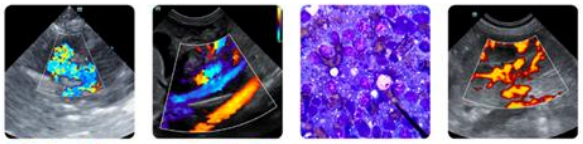


PATIENT

Daisy Briggs

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

4yr

WEIGHT

5.9kg

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
23150

DATE
12/8/2025

PRESENTING CLINICAL SIGNS

Daisy presented today as a recheck following a visit Dec. 6-7 overnight. Her initial presenting complaint was vomiting, anorexia and lethargy. The vomitus contained several artificial Christmas tree needles. She had full bloodwork and abdominal radiographs performed which were overall unremarkable. She was treated as an outpatient with an injection of maropitant, SQ fluids, and a prescription for a Proviable kit. Her owners report she ate right after getting home, but a few hours later she seemed uncomfortable and stopped eating again. She developed diarrhea thereafter. Vomiting has resolved. PE:5-6% dehydrated, tense abdomen, diarrhea over the perineum

Abnormal PE/Chem/CBC/UA Results: Dec. 6 overnight: CBC, chem 15, EPOC, abdominal radiographs - unremarkable Dec. 8: CBC - unremarkable EPOC - pH 7.473, bicarb 14.8, pCO2 20.2, K 3.3, iCa 1.20, lac 3.25, BUN 12, BG 135 Abdominal radiographs - 1. The stomach and small intestinal tract is mainly empty, and the appearance of the colon is compatible with diarrhea. Consider a gastroenteritis/colitis that may be due to recent dietary intolerance or indiscretion, infectious/parasitic disease or inflammatory bowel disease (IBD). The concurrent presence of pancreatitis, other underlying systemic disease, or toxicity cannot be excluded. 2. The mild splenomegaly is likely secondary to sedation (if applicable), but a true finding related to hyperplasia, neoplasia or infection cannot be entirely ruled out.

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 4.1 cm in length. The right kidney measured 3.7 cm in length.

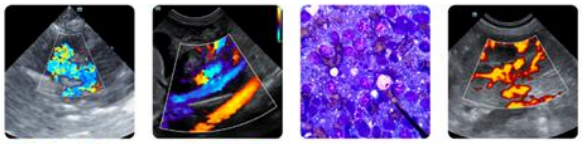
The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 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 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 1.0 cm in width at the level of the mid spleen.



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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

The stomach presented intact wall layering with a normal wall layer ratio. Primarily empty lumen with mild non-shadowing pyloric ingesta and no evidence of obstruction to pyloric outflow.

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 small intestinal wall measured 0.24 cm in width. The ileocolic wall measured 0.35 cm width.

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

Pancreas

The left pancreas was normal in size with mild capsule asymmetry and isoechoic mild heterogeneous parenchyma compared to adjacent non-reactive or inflamed omentum.

Free Abdomen

No evidence of peritoneal effusion was present.

A minor prominent to enlarged colic lymph node was present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 0.57 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal gastrointestinal tract with mild non-shadowing pyloric ingesta
- Mild heterogeneous left pancreas
- Sonographically normal spleen
- Semi formed fecal matter and gas in the colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant visceral specifically gastroenterocolic pathology. Mild pancreatitis may be suspected if cranial abdomen discomfort on palpation. Correlation with a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. No evidence of current gastrointestinal foreign material or abdominal neoplastic criteria.

Empirical supportive care for non-specific gastroenterocolitis potentially secondary to dietary indiscretion given patient history is recommended.

