



## PATIENT

Hocus Miller

## SPECIES

Feline

## BREED

DLH

## SEX

MN

## AGE

6yr

## WEIGHT

5.81kg

## 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. Brittany Lang

## INVOICE 23374

DATE  
12/30/2025

## PRESENTING CLINICAL SIGNS

Presented 12/29 with 1 day history of acute vomiting and inappetence. Historically has episodic hairballs. PE:Tacky MM, otherwise WNL PE at initial exam Tacky MM, tense and painful on abdominal palpation at recheck exam Labs:CBC: WNL Chem: ALT 279 (H), creatinine (0.6, L) EPOC: WNL fPL: WNL

Abnormal PE/Chem/CBC/UA Results: Radiographs (initial): 1. Focal small intestinal dilation with nonspecific content This finding could be due to focal ileus with some ingesta or a partially obstructive foreign body. If the patient is stable, supportive therapy could be considered with repeat radiographs to ensure this finding resolves and there is no progressive gastric or intestinal distention. Alternatively, an abdominal ultrasound could be considered to further assess this finding Radiographs (repeat): Comparative radiographs -- persistent focal small intestinal dilation with nonspecific content. Gastric gas distention is worse on latter radiographs with increasing concern for SI FBO

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. 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 4.4 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 0.47 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width.

### Spleen

The spleen exhibited mild enlargement measuring 1.2-1.3 cm in width at the mid spleen and 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



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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 proximal common bile duct was dilated and mildly tortuous without overt post hepatic obstruction.

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### **Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited mild to moderate fluid distension containing mild non-shadowing echogenic ingesta and chyme.

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The small intestine presented intact wall layering with normal muscularis/mucosa ratio. Concurrent fluid distended duodenum extending into the jejunum. Segmental fluid dilated jejunal segments with solitary strongly shadowing jejunal lumen echo present. The jejunal lumen echo appeared to be medial to the spleen measuring ~ 3 cm in diameter. Empty jejunal segments distal to the level of the ileocolic junction. No evidence of pathology at the ileocolic junction.

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

### **Pancreas**

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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**

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No obvious visualized significant omental lymphadenopathy although mild isochoric lymphadenopathy is not excluded.

Regional mild peri-intestinal hyperechoic omentum and scant peritoneal effusion was present.

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## ULTRASONOGRAPHIC FINDINGS

### **Primary**

- Jejunal foreign body with obstructive gastrointestinal pattern proximal, empty small intestine distal.
- Mild surrounding peri-intestinal hyperechoic reactive possible mildly inflamed omentum
- Scant peritoneal effusion.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Exploratory laparotomy with gross inspection of the gastrointestinal tract and expectation toward enterotomy is recommended.

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Small intestinal biopsy at the time of surgery is suggested to assess for underlying intestinal disease.

