



PATIENT

Luna Daigle

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

8 yrs

WEIGHT

9.10

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Hemmerich

HOSPITAL NAME

Tigard AH

REFERRING VET

Karen Hemmerich

INVOICE

12872

DATE

12/3/25

PRESENTING CLINICAL SIGNS

Submitted study contained 26 videos for review.

History: PRESENTING COMPLAINT: P presents today for an abdominal ultrasound. Was seen at urgent care 11/28 for 4-day hx of Decreased appetite for 4 days. Has also had some intermittent vomiting, though no vomiting in the last ~48 hours. No hx of respiratory concerns. Normal chemistry panel. Generally normal PE, slightly harsh lung sounds noted at visit. Today - No current C/S/V/D, E/D - slightly better with appetite stimulant, and activity level is lower. Owner says that P did accidentally get into a little bit of food this AM after the cats knocked over the automatic feeder, access for less than 10 minutes and is a slow eater. Diet: Urinary SO Kibble and Wet food - 1/4 cup + another 1/16th in a 12-hour period. Has access to fenced backyard.

Medications/Vitamins/Supplements: Mirataz transdermal - SID, Cerenia 16mg - 1/2 tablet given 2 days ago

Abnormal PE/Chem/CBC/UA Results: Glucose 209 71 - 159 mg/dL BUN 11 16 - 36 mg/dL Phosphorus 3.0 3.1 - 7.5 mg/dL Potassium 3.1 3.5 - 5.8 mmol/L No UA Rads 11/28 THORAX: 1 right lateral view, 1 left lateral view and 1 VD view are provided. There is a mild diffuse unstructured interstitial pattern. Several small ill-defined soft tissue opacity nodular type regions are noted throughout the lungs. These are irregular in shape; approximately 1 cm in diameter or smaller.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 were noted.

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 with no evidence of pelvic dilation. A thin, mild, hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.7 cm. The right kidney measured 3.7 cm.

Adrenal Glands

No obvious pathology in the area of the left adrenal gland. The right adrenal gland was overtly normal in size, position and shape measuring 0.37 cm.

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.



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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

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.

Gastrointestinal

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. Example of small intestine wall measured 0.25 cm width.

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

Pancreas

The left pancreas was normal to mildly prominent in size with mild capsule asymmetry and mild, non-homogeneous, hyperechoic parenchyma compared to adjacent hyperechoic peripancreatic omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal gastrointestinal tract
- Possible mild left limb pancreatitis
- Mild, nonspecific bilateral renal medullary rim sign
- Mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology as the definitive cause of the patient's clinical signs. Correlation with possible mild left limb pancreatitis with assessment for cranial abdomen/subxiphoid discomfort on palpation and spec fPL is recommended. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. Gastrointestinal support and empirical therapy for possible mild pancreatitis with clinical monitoring is recommended. No evidence of intraabdominal neoplastic criteria. Potential primary thoracic pulmonary disease may be of concern.



