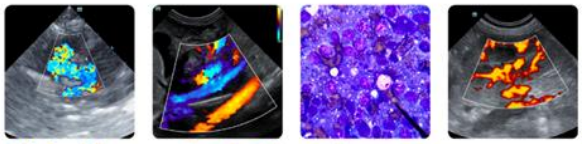


PATIENT

Megara Feldser

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

7.5yr

WEIGHT

3.8kg

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. Victoria Orlando

INVOICE
24464

DATE
04/11/2026

PRESENTING CLINICAL SIGNS

6 day post-op gastrotomy - negative explore
patient anorexic at home, lethargic
PE unremarkable
Abnormal PE/Chem/CBC/UA Results: cbc: monocytosis chem: wnl epoc: unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor 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 3.5 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

No obvious visualized pathology area of the left adrenal gland. The right adrenal gland was asymmetrically enlarged with intact capsule. An indistinctly marginated, mildly hyperechoic right adrenal nodule was present measuring 0.91 cm x 0.51 cm. Overall, the right adrenal gland measured 1.6 cm x 0.66 cm.

Spleen

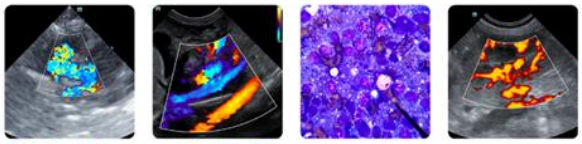
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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

Regional mild thickened stomach wall exhibiting instinct wall layer detail. Minor retained gastric fluid. Thickened stomach wall measured 0.43 cm wall width. Pylorus wall measured 0.26 cm wall width without evidence of obstruction to pyloric outflow.



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The intestinal walls demonstrated intact non-thickened wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A mild segmental ileus pattern consisting of mild fluid accumulation in the duodenojejunal lumen was present without obstruction or foreign material. The duodenum wall measured 0.24 cm width. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.33 cm width.

Normal intact colon wall. The colon contained non-formed fecal matter.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Hypomotile gastritis
- Sonographically normal small intestine with segmental nonobstructive ileus
- Nonformed fecal matter in colon
- Normal pancreas
- Nodular right adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical GI obstruction or foreign material suggestive of persistent gastritis or generalized gastroenteritis given recent surgery. Continued gastrointestinal support is recommended with clinical and sonographic monitoring. Right adrenal hyperplasia, adenoma or tumor possible. Monitoring of systemic BP and potassium levels is recommended. Right adrenalectomy and GI biopsies could be considered. Abdominal CT for further assessment of the right adrenal gland is recommended if possible.

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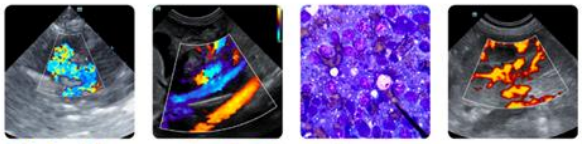

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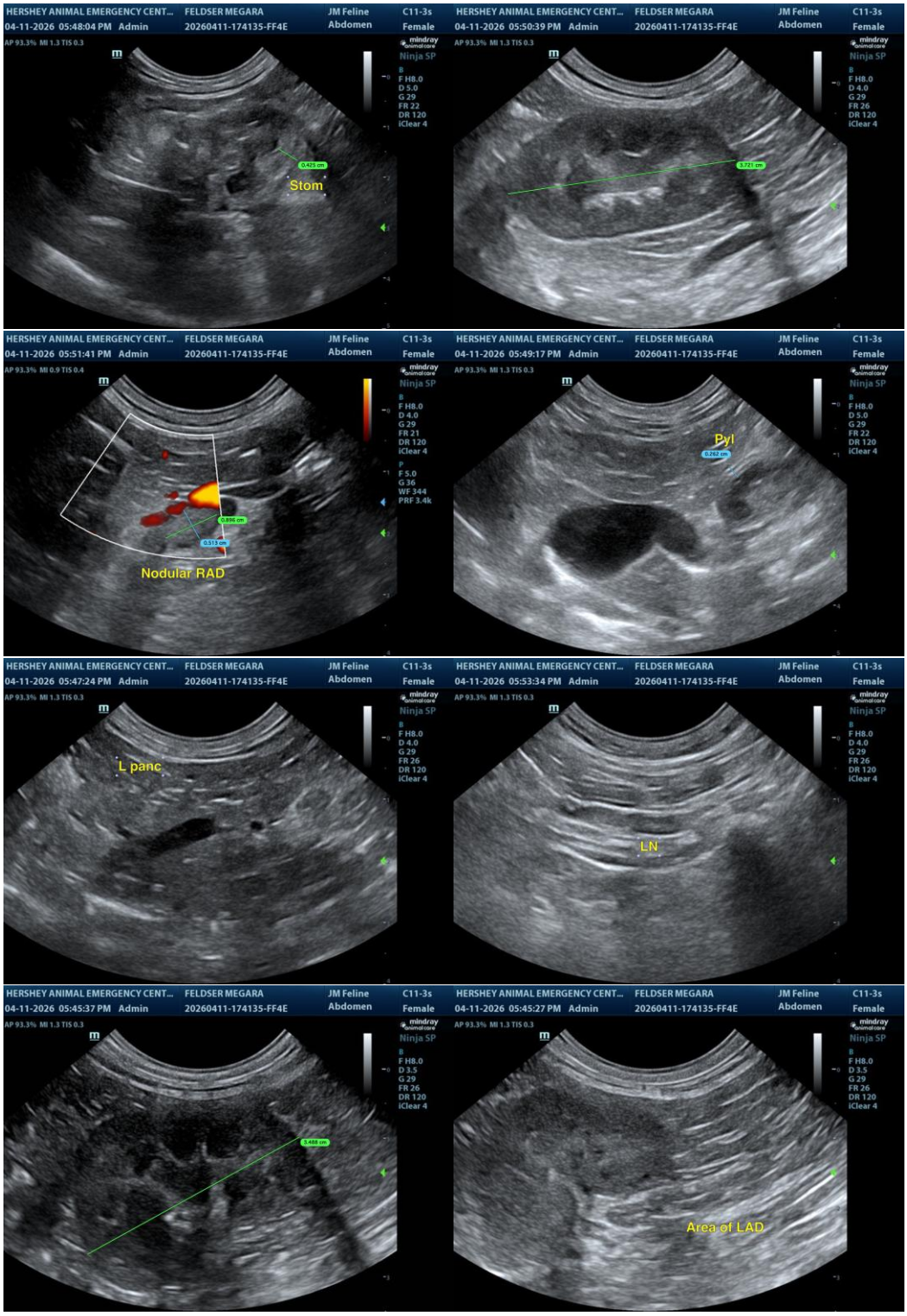

