



## PATIENT

Smokey Shoyukeman

## SPECIES

Feline

## BREED

Himalayan

## SEX

Neutered Male

## AGE

9

## WEIGHT

12.2

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Sharkaway

## HOSPITAL NAME

Kew Gardens Animal  
Hospital

## REFERRING VET

Dr. Sharkaway

## INVOICE

12665

## DATE

12/10/25

## PRESENTING CLINICAL SIGNS

Chronic constipation The pet was on Cisapride for more than 3 years.

Abnormal PE/Chem/CBC/UA Results: Constipation Anorexia BW-WNL

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild particulate urine 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. Small renal cyst was visualized measuring 0.58 cm in diameter in the left kidney. The right kidney revealed a small renal cyst as well measuring 0.80 cm in diameter. The left kidney measured 3.9 cm in length. The right kidney measured 4.3 cm in length.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized.

### 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 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.

The intestinal walls demonstrated intact wall layers with mildly thickened walls and mild altered 1:3 muscularis / mucosa ratio primarily consisting of mild muscularis hypertrophy. Small intestine wall measured 0.27 cm to 0.28 cm wall width.

The colon was distended in appearance with formed fecal matter and normal intact visible colon wall.

### Pancreas



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The area of the pancreas was sonographically normal.

**Free Abdomen**

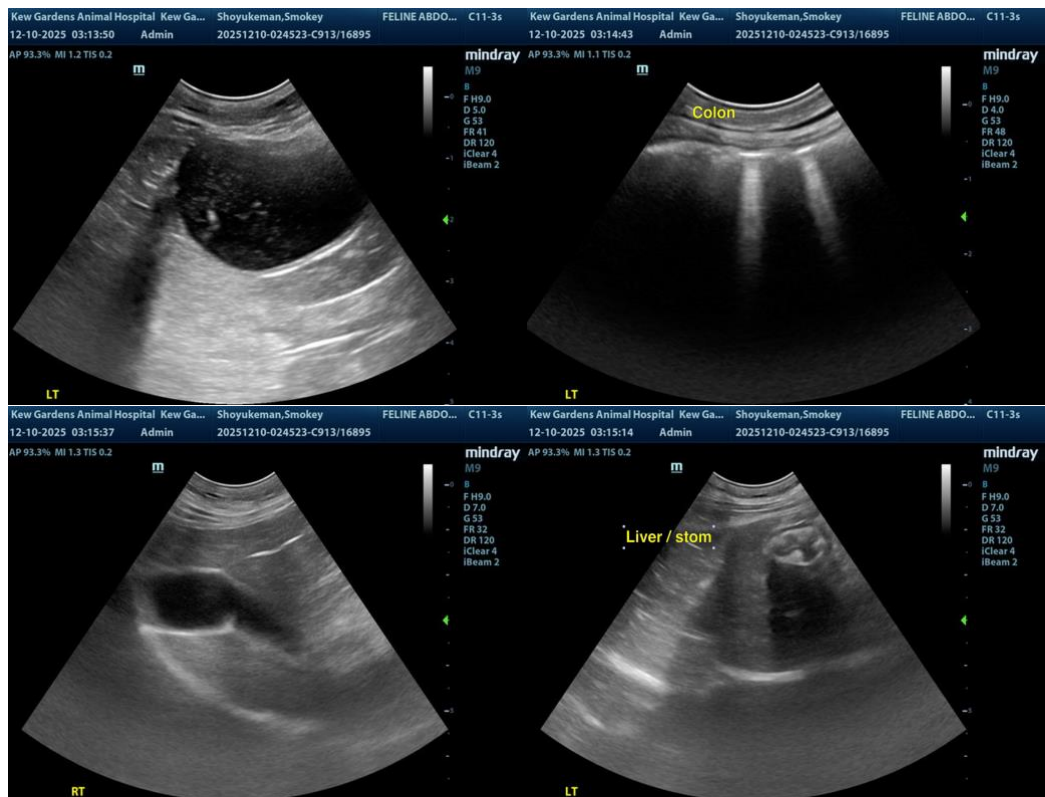
No obvious visualized significant omental lymphadenopathy or peritoneal effusion was present.

