



PATIENT

Luna Dupre

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10yr

WEIGHT

4.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary
Clinic

REFERRING VET

Omar Elsayed

INVOICE

24051

DATE

03/01/2026

PRESENTING CLINICAL SIGNS

- Had COHAT 2 weeks ago. On pain medication (3 doses of Metacam), Gabapentin and Buprenorphine. Antibiotics (Clindamycin) started a few days later for possible infection site; decreased appetite, salivation and episode of hematuria.
- Appetite not getting better even though mouth healing well. Now anorexic and vomiting.
- AUS recommended for investigation of GI disease/pancreatitis.
- Abnormal PE/Chem/CBC/UA Results: Mild Hypokalemia post dental. BW not repeated since. No other diagnostics performed.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

Both kidneys were adequate in size with mild asymmetric renal margination and mild cortical hypertrophy. Subjective mild decreased corticomedullary echogenicity and indistinct corticomedullary border demarcation. Left kidney cortical cysts were present. The left kidney measured 3.6 cm in length. The right kidney measured 3.7 cm in length. Mild increased left and right retroperitoneal echogenicity.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width.

Spleen

The spleen exhibited mild enlargement (1.1 cm at the mid spleen) and 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. Normal vascular volume. 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



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained pyloric fluid with no signs of obstruction or foreign material. The pylorus wall measured 0.33 cm in width.

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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 mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.31 cm width. The jejunum wall measured 0.20 cm width.

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

BREED

Pancreas

DSH

The pancreas was normal in size with capsule asymmetry and minor non-homogenous hypoechoic parenchyma. Mildly prominent pancreatic duct.

SEX

Free Abdomen

FS

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

10yr

Primary

- Mild splenomegaly - hyperplasia, hematopoiesis, inflammation, sedation, emerging neoplasia
- Mild nonobstructive hypomotile stomach, normal empty small intestine
- Suspect chronic pancreatitis
- Bilateral chronic renal changes with potential nonspecific nephritis
- Normal urinary bladder with mild urine sediment
- Normal adrenal glands

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck lab work and UA is recommended. A spec fPL is warranted. If normal clotting status and non-sedated, FNA cytology of the spleen using 25ga needle is recommended. Empirical therapy for nonspecific gastroenteritis and chronic pancreatitis pending additional diagnostics is recommended.

