



## PATIENT

Punkin Hamm

## SPECIES

Feline

## BREED

DLH

## SEX

FS

## AGE

16yr

## WEIGHT

4.9kg

## 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. Shally Gastelu

## INVOICE

23894

## DATE

02/16/2026

## PRESENTING CLINICAL SIGNS

- Last several nights - hard swallowing/hypersalivation. 2 day history of anorexia and vomiting foamy saliva.
- 5-6% dehydration
- Abnormal PE/Chem/CBC/UA Results: CBC: WBC 22.23 (H), Neu 20.77 (H) Chem: ALT 629 (H), Ca 8.1 (H), Glu 232 (H), Tbili 0.6 (H) EPOC: iCa 1.13 (H), K 3.1 (L), Glu 219 (H), Lac 3.53 (H), pO2 103.5 (H), BE -6.6 (L), sO2 97.7 (H)

## 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 mild non-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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 4.0 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 0.49 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 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 mildly enlarged in size. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and non-dependent, non-organized debris. The cystic and common bile ducts were normal.

### 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 anechoic fluid with no signs of obstruction or foreign material.

The small intestine presented intact borderline to mild thickened wall 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 to the level of the colon. The duodenum wall measured 0.27 cm width. The jejunum wall measured up to 0.30 cm width. The ileocolic wall measured 0.37 cm width.

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

### **Pancreas**

The pancreas was normal in size and contour with remodeled heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Minor prominent pancreatic duct.

### **Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

### **Primary**

- Mild non-obstructive hypomotile stomach
- Empty small intestine exhibiting intact borderline /mild thickened intestinal wall
- Mild chronic pancreatitis pattern
- Hepatopathy with mild gallbladder debris

### **Secondary**

- Mild chronic renal changes
- Mild urine sediment

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstruction, foreign material or overt neoplastic criteria. Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may correlate with low grade pancreatitis is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate along with consideration for screening hepatic FNA cytology using 25ga needle and assuming normal clotting status to assess for evidence of non-obvious inflammation is recommended. Three view chest radiographs to assess for thoracic or esophageal pathology suggested, if not done.

The intestinal presentation may indicate patient variant, non-specific enteritis, mild IBD or other inflammatory enteropathy, less likely emerging to occult intestinal neoplasia in conjunction with chronic pancreatitis.

Gastrointestinal support, which may include dietary trial and as needed gastric protectants with clinical and as needed sonographic monitoring is recommended. Correction of dehydration may prove beneficial.



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Correlation with a urinary workup is recommended.