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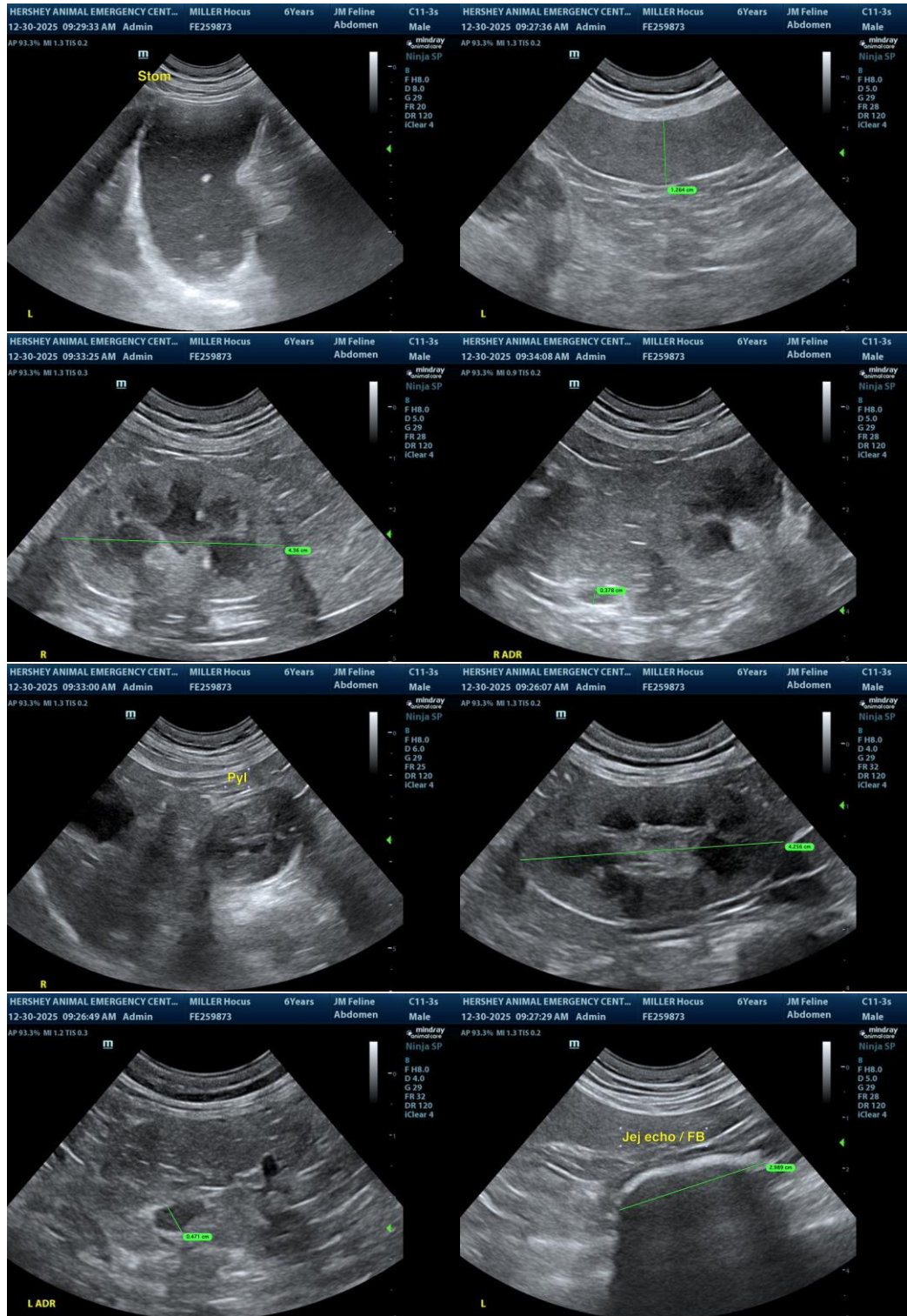
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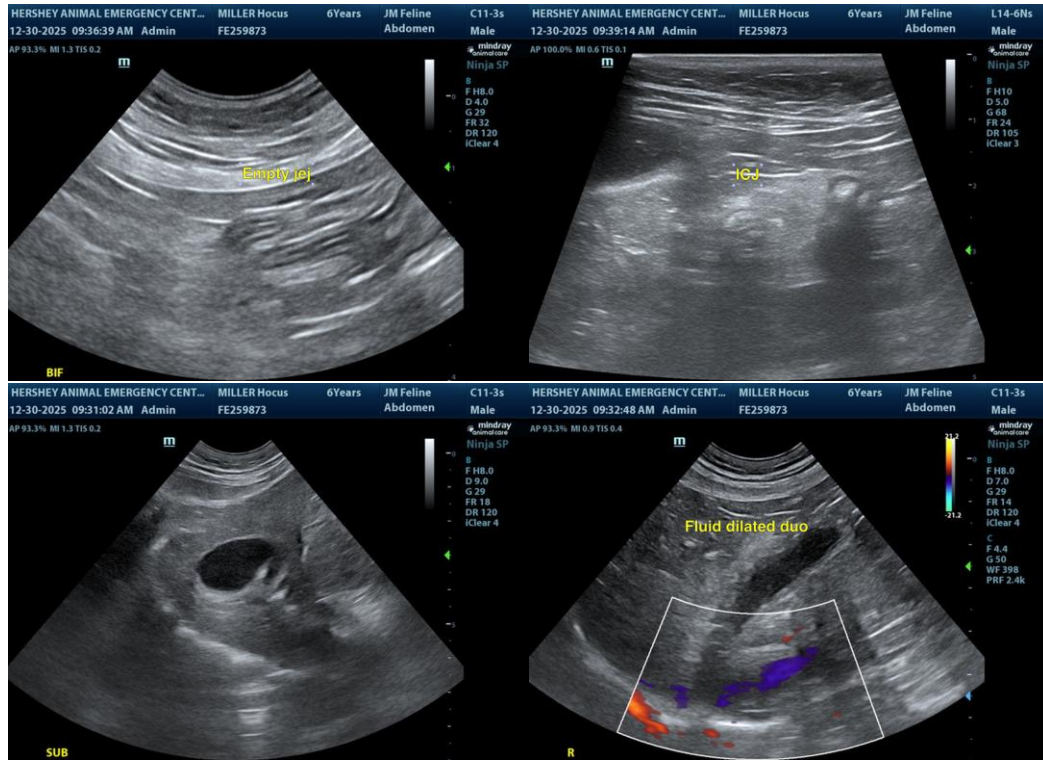
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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)

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