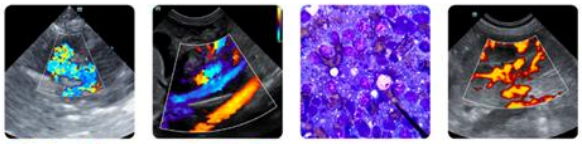


PATIENT

Loki Maryman

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

5yr

WEIGHT

3.8kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Victoria Orlando

INVOICE
23284

DATE
12/18/2025

PRESENTING CLINICAL SIGNS

was seen at rdvm for acute vomiting, anorexia, lethargy. Was treated with cerenia, miritaz, convenia rads showed significant air in stomach

Abnormal PE/Chem/CBC/UA Results: at rdvm: fecal: nps TP: high 10.1 Glob: high: 6.6 Alb normal at 3.5 no repeat diagnostics performed at HAEC yet limited exam due to caution - normal temperature, slightly underweight

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 primarily gravity-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 3.7 cm in length. The right kidney measured 3.8 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 0.37 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width.

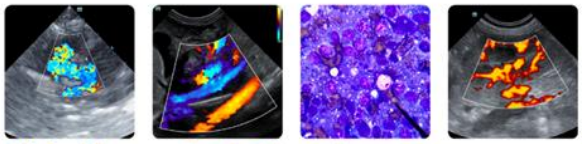
Spleen

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. The spleen measured 0.80 cm in width at the 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. 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 minor non-organized debris. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction.

Gastrointestinal



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

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The ileocolic junction measured 0.33 cm in width. The jejunum wall measured 0.22 cm in width.

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

Pancreas

The left pancreas was prominent in size with asymmetrical capsule contour. Non-homogenous hypoechoic parenchyma compared to adjacent mild hyperechoic omentum was present.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically normal gastrointestinal tract with mild non-obstructive hypomotile stomach.
- Mild to chronic pancreatitis pattern.
- Mild gallbladder debris with non-obstructive proximal common bile duct dilation.
- Mild urine sediment
- Sonographically normal spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for cranial abdomen subxiphoid discomfort on palpation, which may correlate with mild to chronic pancreatitis and consideration for GI panel for additional assessment of the pancreas as well as non-structural intestinal disease as a contributing factor given reported slight decreased body condition is recommended.

No evidence of mechanical gastrointestinal obstruction or neoplastic criteria. The mild gallbladder debris and non-obstructive proximal common bile duct dilation are non-specific with possible patient variant yet may suggest low-grade cholangitis with potential for emerging triaditis.

Gastrointestinal support and clinical monitoring indicated. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. Protein electrophoresis may be considered if persistent or progressive hyperglobulinemia.

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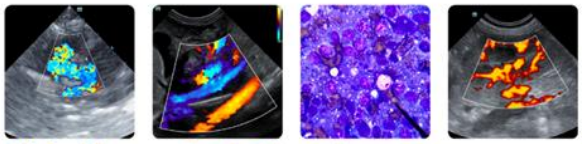

