



PATIENT

Lilia Jones

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

8.5yr

WEIGHT

5.85kg

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. Kimberly Davidson

INVOICE 24064

DATE 03/01/2026

PRESENTING CLINICAL SIGNS

Bloody diarrhea and inappetence for 3 days. Potential hair tie ingestion.

Abnormal PE/Chem/CBC/UA Results: Normal PE besides aggressive temperament. CBC: WNL
Chem:WNL fPL: WNL EPOC: BE -7.5, otherwise WNL Radiographs: gastric material at level of pylorus,
2 small FB in the intestine, gas filled small intestines with atypical gas lucencies without plication or
obvious obstruction

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 moderate non-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 4.3 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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 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. The lumen of the stomach contained mild strongly shadowing ingesta.

The small intestine presented normal intact wall layering. Segmental non-shadowing intestinal ingesta with concurrent segmental progressively shadowing to focal strongly shadowing intestinal ingesta /



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content with focal shadowing ingesta measuring ~ 1 cm in diameter. Segmental intestinal lumen gas. The jejunum wall measured 0.27 cm in width.

No evidence of pathology at the level of the ileocolic junction.

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

Pancreas

The pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

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

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ULTRASONOGRAPHIC FINDINGS

Primary

- Retained shadowing gastric content
- Segmental progressive to focally shadowing small intestine content without obstructive pattern
- Mild pancreatitis
- Formed fecal matter / gas in colon

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5.85kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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DVM, DABVP
(Canine and Feline)

The gastric and focal to segmental intestinal content is most consistent with nonobstructive foreign material given reported anorexia and associated acoustic shadowing. Exploratory laparotomy with expectation for gastrotomy and enterotomy is recommended. Biopsies are suggested despite exploratory findings. Perioperative therapy for pancreatitis is recommended.

