

PATIENT

Oakley Sackett

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2024

WEIGHT

14.25

INTERPRETED BY

R. McKenzie Daniel,
 DVM, DABVP (Canine
 / Feline Practice)

IMAGING PERFORMED BY

Rebekah Jakum, CVT,
 ARDMS/RVT

HOSPITAL NAME

Littlestown Veterinary
 Hospital

REFERRING VET

Dr. Kubala

INVOICE

13572

DATE

02/03/26

PRESENTING CLINICAL SIGNS

- Patient presented to hospital because he has been vomiting for 3-4 days. Started as undigested food, then bile, now vomit has blood in it. Patient cannot keep down food or water. Having very small bowel movements, also with blood present in stool. Dehydrated
- Hospitalized for the day on IVF.
- Patient also has a history of hematuria in November 2025. UA at that time showed crystalluria but there were no visible stones on radiographs. Owner changed diet. Has not had any urinary issues since.
- 02/03/26 Cerenia injection IV at 12:30pm, Gabapentin 100mg PO @12:30pm, and Carafate 1/2 gram PO in slurry @ 1:30pm.

Abnormal PE/Chem/CBC/UA Results: CBC, Chem, Lytes = All WNL. Urine extremely concentrated (SG >1.050, +1 BILI, +1 BLD, +1 PRO, +1 UBG)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or 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 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 4.0 cm in length.

Adrenal Glands

No overt pathology in the areas of the left and right adrenal glands.

Spleen

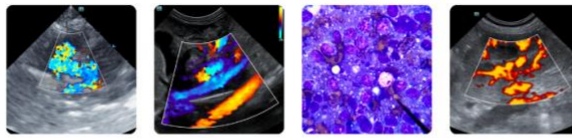
The spleen was subjective mildly enlarged in size and exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 1.1 cm width.

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. 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



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild primarily nonshadowing to focally shadowing pyloric ingesta without evidence of obstruction to pyloric outflow or obstructive pyloric mural pathology. The pylorus wall measured 0.30 cm wall width.

The small intestine presented intact intestinal wall layering with maintained wall layer ratio. Borderline thickened jejunum wall exhibiting mild segmental jejunal corrugation. Empty jejunal segments with concurrent mild jejunal ileus with retained nonshadowing chyme/gas. Possible small focal mildly shadowing jejunal echo was present measuring 0.55 cm in diameter.

Normal visible colon wall layers were present with semi formed fecal matter in lumen. Mildly thickened cecum measuring 0.38 cm wall width.

Pancreas

The pancreas presented normal to mildly prominent in size with homogenous mildly hypoechoic parenchyma.

Free Abdomen

Mildly swollen hypoechoic mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Mild surrounding perilymphatic omentum. An example of lymph node size was 1.6 cm x 0.68 cm. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild retained primarily nonshadowing to focally shadowing pyloric ingesta.
- Enteropathy exhibiting segmental jejunal ileus, gas and possible small nonobstructive jejunal echo.
- Mildly thickened cecum- potential typhlitis.
- Hypoechoic pancreas- consistent with mild pancreatitis.
- Mildly swollen hypoechoic mesenteric lymph nodes- suggestive of lymphadenitis owing to inflammatory bowel episode.

Secondary Findings

- Normal urinary bladder.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, infectious disease, enterotoxin, inflammatory bowel in conjunction with pancreatitis are all potentials. No evidence of current gastrointestinal mechanical obstruction. Focal small non-obstructive pyloric and jejunal foreign material is of concern, yet not definitive.

Correlation with current clinical signs, assuming supportive care, is recommended. A GI panel to include PLI, TLI, cobalamin and folate is warranted to correlate with pancreas as well as assessment for evidence of distal small intestinal disease.

If continued or progressive non-responsive gastrointestinal signs, despite supportive care, exploratory laparotomy with gastrointestinal and lymphatic biopsies is considered essential despite exploratory findings, may be indicated.