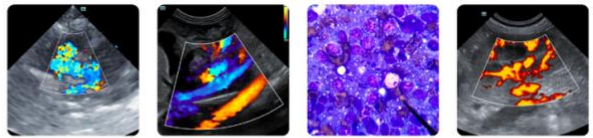
**ULTRASONOGRAPHIC FINDINGS**

- Mild urine sediment.
- Intact thickened small intestine wall.
- Mild chronic renal changes with bilateral cysts.
- Distended colon with formed fecal matter.
- Normal empty stomach.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

IBD or other inflammatory enteropathy is favored although low-grade intestinal round cell neoplasia such as lymphoma may present in a similar sonographic manner. The colon presentation is consistent with clinical history. Nonvisualized concurrent colon pathology given distended colon presentation with formed fecal matter cannot be definitively excluded. If surgery is elected in this patient, full thickness intestinal biopsies are recommended for histopathology and further clarification. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.





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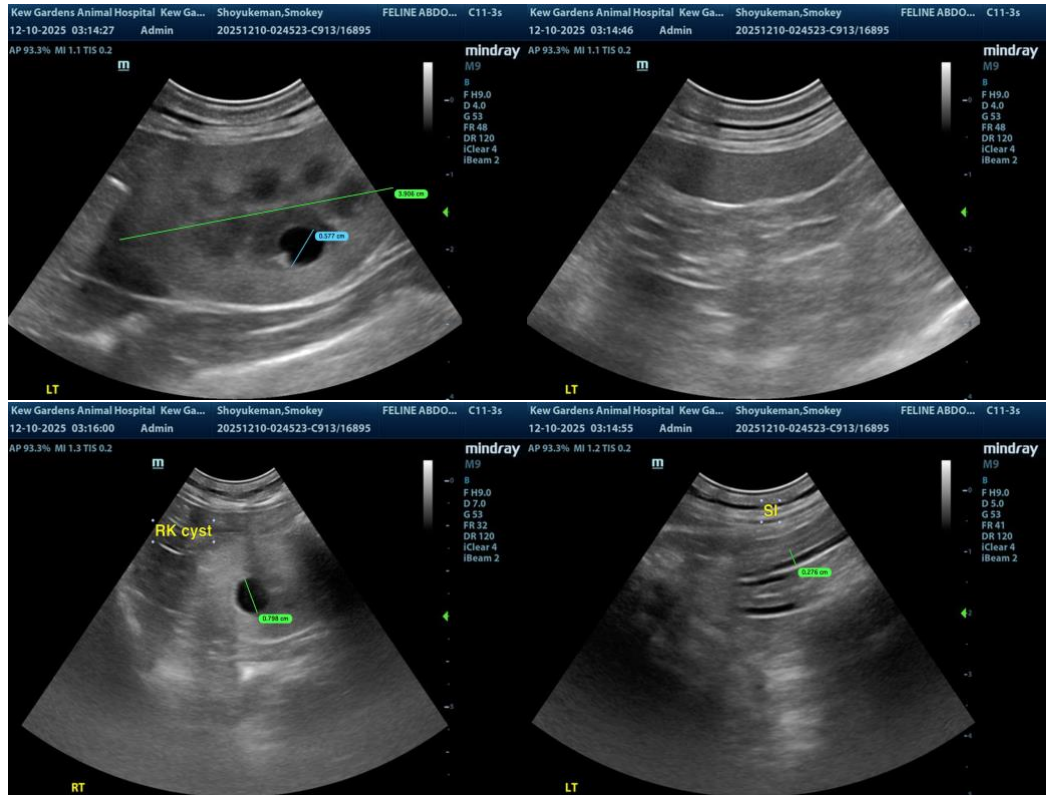
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)