



**PATIENT PRESENTING CLINICAL SIGNS**

Kimba Simmers Chronic vomiting of food and hairballs, history of ingesting foreign material

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline **Urinary System**

**BREED** The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 changes was noted.

DSH

**SEX** The area of the aortic trifurcation was free of pathology.

**MN** 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 3.6 cm in length.

**AGE**

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**WEIGHT Adrenal Glands**

10 The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 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.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**  
Rebekah Jakum, CVT  
ARDMS/RVT

**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.

**HOSPITAL NAME**

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Dr. Myers

**Gastrointestinal**

The stomach presented overtly normal wall layering with a mild amount of retained anechoic fluid present in the gastric lumen. The pylorus wall width measured 0.26 cm.

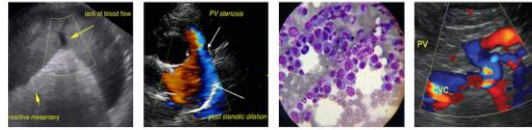
**INVOICE**

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.24 cm width. The jejunum wall measured 0.22 cm width. No overt pathology was noted in the area of the ileocolic junction.

**DATE**

6/30/22



**PATIENT**

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The descending colon at the level of the urinary bladder was sonographically unremarkable. The proximal colon exhibited mildly prominent wall layering with indistinct wall layering detail including a possible proximal colon mildly nonhomogeneous luminal lesion measuring approximately 1.4 cm in diameter. The proximal colon wall immediately distal to the ileocolic junction measured 0.26 cm width.

**SPECIES**

***Pancreas***

Feline

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 were evident.

**BREED**

DSH

***Free Abdomen***

**SEX**

MN

Intermittent colic lymph nodes were present. These lymph nodes were mildly prominent to hypoechoic. A normal width: length ratio was maintained (<0.5). Regional reactive mesentery was noted around the proximal colon and colic lymph nodes. No evidence of free fluid was noted. An example of a colic lymph node size was 0.37 cm in diameter.

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**ULTRASONOGRAPHIC FINDINGS**

- Mildly hypomotile stomach
- Overtly normal small bowel to level of the ileocolic junction
- Possible proximal colon luminal lesion
- Mild colic lymphadenitis with regional peri ileocolic and perilymphatic reactive mesentery

**WEIGHT**

10

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DVM, DABVP  
(Canine and Feline)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Potential for atypical fecal matter or possible nonobstructive passing foreign body present in the proximal colon, given the patient's history, cannot be excluded. Sonographic reassessment of the possible proximal colon luminal lesion in 7-10 days is suggested. No overt evidence of a gastrointestinal obstructive pattern or foreign material was evident, although potential for low-grade gastritis, given the chronic vomiting and gastric hypomotility, is suspected.

**IMAGING PERFORMED BY**

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ARDMS/RVT

Continued as-needed gastrointestinal support and hairball therapy, if clinically indicated, would be reasonable.

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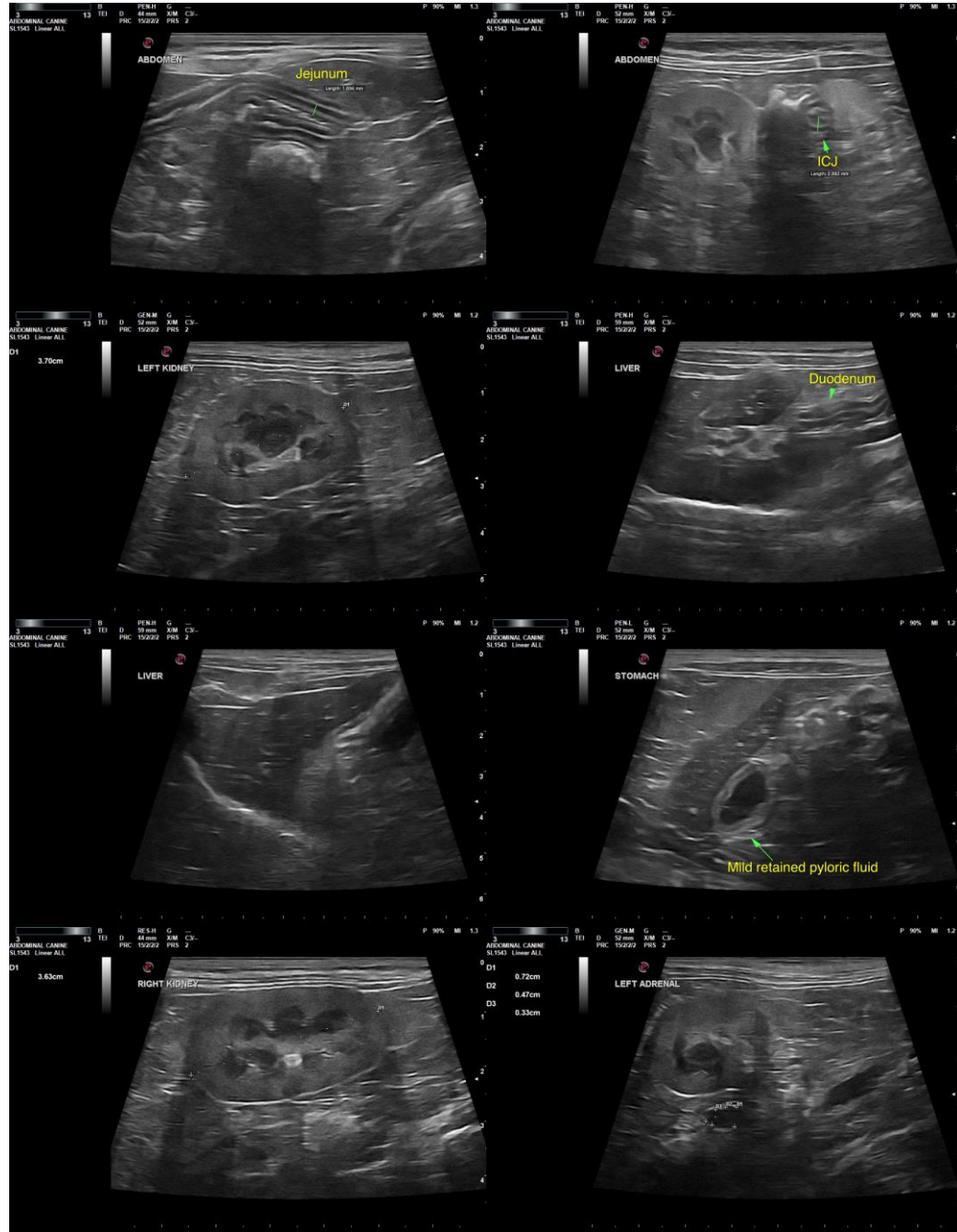
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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