



## PATIENT

Stormy Khokhar

## SPECIES

Feline

## BREED

Scottish Fold

## SEX

Female

## AGE

8 Months

## WEIGHT

5.7 lbs

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Dr. Ray

## HOSPITAL NAME

Kew Gardens Animal  
Hospital

## REFERRING VET

Dr. Ray

## INVOICE

16514

## DATE

05/26/26

## PRESENTING CLINICAL SIGNS

Vomited 5x on Sunday, 2x yesterday. Wheezing reported at home but not appreciated during physical exam/while in hospital. Renovations happening in bathroom so O unsure if she may have gotten into something. The patient has had anorexia since yesterday. Not pooping for the past 2 days.

Abnormal PE/Chem/CBC/UA Results: blood work within the normal levels.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was 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 3.1 cm in length. The right kidney measured 3.4 cm in length.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

### 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.

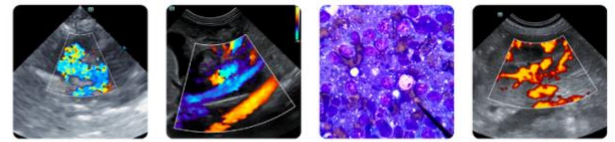
### Liver & Gallbladder

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. 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.



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The small intestine presented intact mildly thickened wall layering with overall primarily maintained wall layer ratio with propensity for segmental mildly prominent intestinal mucosa and muscularis layer. Primarily empty intestinal lumen with mild segmental nonshadowing chyme and lumen gas. The small intestine wall measured 0.27 cm to 0.3 cm wall width.

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

### **Pancreas**

The left pancreas presented normal in size with minor nonhomogenous hypoechoic parenchyma compared to adjacent omentum.

### **Free Abdomen**

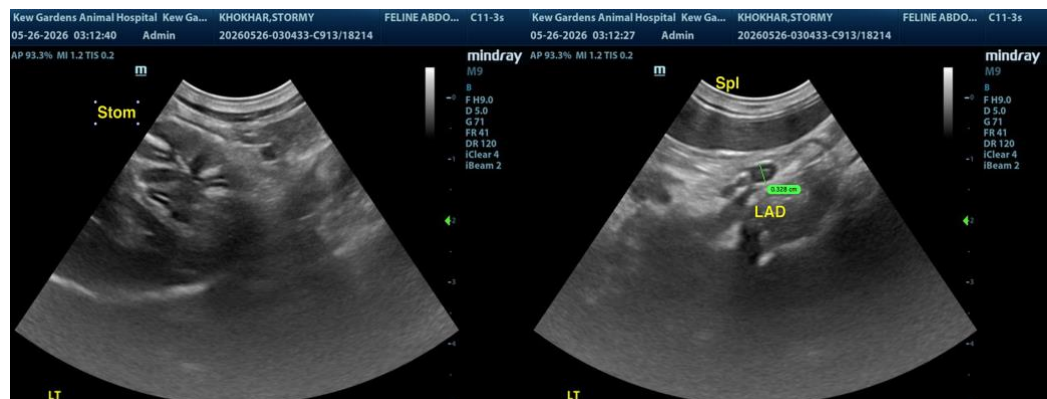
Mildly prominent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild perilymphatic hyperechoic omentum. An example of lymph node size was 1.9 cm x 0.45 cm. No evidence of peritoneal effusion.

## ULTRASONOGRAPHIC FINDINGS

- Empty stomach.
- Nonspecific enteropathy- non-specific acute to subacute enteritis, IBD or other inflammatory enteropathy, occult neoplasia thought less likely yet not definitively excluded.
- Mild mesenteric lymphadenopathy- suspect reactive hyperplasia or lymphadenitis, secondary to inflammatory bowel episode, mild potential for early metastatic lymphadenopathy.
- Possible mild pancreatitis.
- Sonographically normal colon.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstruction. Correlation with assessment for cranial abdomen or subxiphoid discomfort on palpation, and a GI panel to include PLI, TLI, cobalamin and folate is suggested. Gastrointestinal support is indicated with clinical monitoring and sonographic reassessment if non-responsive or persistent gastrointestinal signs. If accessible, lymph node FNA cytology could be considered +/- culture and sensitivity.