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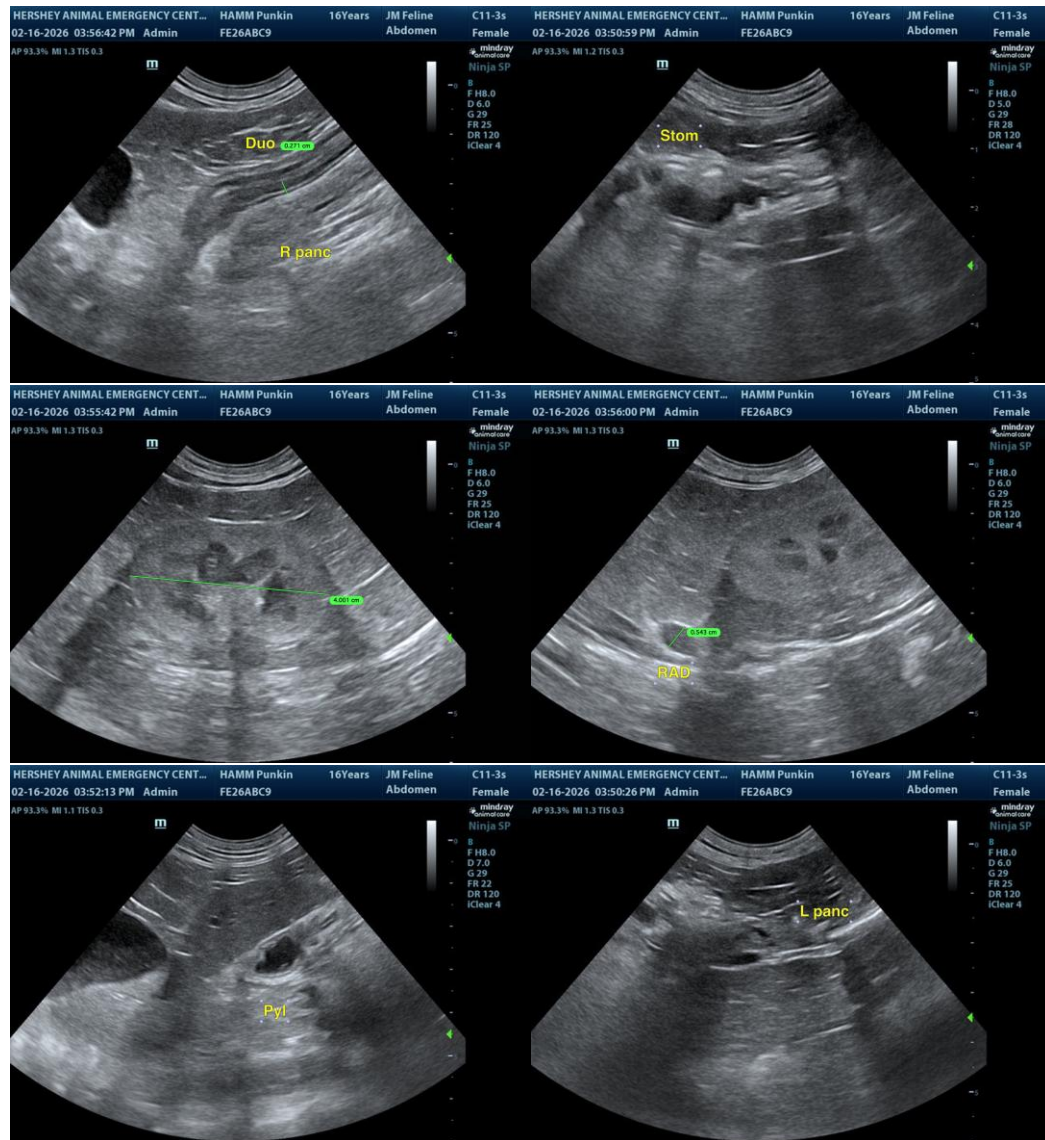
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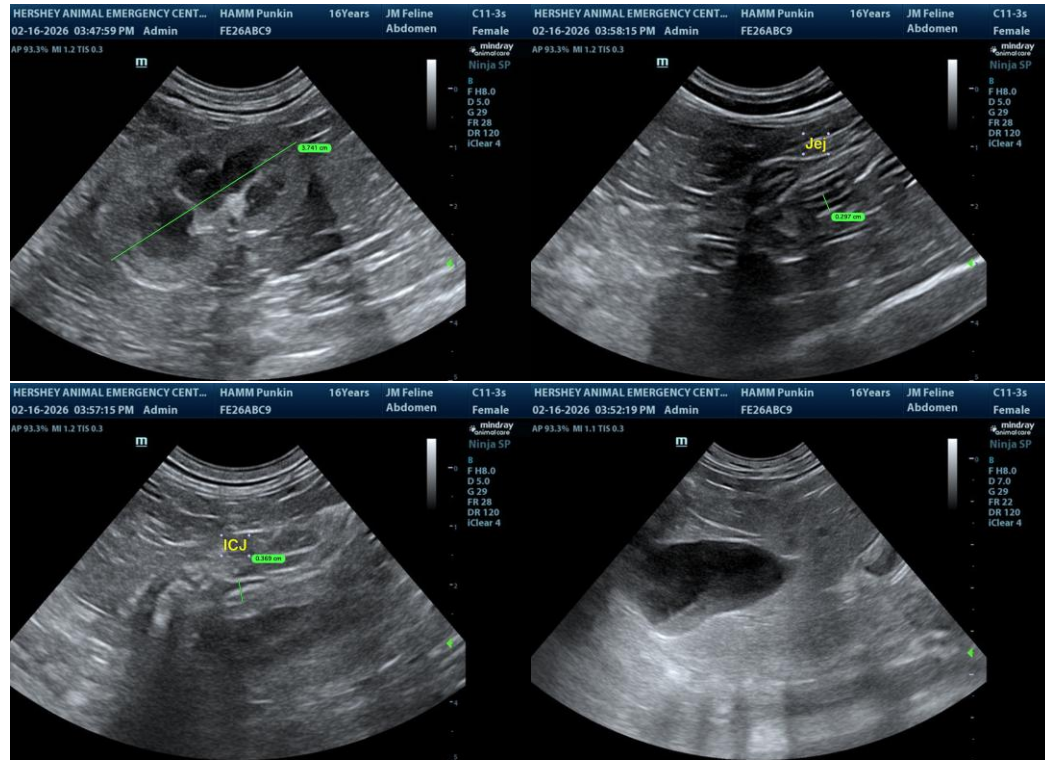
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)