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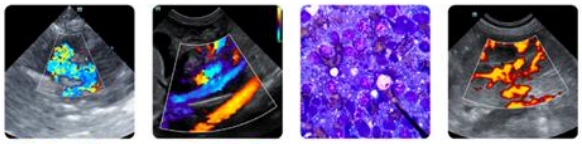

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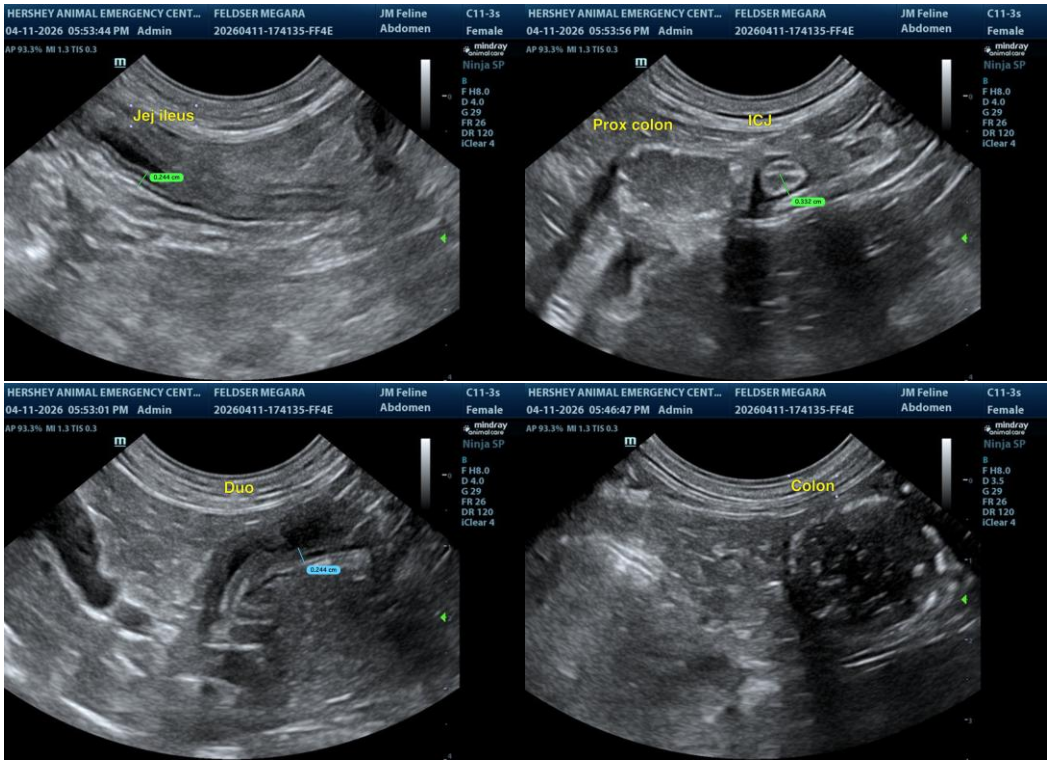

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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