



PATIENT

Paloma Morales

SPECIES

Feline

BREED

DSH

SEX

Intact Female

AGE

1 Year

WEIGHT

8.1 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Salem AC

REFERRING VET

Dr. Crane

INVOICE

13119

DATE

01/12/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: BAR, tolerant of exam Normal hydration H/L: WNL UG: intact female, normal vulva ABNORMAL Labwork Values Repeated BW to recheck ALT: Chem 6 - ^ ALT 104 and ^ ALP 94 SA034 reported 12/16/2025, recheck follow cholangiohepatitis: -Vet screen - ^ ALT 114 (10-100), N Tbili 0.1, N Ca 9.8 -CBC - ^ PLT 99, adequate Previous BW at SVEC: -v Ca 7.6, N ALT 77, v ALP <10, ^ Tbili 1.2, v Amylase 245 Current Medications None Radiographic Findings None taken

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.

No evidence of pathology in the area of the uterus or bilateral ovaries.

The area of the aortic trifurcation was free of pathology.

Normal size was present in the right kidney and subnormal left kidney size with borderline overall subnormal renal size given the species. Symmetrical contour with a primarily normal 1:3 cortex / medulla ratio and mild indistinct corticomedullary border demarcation were present. Possible pinpoint areas of emerging dystrophic medullary mineral with no evidence of pyelectasia. The left kidney measured 3.0 cm in length. The right kidney measured 4.2 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 0.30 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 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 common bile duct was not visualized.

Gastrointestinal



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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 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.

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

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

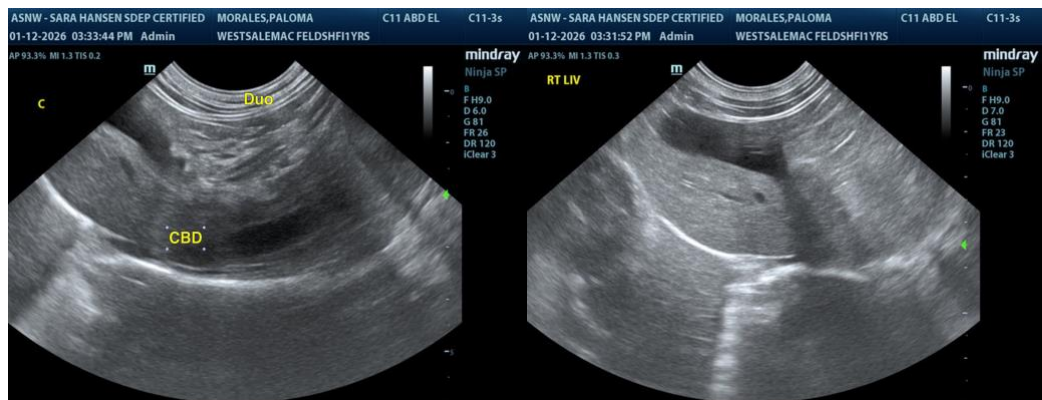
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable normal volume liver.
- Normal gallbladder and area of common bile duct.
- Normal gastrointestinal tract/area of pancreas.
- Borderline subnormal left kidney with mild indistinct corticomedullary border demarcation-nonspecific, possible patient variant or mild dysplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending liver cytology, primarily to assess for inflammatory criteria given ALT elevation is recommended. Assuming patient is non-clinical, hepatosupportive medications and monitoring would be reasonable. No evidence of hepatic vascular anomaly. Monitoring of urinalysis is suggested.





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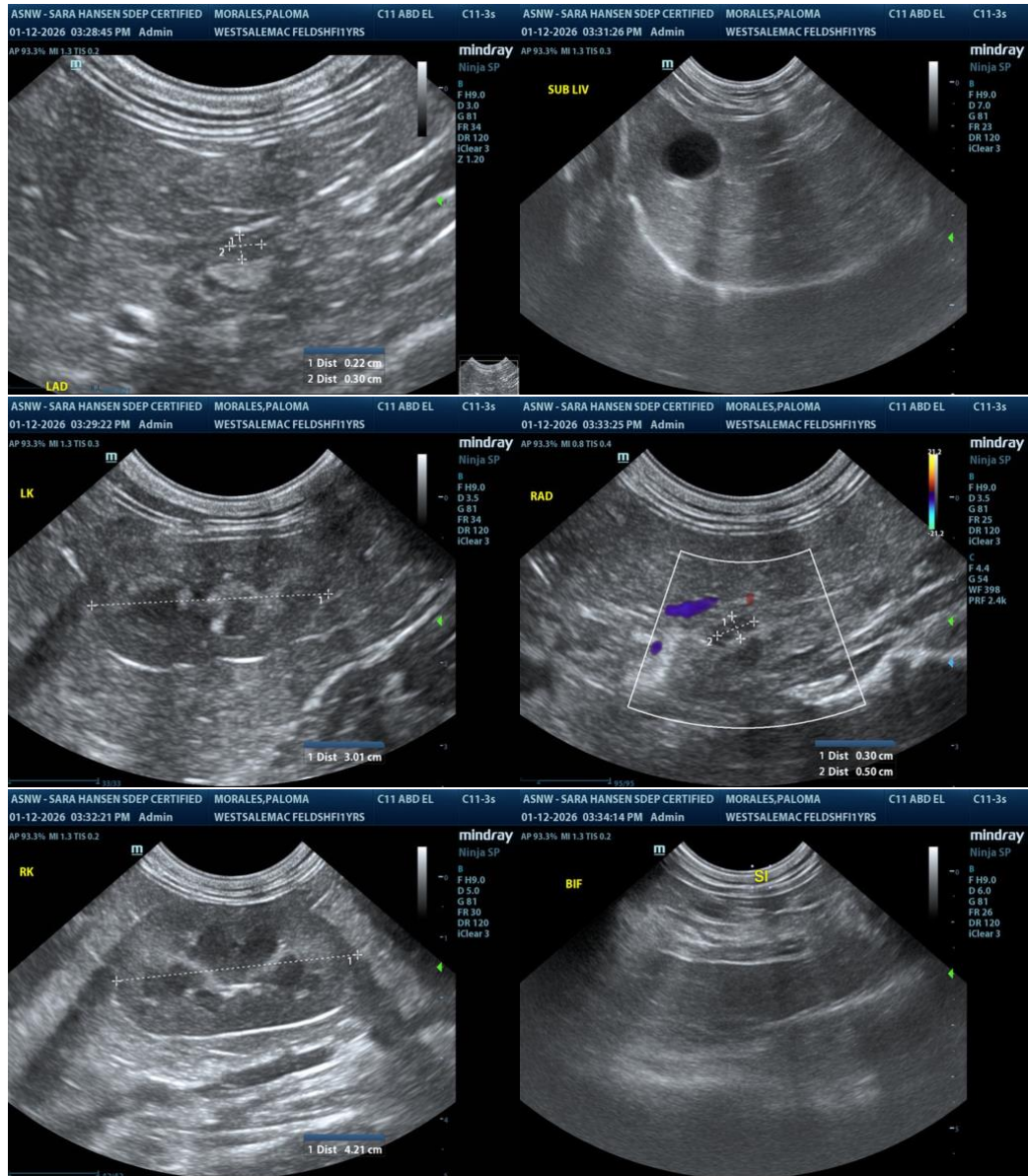
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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