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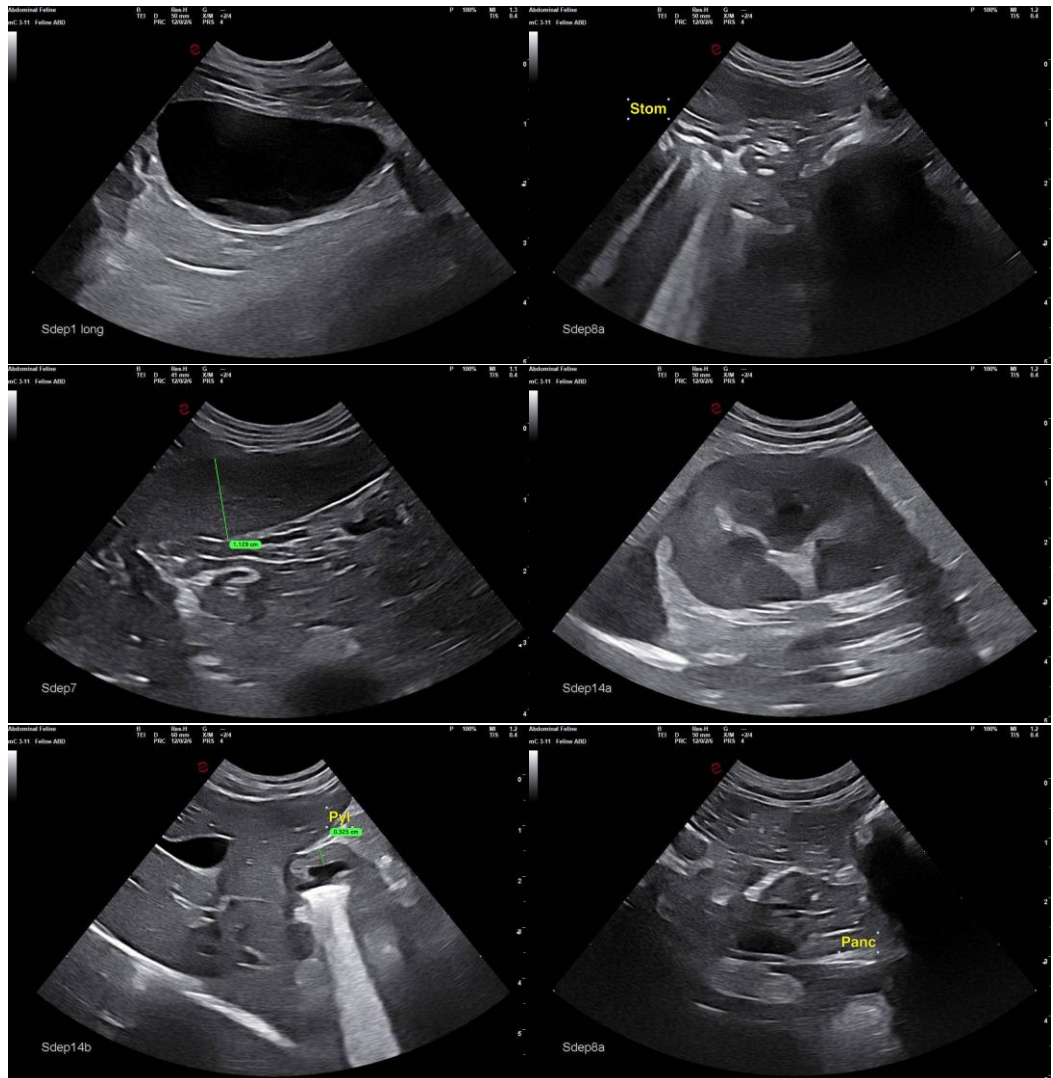
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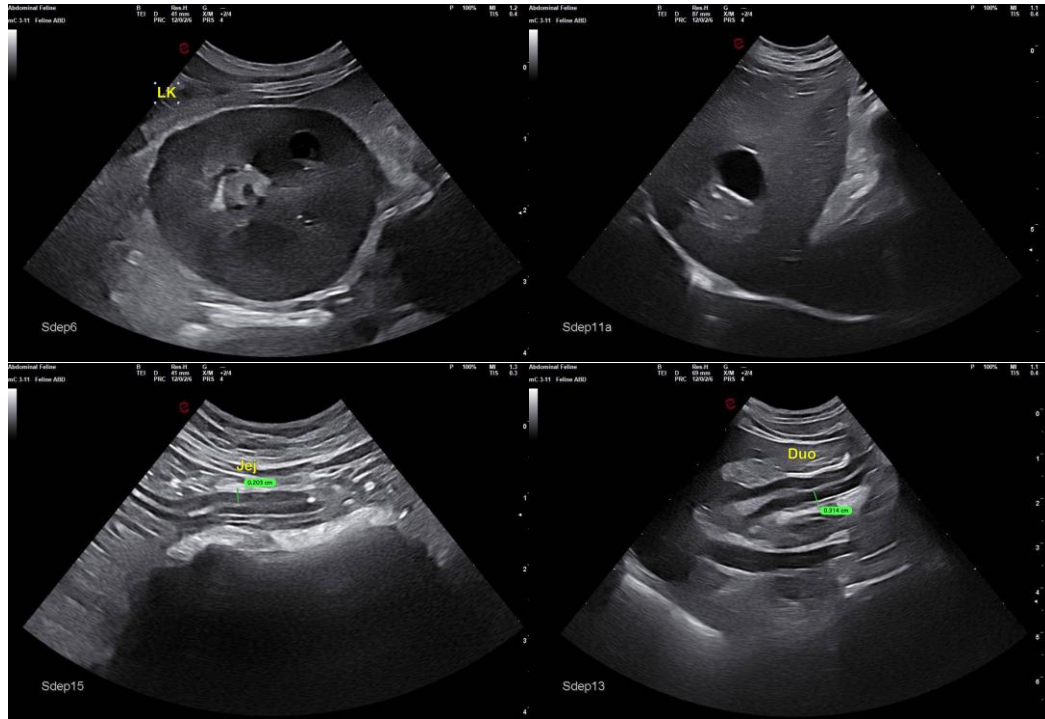
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com