



## PATIENT

Luna O'Donnell

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

5 Years

## WEIGHT

5.7 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Lindsay Powell CVT

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Brittany Lang

## INVOICE

12692

## DATE

12/16/25

## PRESENTING CLINICAL SIGNS

Presented Monday 12/15 at 3:30P for vomiting. Persistent vomiting since Thursday night progressing from yellow bile to white foamy material, with continued inappetence despite prior outpatient care and fluids on Friday. Owner reports no improvement and concern for abdominal discomfort. Abdominal: Mild discomfort elicited on abdominal palpation. Integument: Ventral abdominal area and inguinal region hypotrichosis likely secondary to overgrooming.

Abnormal PE/Chem/CBC/UA Results: rDVM 12/12: - Rads: Feces in descending colon. Gas in stomach. The small intestine is sitting close together in caudal abdomen without obvious plication at this time. No obvious FB noted. No pathologic dilation seen. Remaining viscera is WNL. - CBC: HCT 52%, platelets 185k with clumping, neutrophilia (11.34k) with no bands. Otherwise WNL - Chem: CPL 1769, otherwise WNL including normal pancreatic lipase - T4 WNL At HAEC 12/15: - EPOC: pCO2 (28.7), BE (-8.6), creatinine 1.78. otherwise WNL - PCV/TP: 45/6.4 12/16: PCV/TS: 43%/6.8 clear EPOC: cSO2 81.0 (H) K 3.0 (L) BP: 4a- 179 Radiographs: Large amount of gas in descending colon with small amount of feces present at aboral aspect otherwise empty, normal thoracic structures

## 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.

The area of the aortic trifurcation was free of pathology.

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. Minor pyelectasia was present in the right kidney. The left kidney measured 4.1 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 0.46 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 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



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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.

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The proximal common bile duct was dilated and mild tortuous without overt post hepatic obstruction.

### **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.

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The small intestine presented intact borderline prominent wall layering exhibiting segmental propensity for mildly prominent intestinal muscularis layer. Generalized empty intestinal lumen without mechanical/metabolic ileus or foreign material to the level of the colon. The duodenum wall measured 0.28 cm width. The jejunum wall measured 0.25 cm to 0.26 cm width.

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

### **Pancreas**

## WEIGHT

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The left and right pancreas presented with mildly prominent size exhibiting mild homogenous hypoechoic parenchyma compared to adjacent nonreactive omentum.

### **Free Abdomen**

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No visualized significant omental lymphadenopathy or peritoneal effusion was present.

### **ULTRASONOGRAPHIC FINDINGS**

- Normal empty stomach.
- Suspect mild IBD intestinal pattern.
- Subjective mild pancreatitis.
- Mild nonobstructive proximal common bile duct dilation- patient variant secondary to fasting or possible low-grade cholangitis.

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

Assessment for cranial abdomen/subxiphoid discomfort on palpation which may correlate with suspect mild pancreatitis, is recommended. Potential for small intestinal patient variant although small intestine exhibited subtle mural changes suggestive of mild inflammatory criteria. No evidence of gastrointestinal obstructive pattern, foreign material or overt neoplastic criteria. Gastrointestinal support and empirical therapy for mild pancreatitis with clinical monitoring is recommended. Sonographic reassessment is indicated if continued or progressive gastrointestinal signs with potential intestinal biopsies likely required for a definitive diagnosis.

