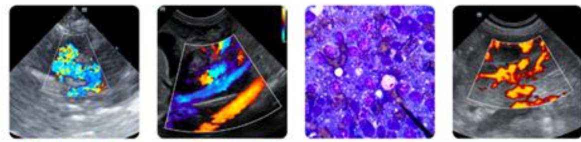




**PATIENT**
Isis Trimmer

**SPECIES**
Feline

**BREED**
DSH

**SEX**
FS

**AGE**
9yr

**WEIGHT**
5.6kg

**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 Kim Davidson

**INVOICE**
24462

**DATE**
04/11/2026

## PRESENTING CLINICAL SIGNS

Inappetent for past 3 days and lethargic. Went to rDVM yesterday and has bloodwork, SQ fluids, and convenia. No improvement
PE: Aggressive. Tense and uncomfortable on abdominal palpation. Tacky MM.
Abnormal PE/Chem/CBC/UA Results: HAEC 4/11: - EPOC- unremarkable rDVM 4/10: - radiographs: diffuse gas/fluid dilation of SI, mild gastric distension with gas/fluid. No apparent FBO - Chem: BUN 13 (L), otherwise WNL - CBC: neutrophilia (10,584), monocytosis (630) - T4: WNL - fPL: WNL

## 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 mild primarily dependent lumen 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 0.36 cm in length. The right kidney measured 0.45 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 0.36 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width at the caudal pole.

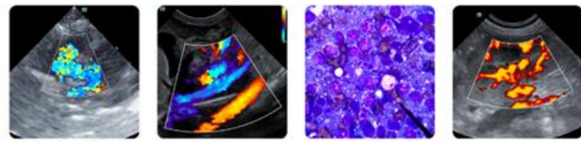
### *Spleen*

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*





SonoPath.com info@sonopath.com 1.800.838.4268

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The stomach presented intact, mildly thickened wall. The stomach contained a mild amount of retained fluid.

The small intestine presented intact, non-thickened wall exhibiting subjective borderline to mild prominent muscularis layer. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.26 cm width. The jejunum wall measured 0.25 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 area of the pancreas was sonographically normal.

### *Free Abdomen*

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

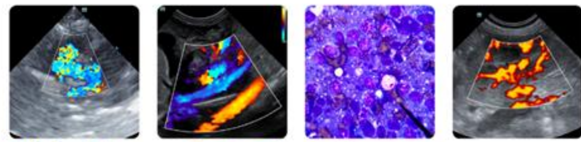
## ULTRASONOGRAPHIC FINDINGS

### Primary

- Hypomotile stomach with intact mild thickened wall
- Non-thickened intact small intestine wall with mild prominent muscularis layer
- Normal pancreas
- Mild urine sediment

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is most consistent with hypomotile gastritis. Although possible patient variant, the small intestine exhibited mild mural changes which suggest mild IBD or other inflammatory etiology. No evidence of GI foreign body, obstruction, evidence of pancreatitis or suspicion of neoplasia. A full GI panel to include PLI/TLI/Cobalamin/Folate may be considered with recommended gastrointestinal support. Recheck sonogram if persistent gastrointestinal signs.





