

PATIENT

Mocha Dupras

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

7yo

WEIGHT

13.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Hurley/Hunt

HOSPITAL NAME

Bayshore VH

REFERRING VET

Hurley

INVOICE

10476

DATE

12/17/25

PRESENTING CLINICAL SIGNS

Vomiting and lethargy began this past weekend. P stopped eating Monday, was seen for an appointment and treated with SQFs and Cerenia. Went home Monday and ate a small amount. Tuesday P vomited again and has not eaten since. P was hospitalized on Tuesday and placed on IVFs and Famotidine.

Abnormal PE/Chem/CBC/UA Results: CBC: NSF Chem: Mild elevation in Albumin and Globulin, all else normal

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 mild dependent lumen mineral / sand. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No evidence of pathology in the area of the aortic trifurcation.

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. The left kidney measured 3.9 cm in length. Mild left kidney pyelectasia was noted. The right kidney measured 4.4 cm in length. Minor peri pelvic / medullary mineral was noted in the right kidney with no evidence of right kidney pyelectasia.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width. No obvious pathology was noted in the area of the right adrenal gland.

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.



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Gastrointestinal

The stomach presented intact, mildly thickened wall. The stomach contained a mild amount of retained anechoic fluid and lumen gas. There was no obvious obstruction to pyloric outflow. The pylorus wall width measured 0.38 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental gas was noted. There is no evidence of mechanical / metabolic ileus or foreign material to the level of the colon. The duodenum wall measured 0.27 cm width. The jejunum wall measured 0.25 cm width.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

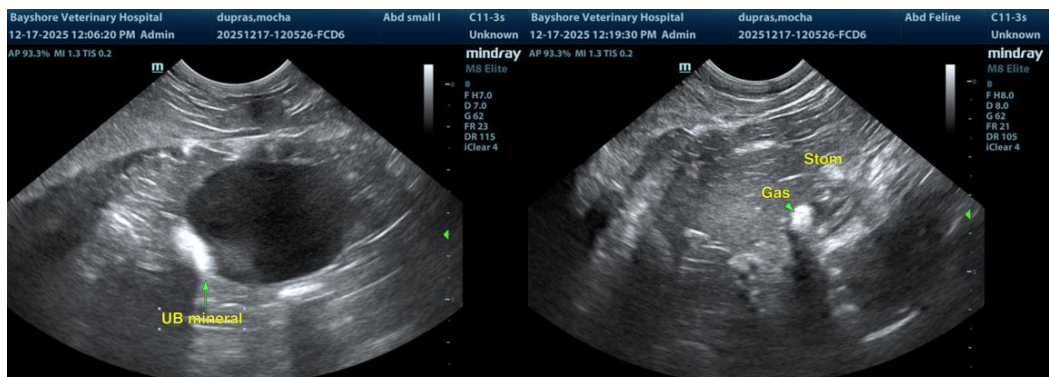
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild hypomotile gastritis with mild retained fluid / gas
- Sonographically normal generalized empty small intestine
- Normal area of pancreas
- Mild urinary bladder lumen mineral / sand
- Mild left kidney pyelectasia, mild right kidney medullary mineral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of gastrointestinal mechanical obstruction, overt significant mural pathology, or foreign material. Gastrointestinal support is indicated. A GI panel to include PLI/TLI/Cobalamin/Folate to assess for occult intestinal or pancreatitis disease as a contributing factor may be considered. A recheck sonogram is recommended if nonresponsive / progressive gastrointestinal signs. Urinalysis is recommended if not recently done.





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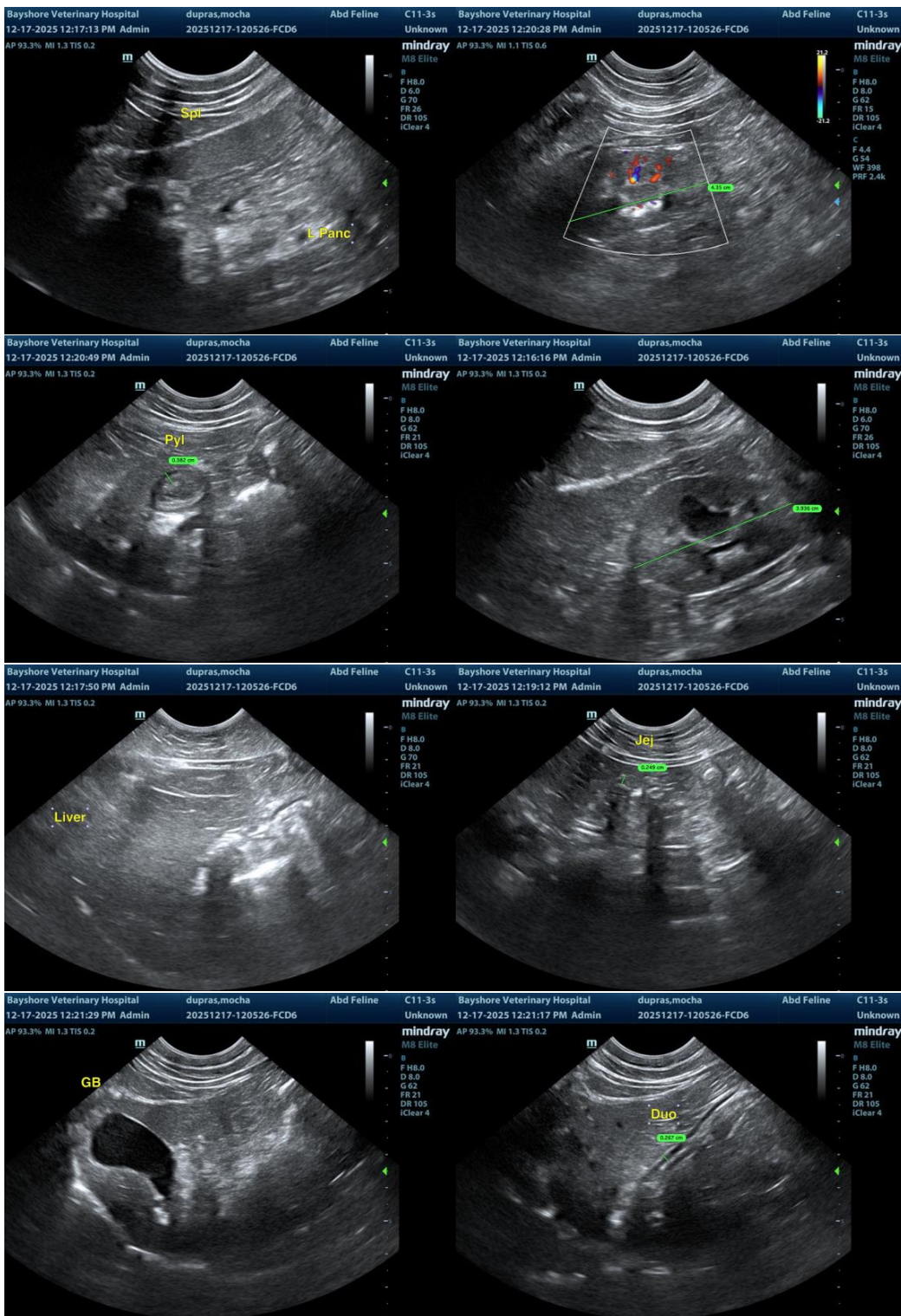
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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