



## PATIENT

Kaimana Fleming

## SPECIES

Feline

## BREED

Persian

## SEX

MN

## AGE

10yr

## WEIGHT

13.2lb

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

## IMAGING PERFORMED BY

Michael Schacher

## HOSPITAL NAME

Emergency  
Veterinarians of Idaho

## REFERRING VET

Michael Schacher

## INVOICE 24605

DATE  
04/25/2026

## PRESENTING CLINICAL SIGNS

not eating, lethargy, chronic diarrhea, now vomiting  
Abnormal PE/Chem/CBC/UA Results: ALT 289, otherwise 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 mild 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 3.7 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 0.53 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width.

### Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present throughout the cranial to caudal parenchyma. An example measured 0.3 cm in diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

### 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 stomach was non-distended with moderate retained fluid and lumen gas and no evidence of obstruction to pyloric outflow.



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The small intestine presented intact wall layering with overall maintained muscularis/mucosa ratio. Borderline empty intestinal wall measured 0.27 cm in width. The small intestine contained segmental non-obstructive gas pattern and subjective mild non-obstructive ileus.

Normal visible colon wall layers were present with semi formed to possible soft 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**

- Non-obstructive hypomotile stomach
- Intact segmental borderline thickened small intestine with segmental non-obstructive ileus /gas
- Semi-formed to soft fecal matter in colon
- Normal area of pancreas
- Sonographically normal liver / gallbladder- consistent with mild benign hepatopathy
- Hyperechoic splenic nodules -probable benign criteria such as myolipomas

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of mechanical gastrointestinal obstruction, although visualization of the small intestinal interior was somewhat limited by segmental gas. The intact mildly thickened small intestinal wall is non-specific with possible patient variant yet may suggest mild enteropathies such as nonspecific enteritis, IBD or other with no overt suspicion of neoplastic criteria. Despite lack of sonographic evidence of pancreatitis, emerging to mild triad disease could be a consideration given ALT elevation.

Further assessment may include assuming normal clotting status, hepatic FNA cytology using 25ga needle to assess for evidence of inflammation and a GI panel. Hepatogastrointestinal support is indicated with clinical monitoring. Recheck sonogram if non-responsive or persistent gastrointestinal signs or evidence of progressive hepatopathy.