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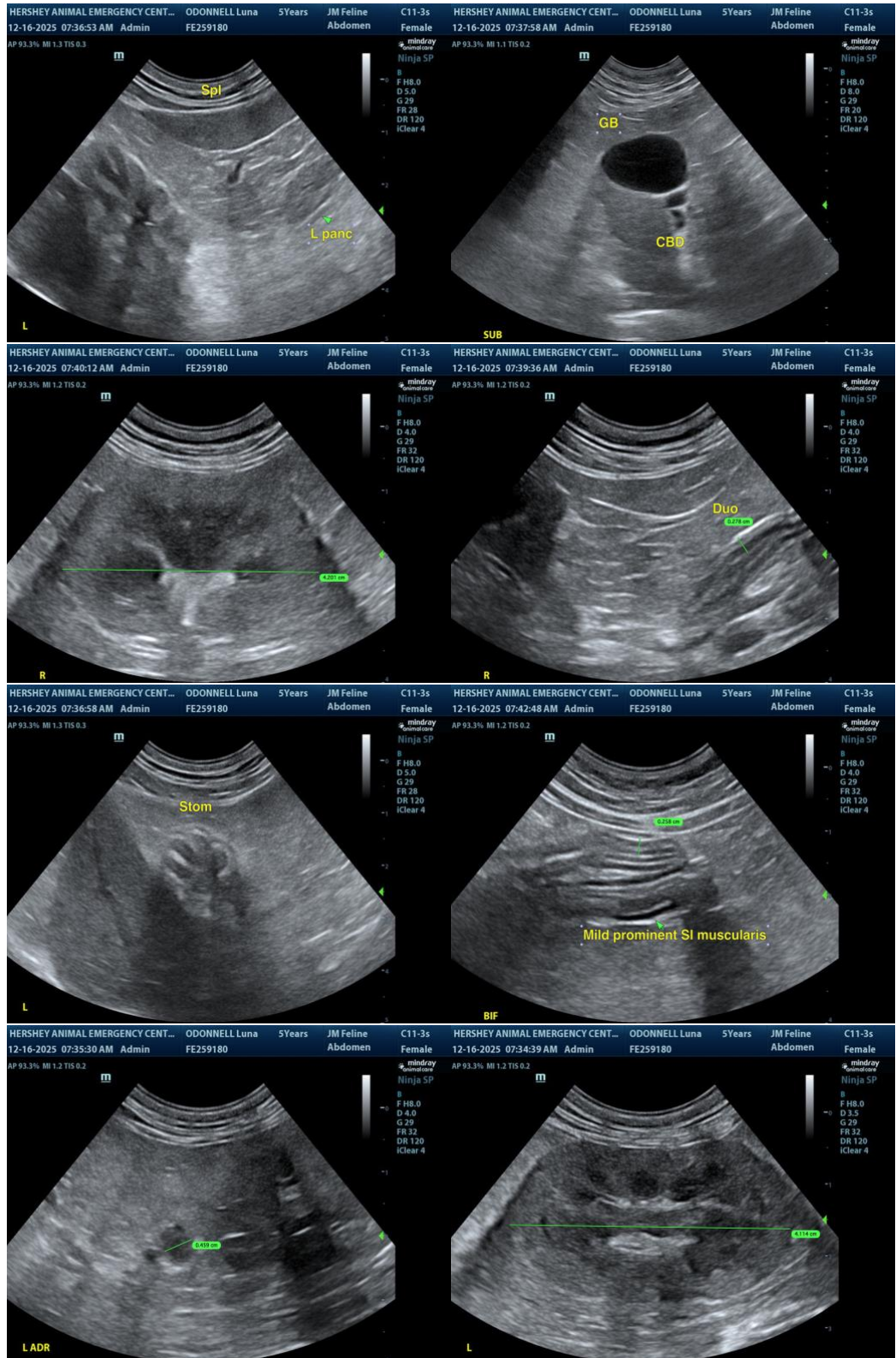
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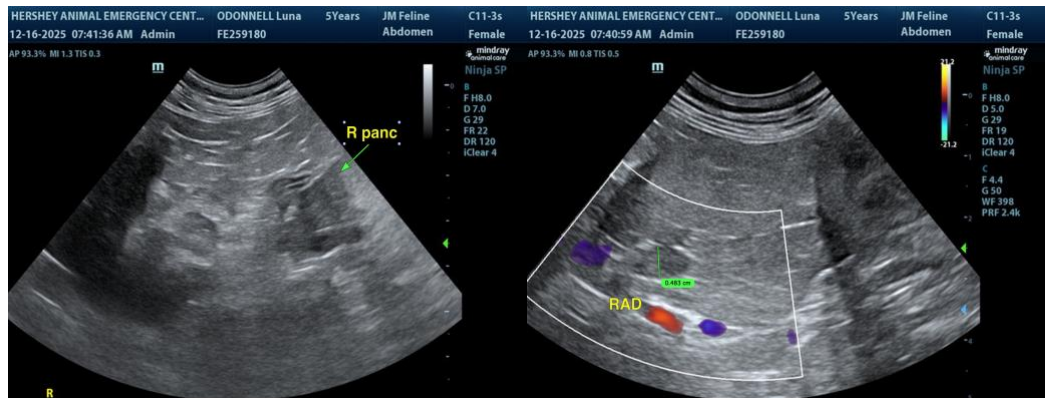
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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