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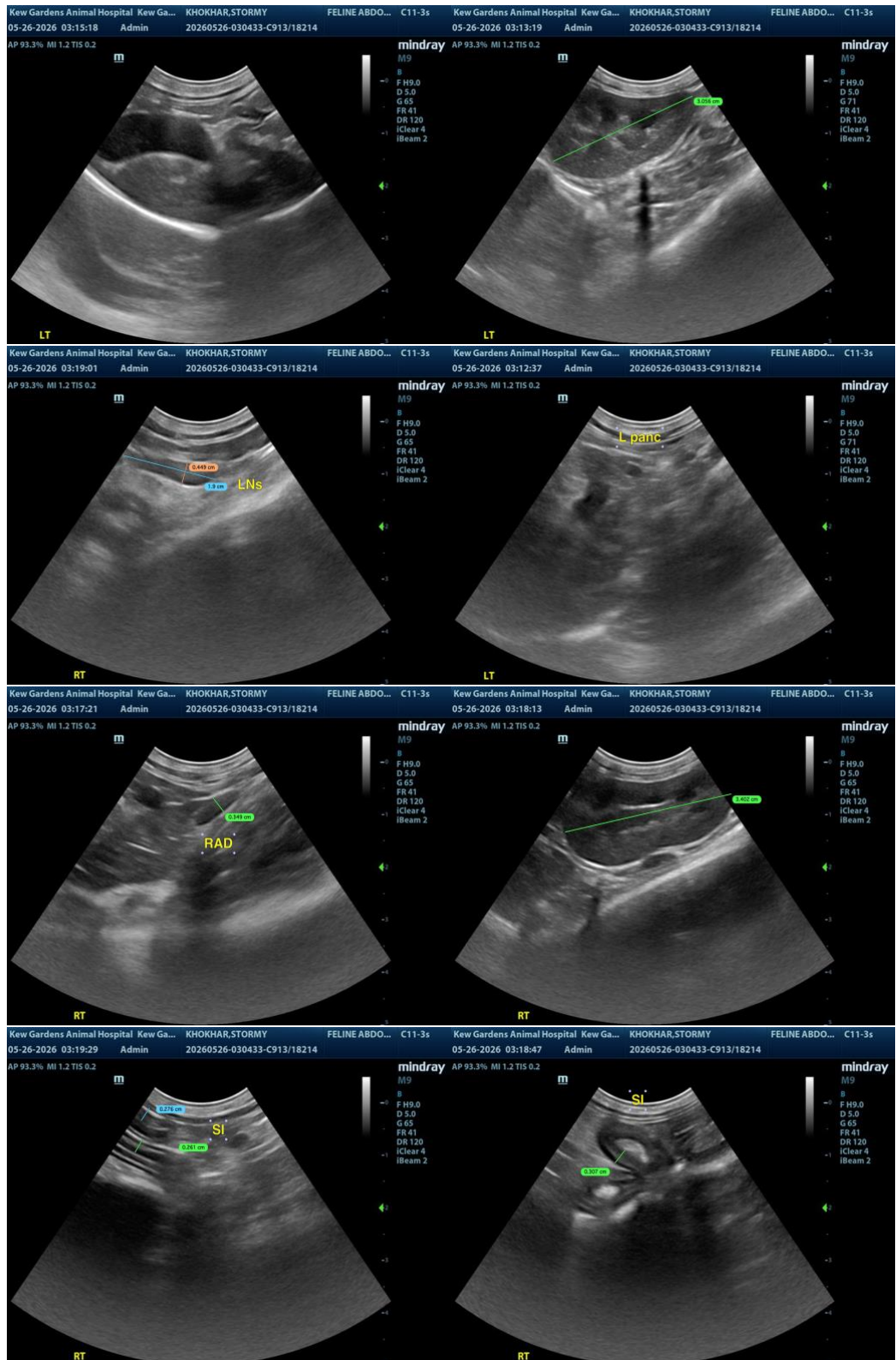
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)