



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Snoop Rapp	4 days of vomiting, ADR, lethargy Patient was lethargic on exam No known FB ingestion, other diet change
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Leukocytosis 24,430 with neutrophilia 21, 460 Hyperglycemia 221 elevated BUN (41), crt wnl at 1.4 TP 10.6 Globulin 7.3 ALKP < 10 Hypokalemia at 3.3 pancreatic lipase pending Rad consult attached - no appreciable FB
Feline	
<b>BREED</b>	
DSH	
<b>SEX</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
MN	<b>Urinary System</b>
<b>AGE</b>	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 evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
4	
<b>WEIGHT</b>	No evidence of pathology in the area of the aortic trifurcation.
10.2	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 4.0 cm in length. The right kidney measured 4.1 cm in length.
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was not definitively visualized. The right adrenal gland was indistinctly visualized subjectively measuring 0.26 cm width.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Leslie Buggi, DVM	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.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Akin Hills PH	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.
<b>REFERRING VET</b>	
Leslie Buggi, DVM	
<b>INVOICE</b>	
10496	
<b>DATE</b>	
12/19/25	



<b>PATIENT</b>	<b><i>Gastrointestinal</i></b>
Snoop Rapp	The stomach presented intact borderline prominent wall. The stomach contained a mild amount of retained anechoic fluid and lumen gas. The gastric body wall width measured 0.30 cm in width. There was no obvious obstruction to pyloric outflow or obstructive pyloric mural pathology.
<b>SPECIES</b>	
Feline	The visualized segments of the small intestine presented intact wall layering with a maintained 1:3 muscularis/mucosa ratio and empty intestinal lumen. There is no visualized evidence of mechanical / metabolic ileus or foreign material.
<b>BREED</b>	
DSH	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>SEX</b>	<b><i>Pancreas</i></b>
MN	The area of the pancreas was sonographically normal.
<b>AGE</b>	<b><i>Free Abdomen</i></b>
4	No overt lymphadenopathy or peritoneal effusion was present.
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
10.2	<ul style="list-style-type: none"><li>• Mild hypomotile gastritis pattern</li><li>• Normal empty visualized small intestine</li><li>• Normal area of pancreas</li><li>• Normal bilateral kidneys</li></ul>
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Leslie Buggi, DVM	There is no evidence of gastrointestinal foreign body or small intestinal obstructive pattern. Metabolic gastric ileus secondary to suspected mild gastric inflammation is probable. Mild pancreatitis at times may present as sonographically normal. Correlation with pending fPL, is recommended. Gastrointestinal support is indicated with clinical monitoring. Occult Addison's Disease is considered unlikely, given evidence of stress leukogram and hypokalemia. No definitive visualized evidence of adrenal pathology. Monitoring of potassium levels with consideration for serum aldosterone levels is suggested if persistent / progressive hypokalemia.
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**PATIENT**