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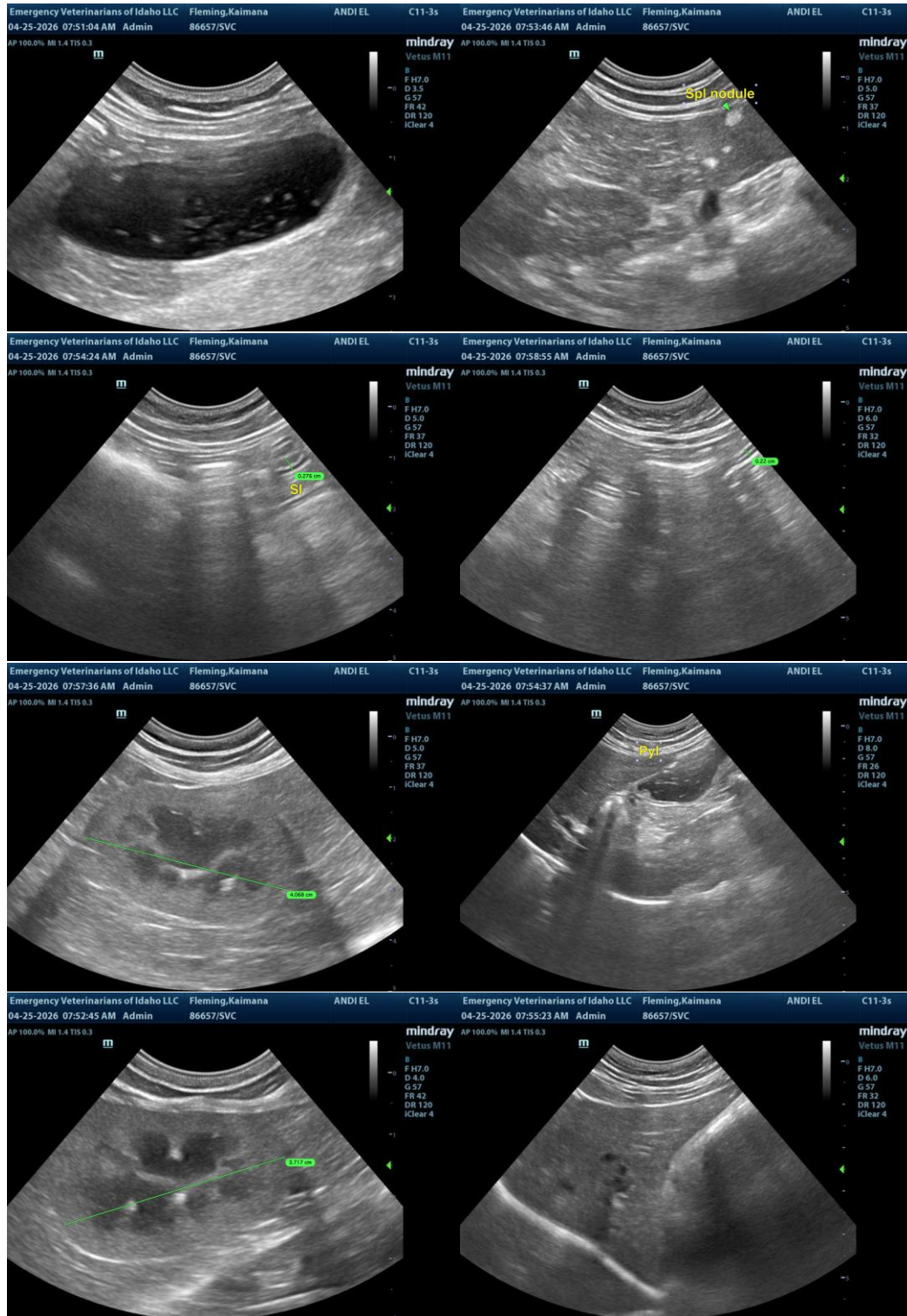
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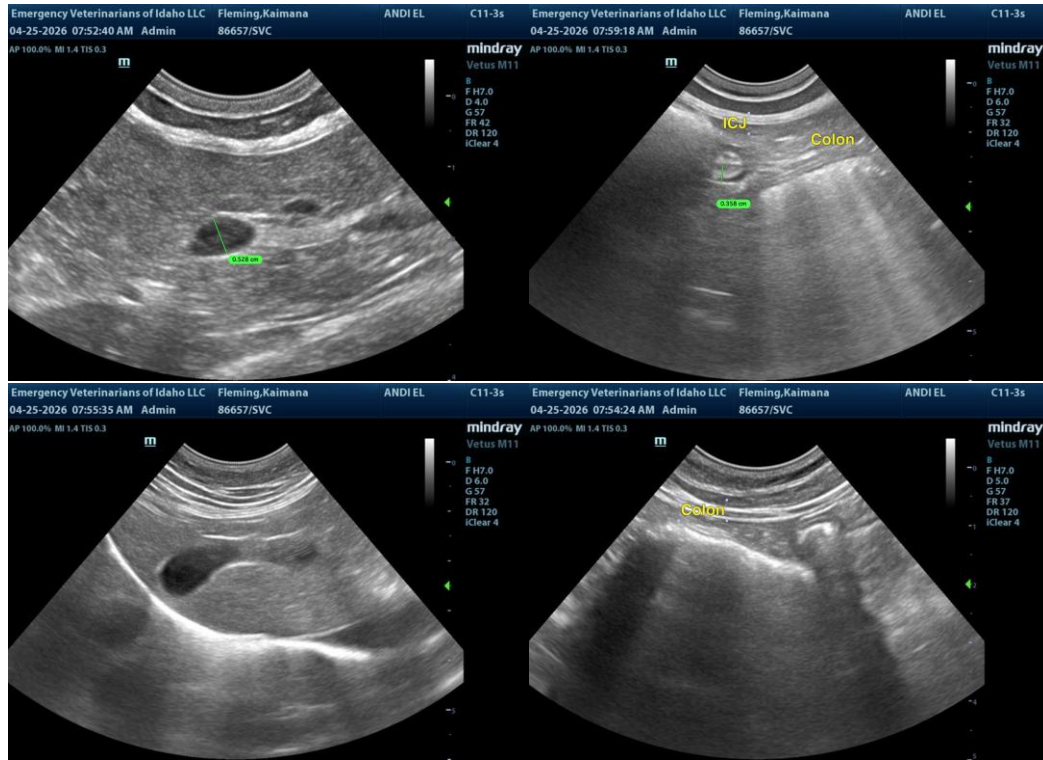
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(Canine and Feline)

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.

**IMAGING PERFORMED BY**

Michael Schacher

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)

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