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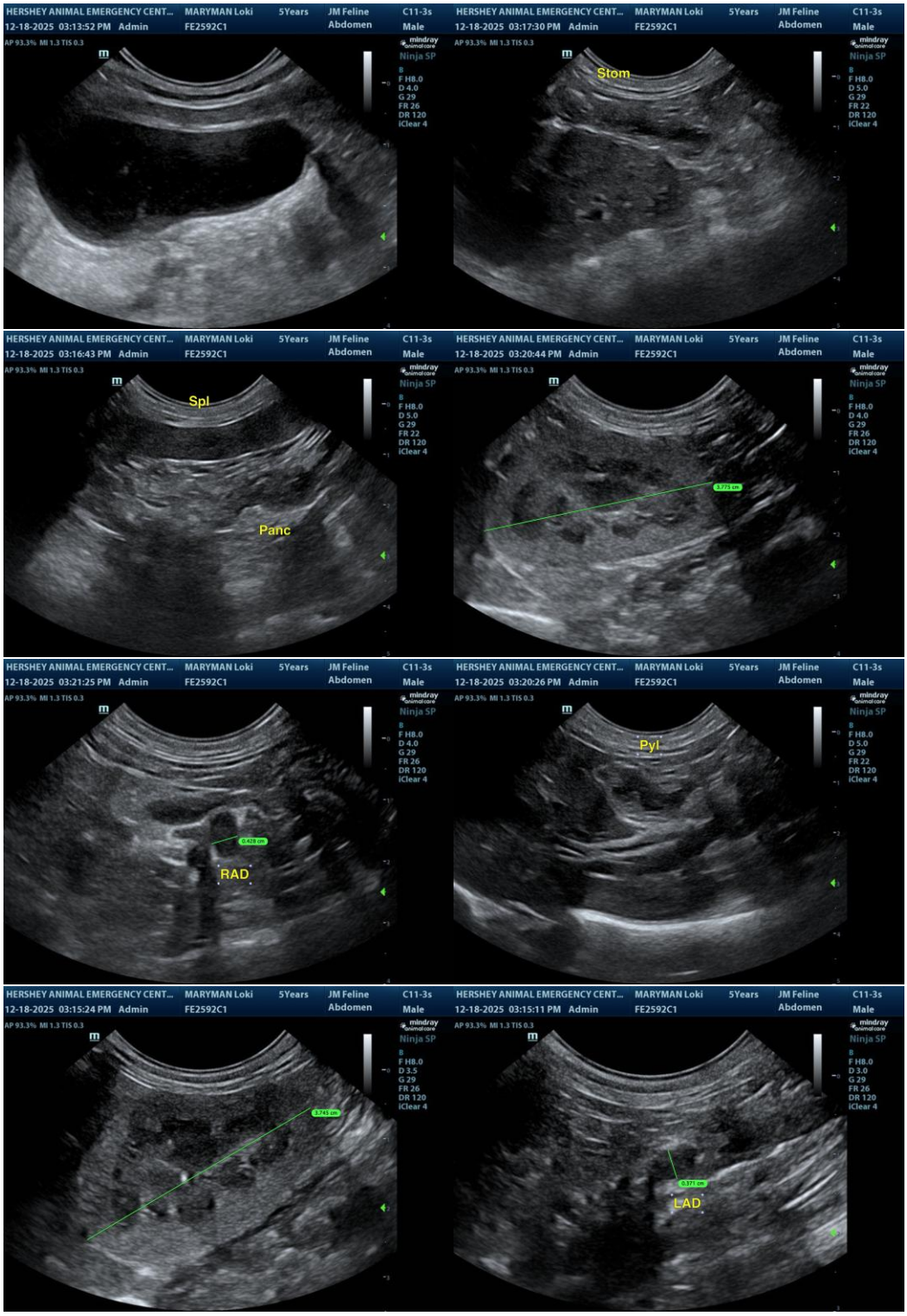

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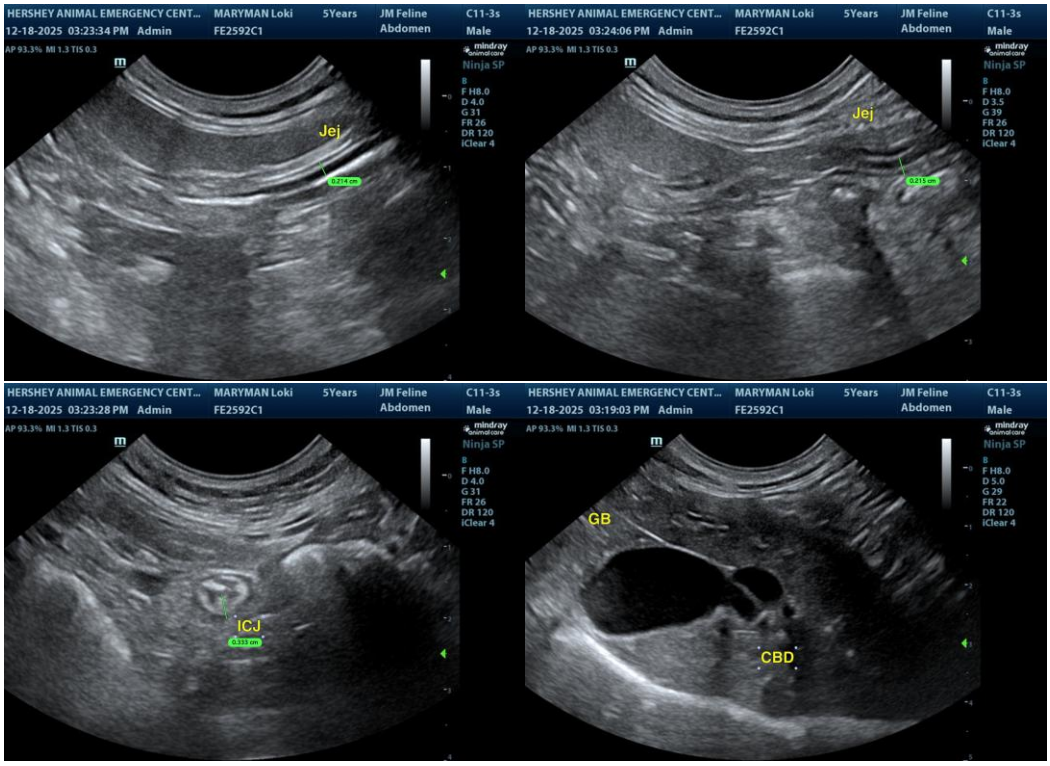

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com