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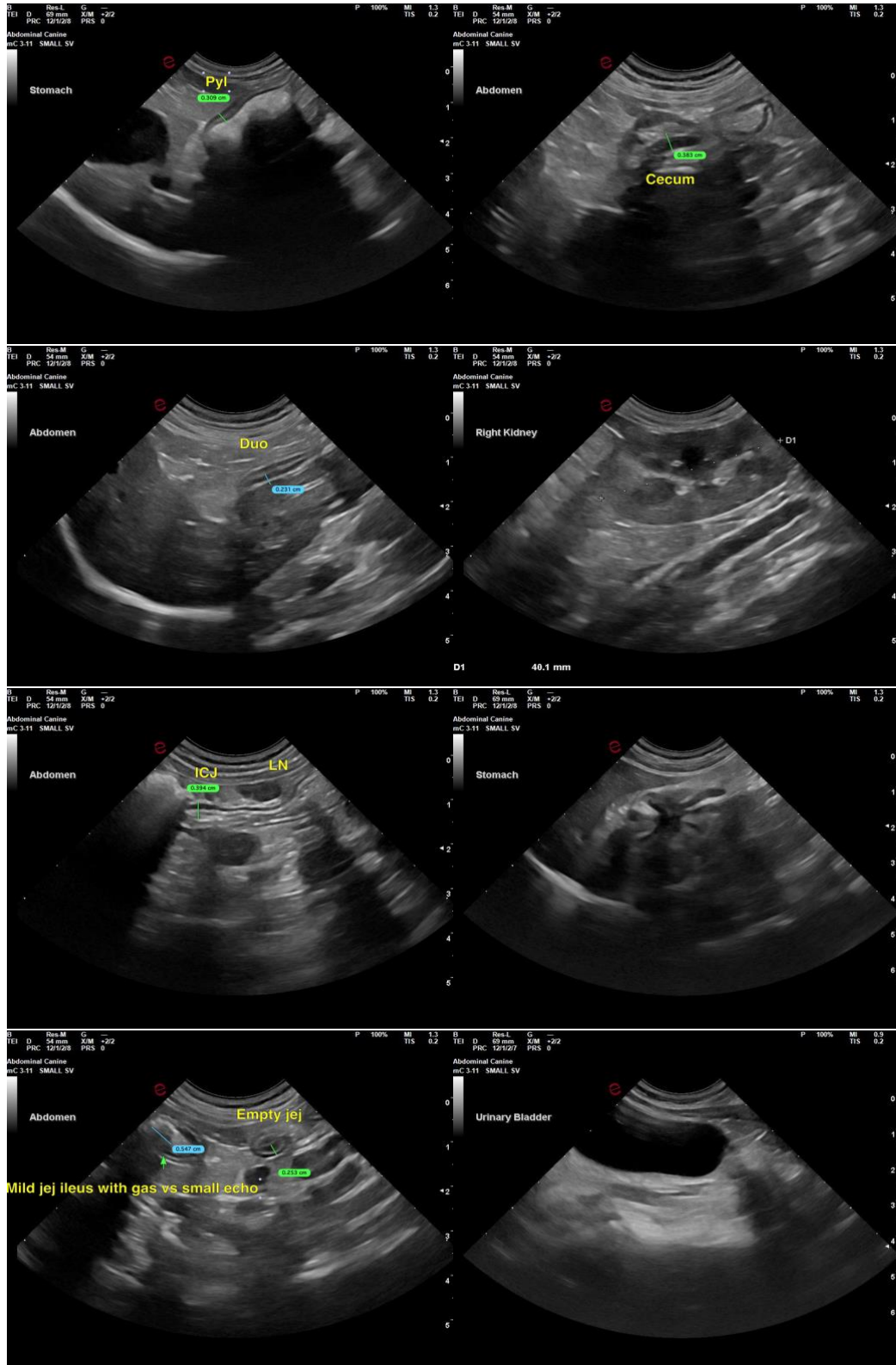
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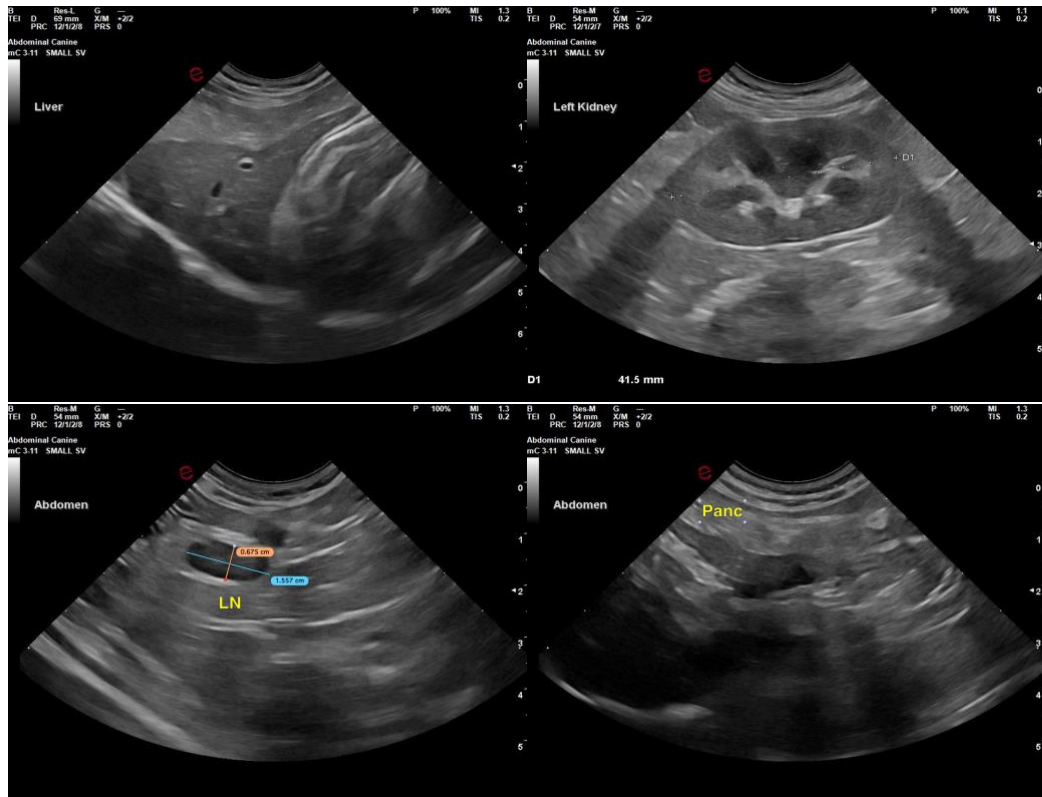
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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