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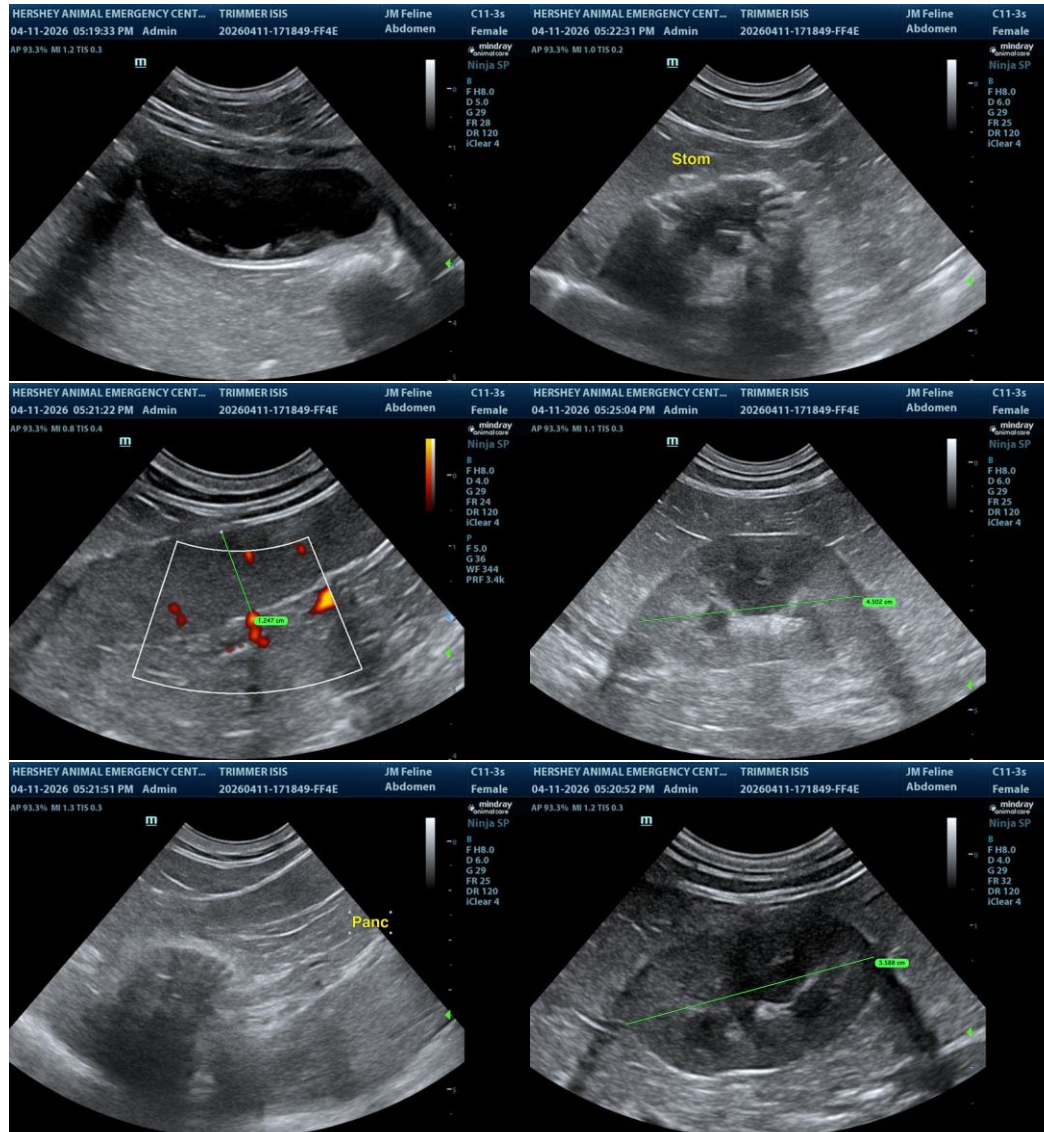

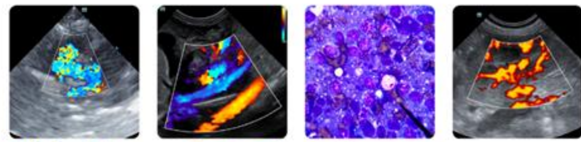



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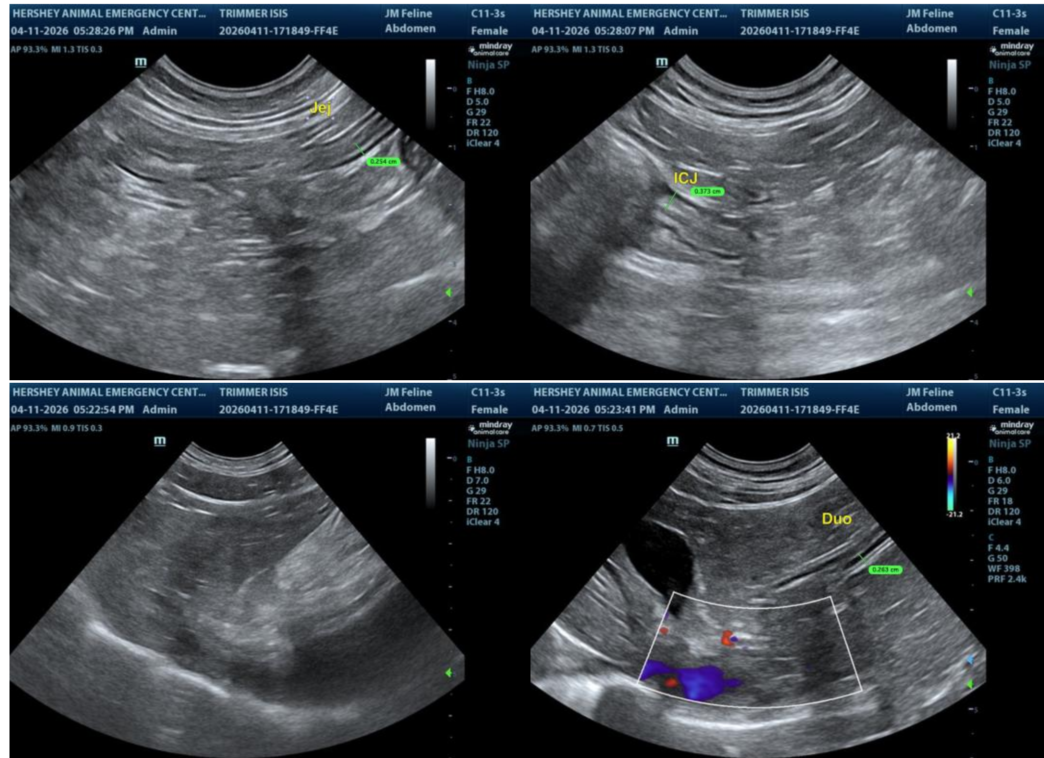


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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