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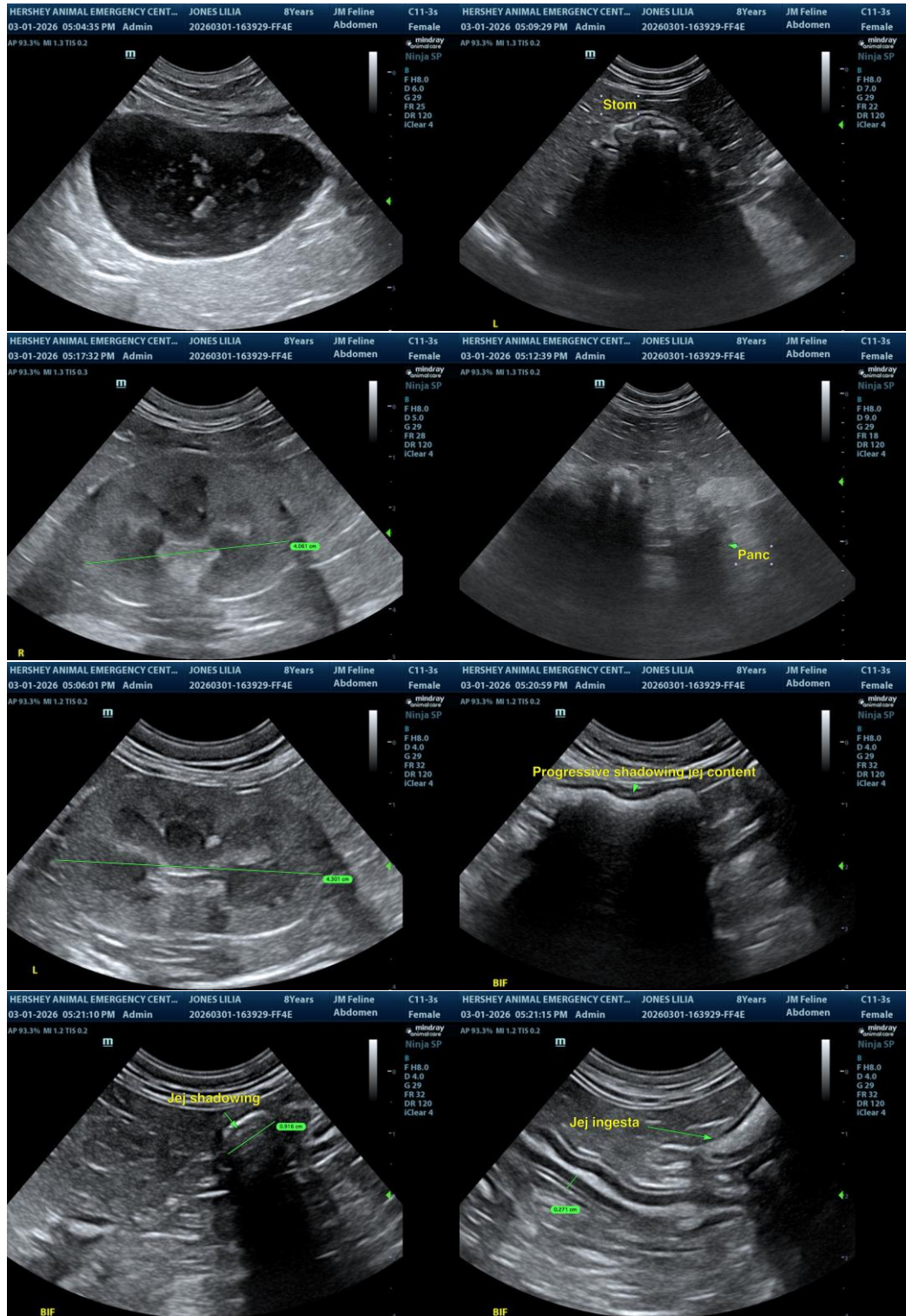
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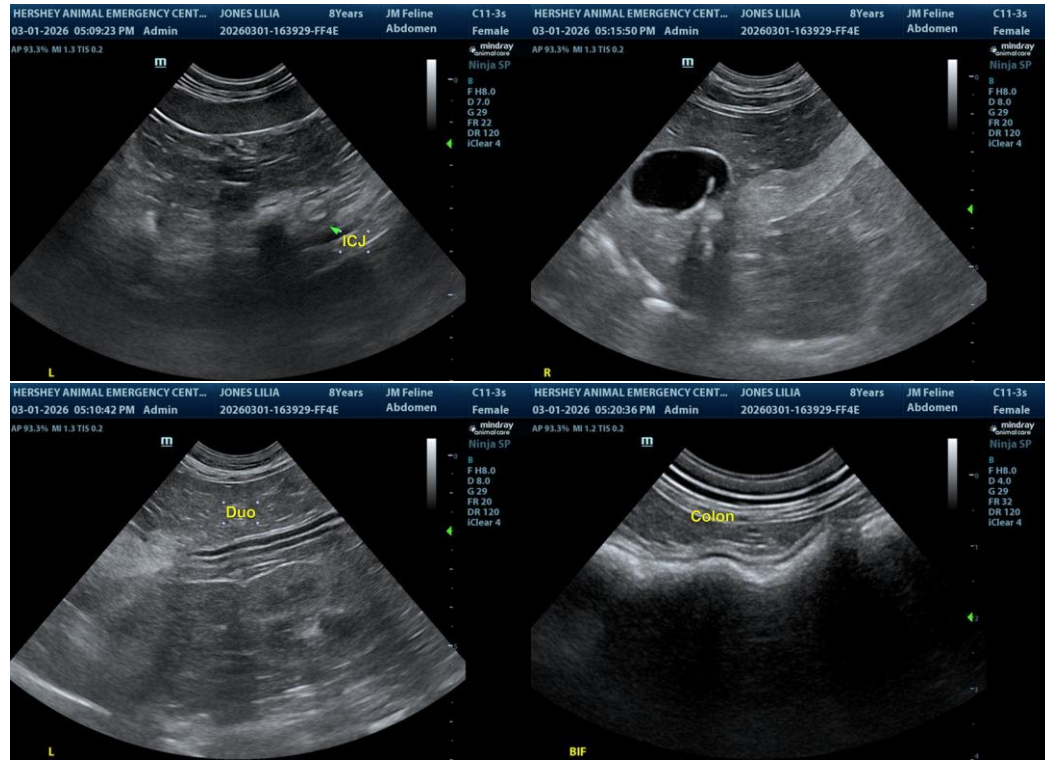
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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