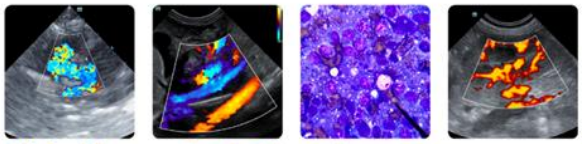


PATIENT

Smokey Shoyukeman

SPECIES

Feline

BREED

Himalayan Persian

SEX

MN

AGE

9

WEIGHT

12

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sharkawy

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr Sharkawy

INVOICE
24958

DATE
05/26/2026

PRESENTING CLINICAL SIGNS

Chronic constipation

Abnormal PE/Chem/CBC/UA Results: Recent Bw- Elevated CA

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 sediment with mild dependent lumen hyperechoic non-shadowing sand. 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral small corticomedullary cysts. The left kidney measured 3.8 cm in length. The right kidney measured 4.2 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.

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.

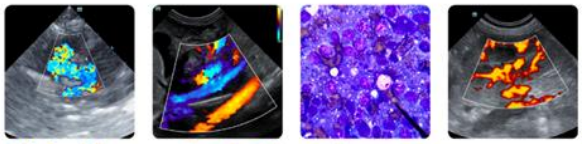
Liver/Gallbladder

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 was empty with no signs of ileus, obstruction or foreign material.

The intestinal walls demonstrated intact wall layers with borderline to mild segmental thickened walls and mild altered 1:3 muscularis / mucosa ratio primarily consisting of borderline muscularis hypertrophy. The small intestine wall measured 0.27-0.31 cm in width.



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The colon exhibited variable distention with variably formed fecal matter. The distal colon to colorectum exhibited potential for intact mildly thickened wall. Distal colon to colorectal wall measured 0.31 cm in width.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Variable distended colon with variably formed fecal matter, possible mildly thickened intact distal descending colon /colorectum wall
- Intact borderline mild thickened small intestinal wall
- Mild age related renal changes with bilateral cysts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No definitive evidence of visible colon mural pathology, although subjectively the colorectal wall may exhibit possible thickening. Non-visualized colon mural lesion obscured by fecal matter not definitively excluded. The intact borderline to mild thickened small intestine wall is non-specific and may indicate patient variant, although potential for concurrent enteropathy with considerations including mild IBD or other inflammatory enteropathy or emerging intestinal neoplasia possible. Definitive evidence of enterocolic neoplastic criteria was not obvious in conjunction with lack of jejunocolic lymphadenopathy.

Given reported hypercalcemia, further assessment may include 3 view chest radiographs and a full hypercalcemia panel. If surgery is elected in this patient small intestinal biopsies with histopathology is recommended.

Correlation with UA +/- C/S if inflammatory sediment is recommended. Urinary diet may be considered if evidence of lower urinary tract signs.

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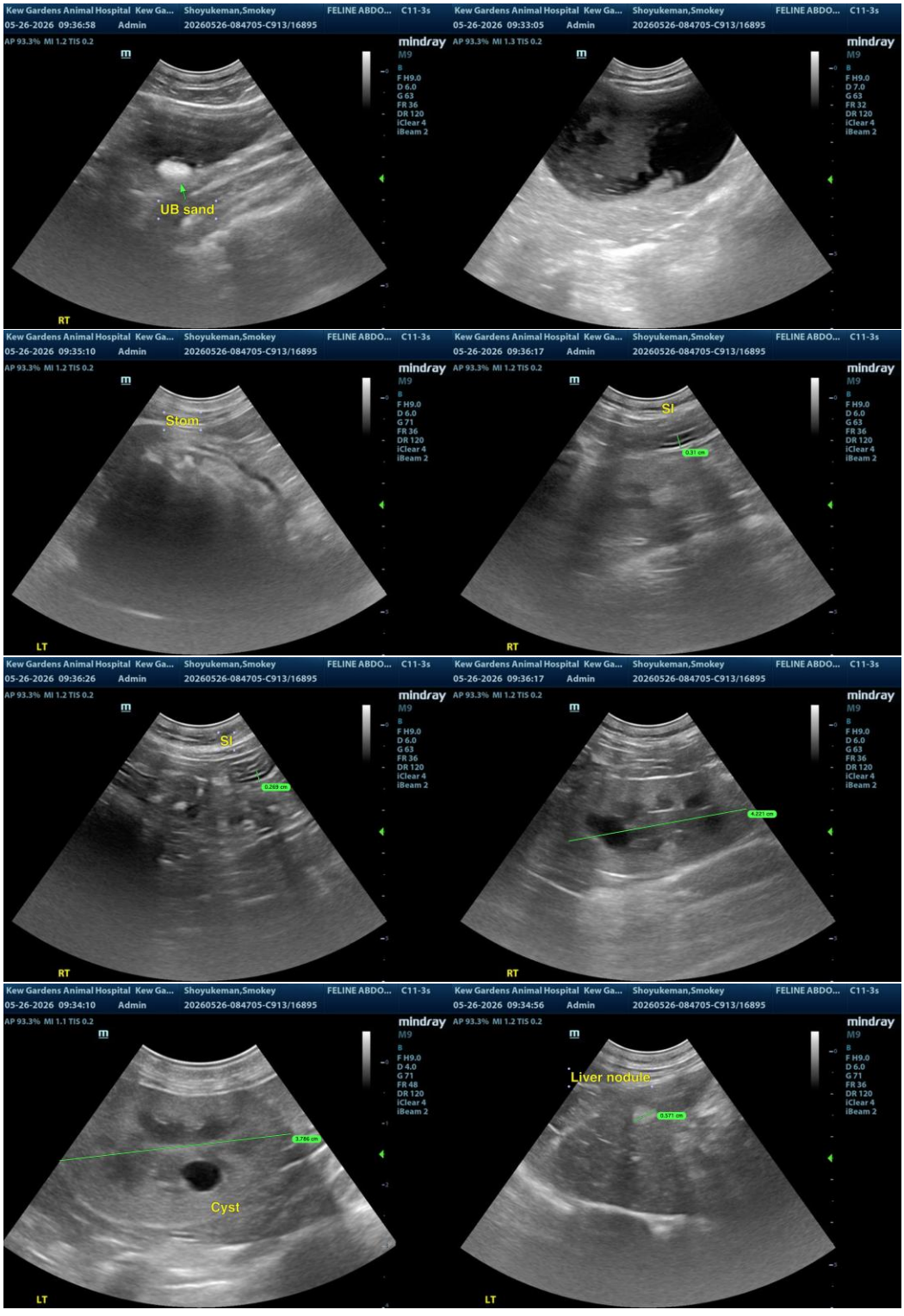

