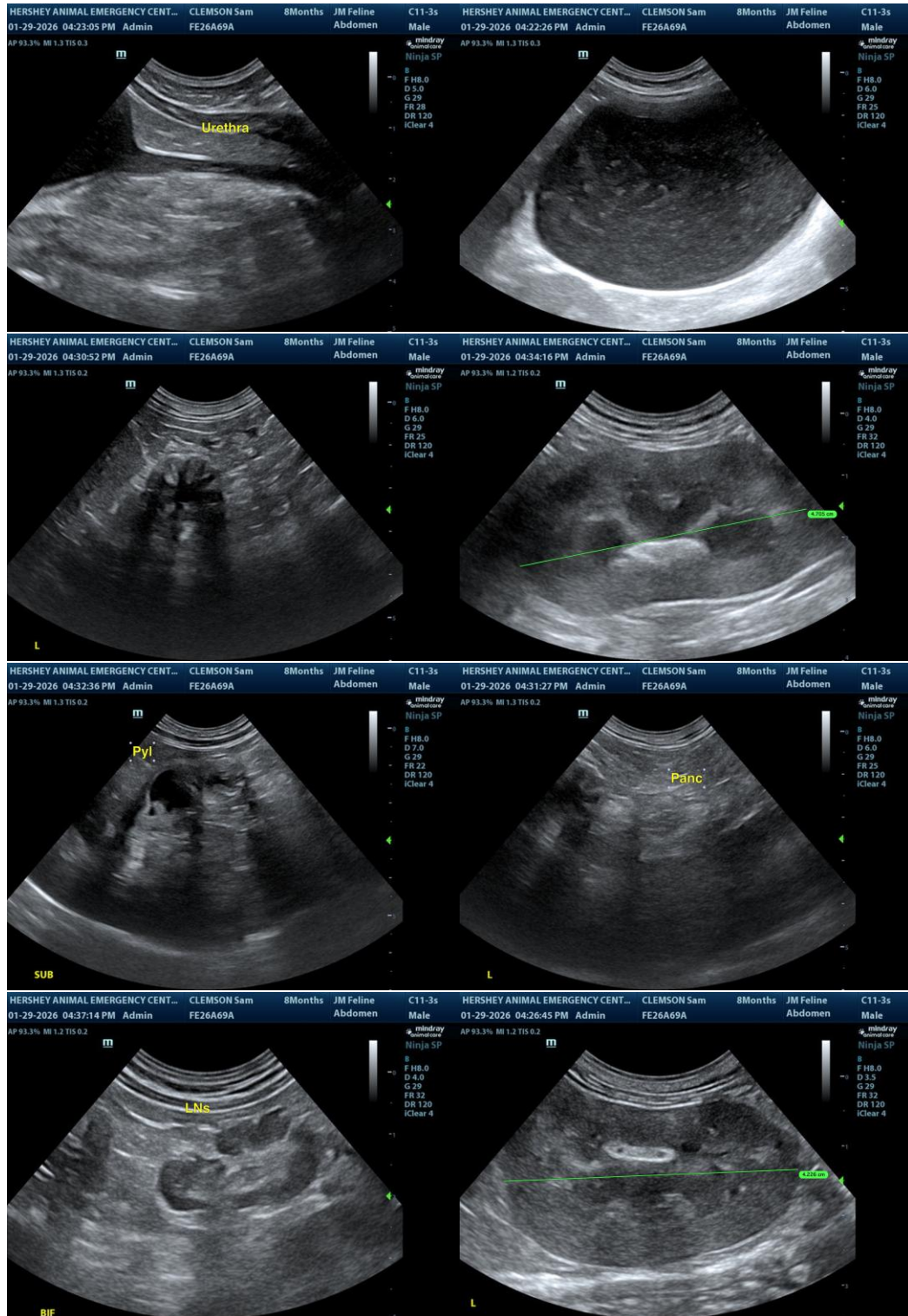
Dr. Brian Jacobs

**INVOICE**

23714

**DATE**

01/29/2026





**PATIENT**

Sam Clemson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

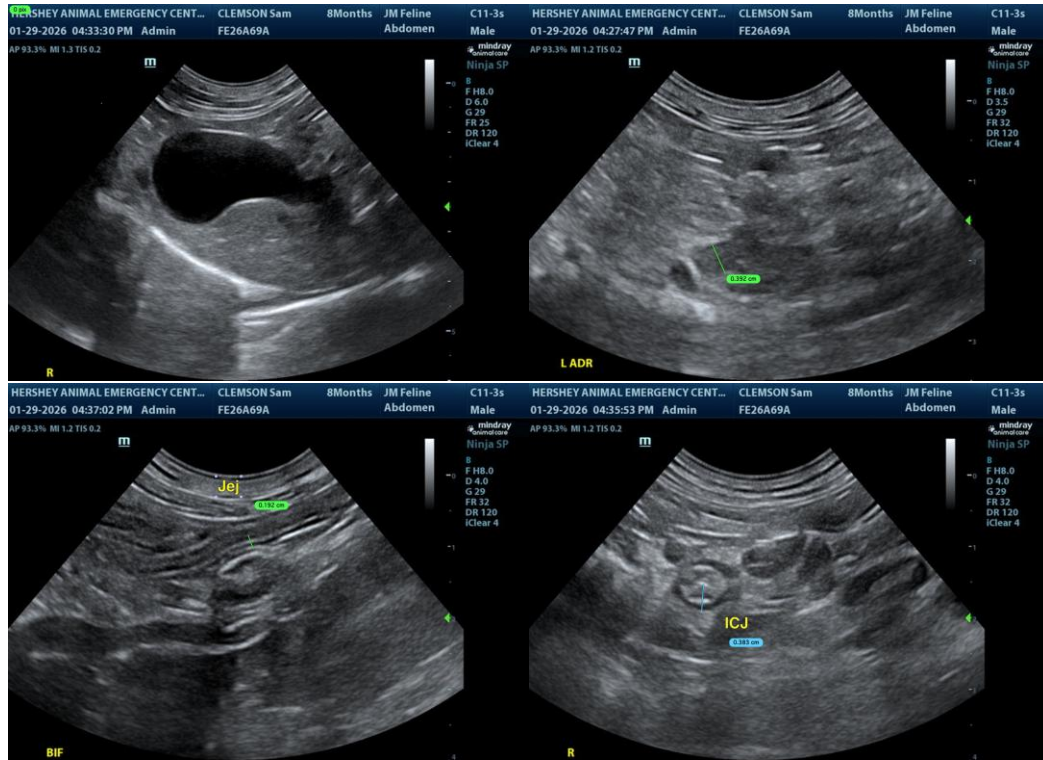
MI

**AGE**

8mo

**WEIGHT**

4.27kg



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.

**INTERPRETED BY**

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

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.

**IMAGING PERFORMED BY**

Lindsay Powell, CVT

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)

**HOSPITAL NAME**

Hershey Animal  
Emergency Center

**REFERRING VET**

Dr. Brian Jacobs

**INVOICE**  
23714

**DATE**  
01/29/2026