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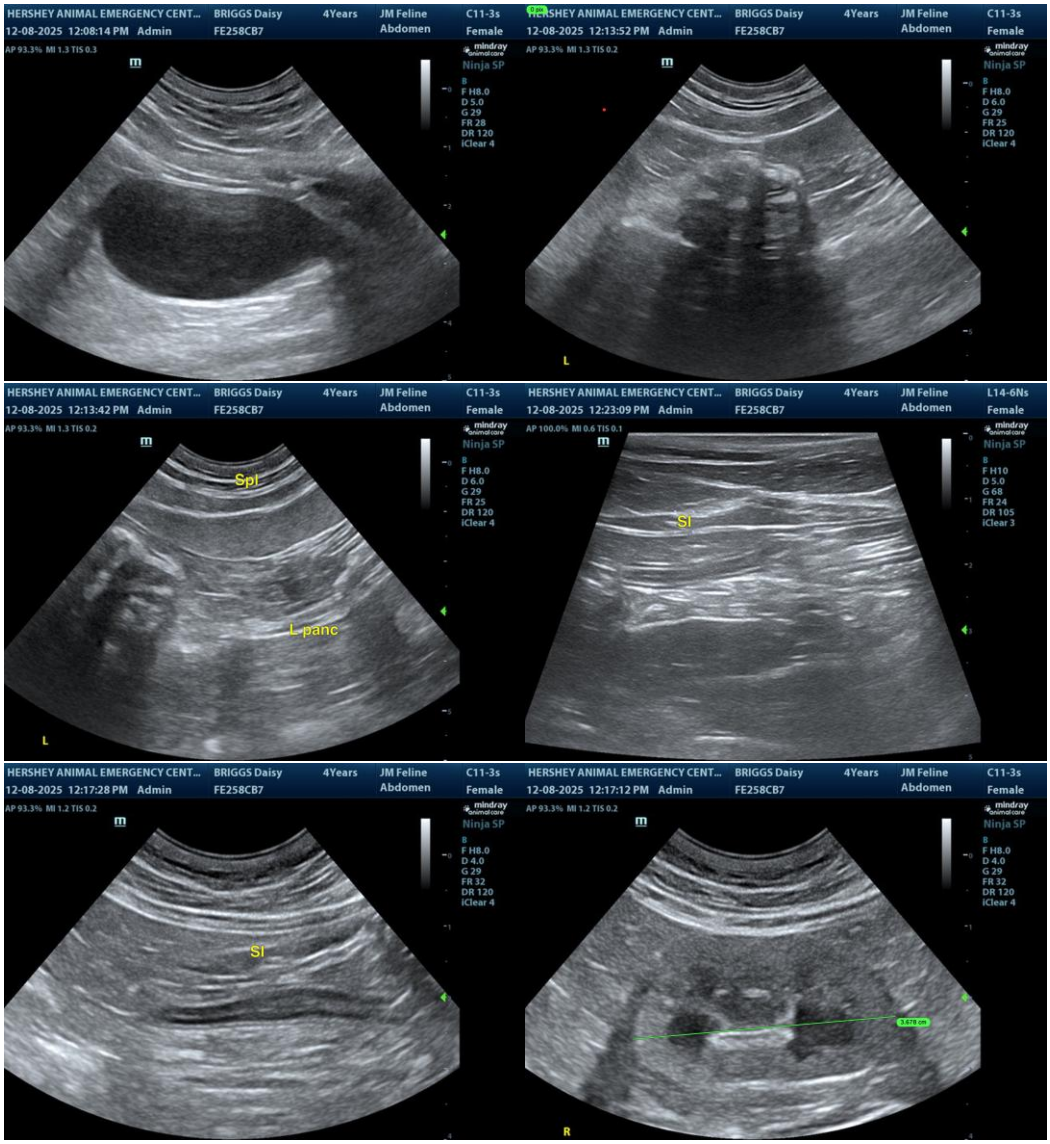

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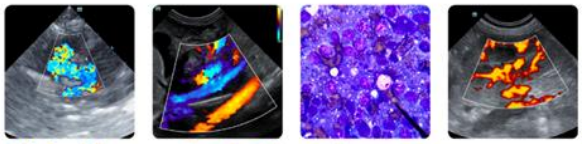