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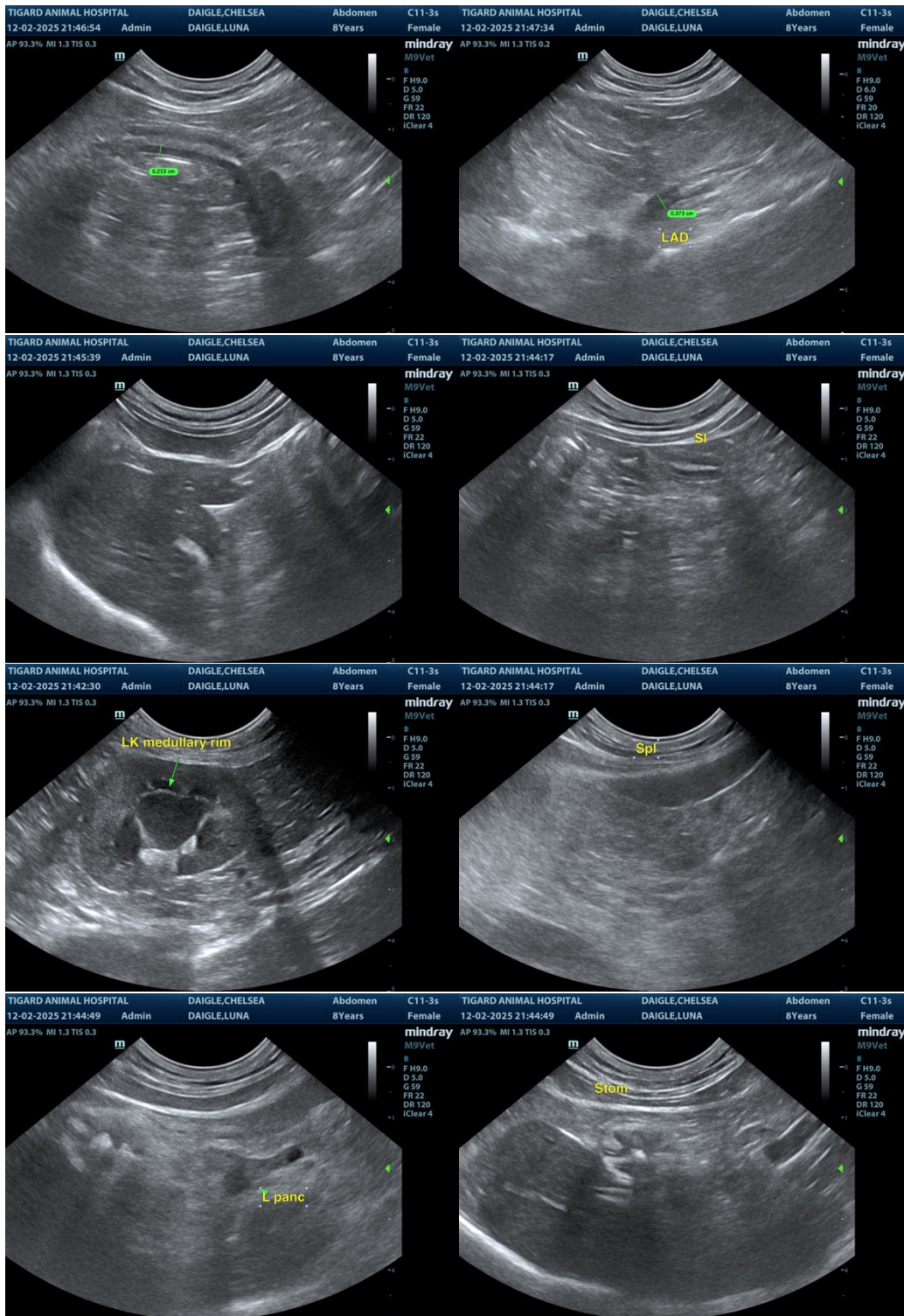
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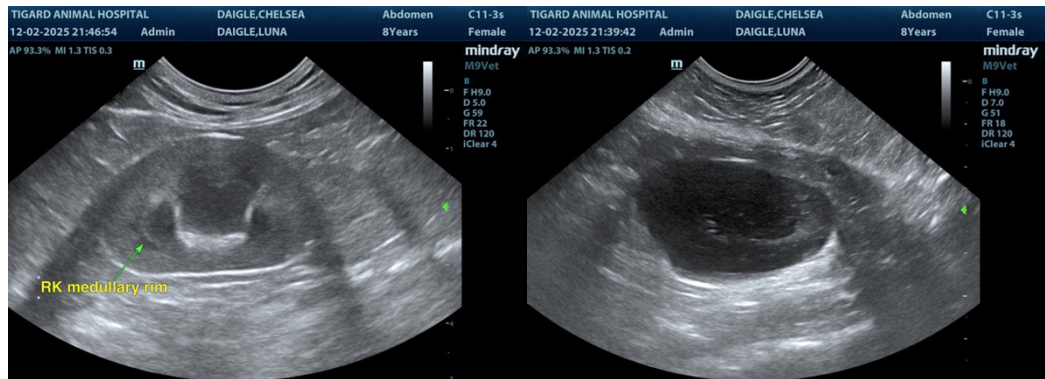
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com