Snoop Rapp

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

4

**WEIGHT**

10.2

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Leslie Buggi, DVM

**HOSPITAL NAME**

Akin Hills PH

**REFERRING VET**

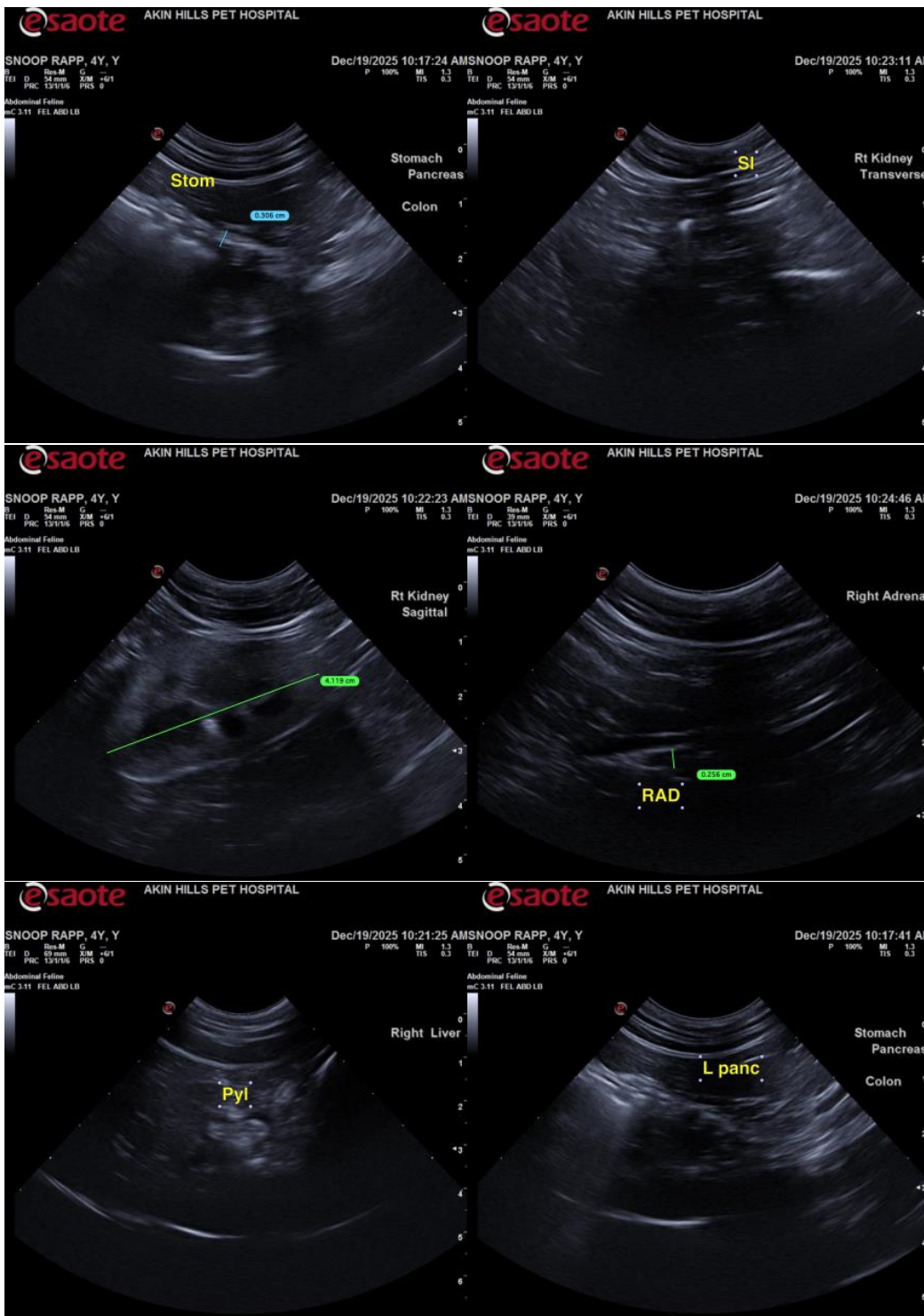
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Snoop Rapp

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

4

## WEIGHT

10.2

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DVM, DABVP  
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## IMAGING PERFORMED BY

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## HOSPITAL NAME

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## REFERRING VET

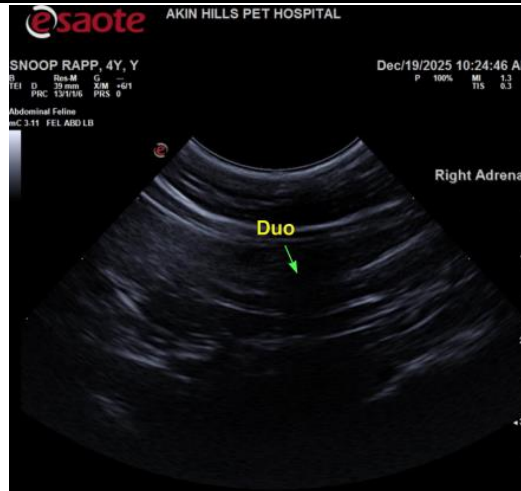
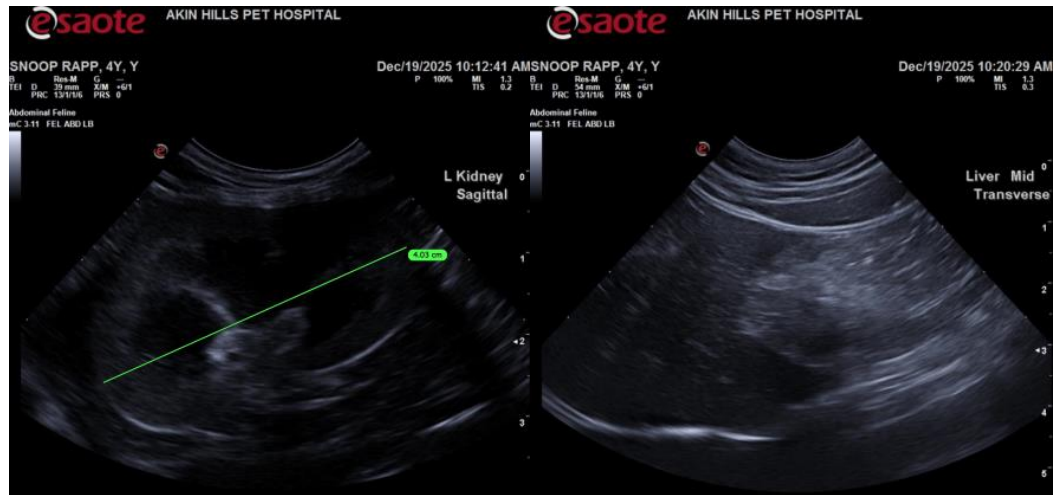
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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