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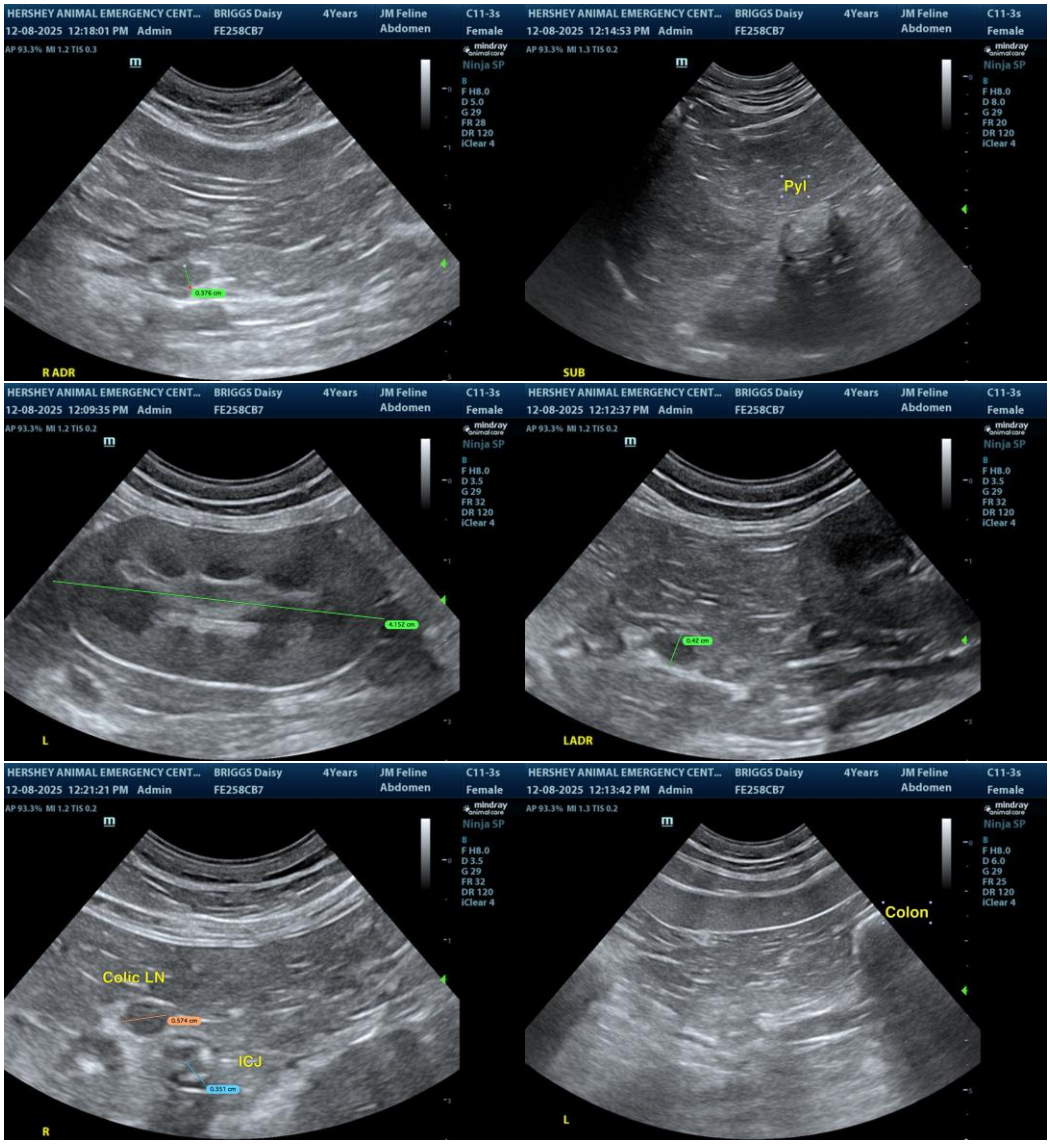

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com