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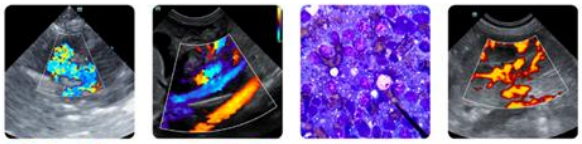

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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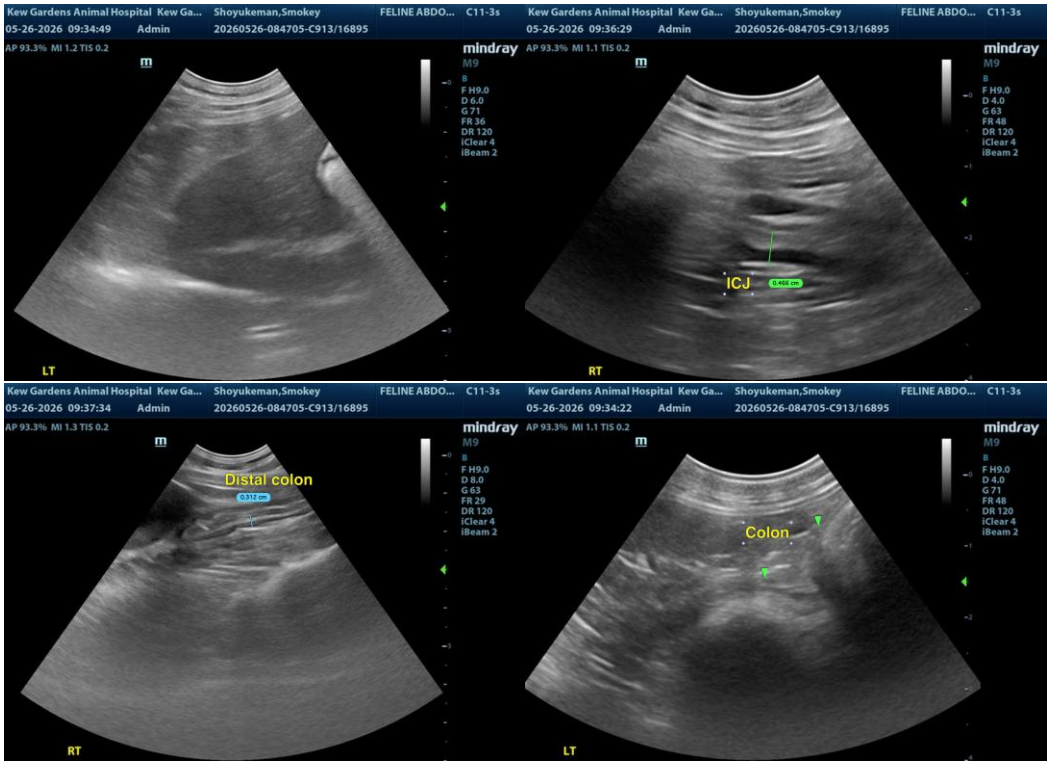

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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