



## PATIENT

Lily Molina

## SPECIES

Feline

## BREED

DSH

## SEX

F

## AGE

3yr

## WEIGHT

11lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Michael Schacher

## HOSPITAL NAME

Emergency  
Veterinarians of Idaho

## REFERRING VET

Agalaia Cardona

## INVOICE 24899

DATE  
05/21/2026

## PRESENTING CLINICAL SIGNS

not eating and drinking much over the last 2 weeks, weight loss during that time.

Abnormal PE/Chem/CBC/UA Results: Bloodwork pending from RDVM

## 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 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.

Mild subnormal left kidney size. 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 2.9 cm in length. The right kidney measured 3.3 cm in length.

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 0.36 cm width. The right adrenal gland was not definitively visualized, no overt pathology 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. The spleen measured 0.8 cm in width at the level of the mid spleen.

### 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 mild particulate non-dependent debris. 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. No obstruction to pyloric outflow.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental



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ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material to the level of the colon. The small intestinal wall measured 0.23 cm in width.

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

### *Pancreas*

The area of the pancreas was sonographically normal.

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DSH

### *Free Abdomen*

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

## SEX

F

### **Primary**

- Empty stomach
- Sonographically normal small intestine with mild segmental non-obstructive intestinal ileus
- Formed fecal matter in colon
- Normal area of pancreas
- Mild gallbladder debris
- Normal kidneys with mild subnormal left kidney size
- Mild urine sediment

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral specifically gastrointestinal or pancreatic pathology. Non-structural or microscopic gastrointestinal disease or mild pancreatitis at times may present sonographically normal in conjunction with mild segmental non-obstructive intestinal ileus. No sonographic evidence of mechanical gastrointestinal obstruction, foreign material or neoplastic criteria.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. A thorough musculoskeletal and neurological examination is suggested if not done. Correlation with pending lab work indicated.

Supportive care with clinical monitoring and sonographic reassessment if non-responsive or persistent gastrointestinal signs or weight loss recommended at this stage. Assessment and monitoring of liver enzymes suggested given presence of gallbladder debris which may be associated with hepatobiliary inflammation.

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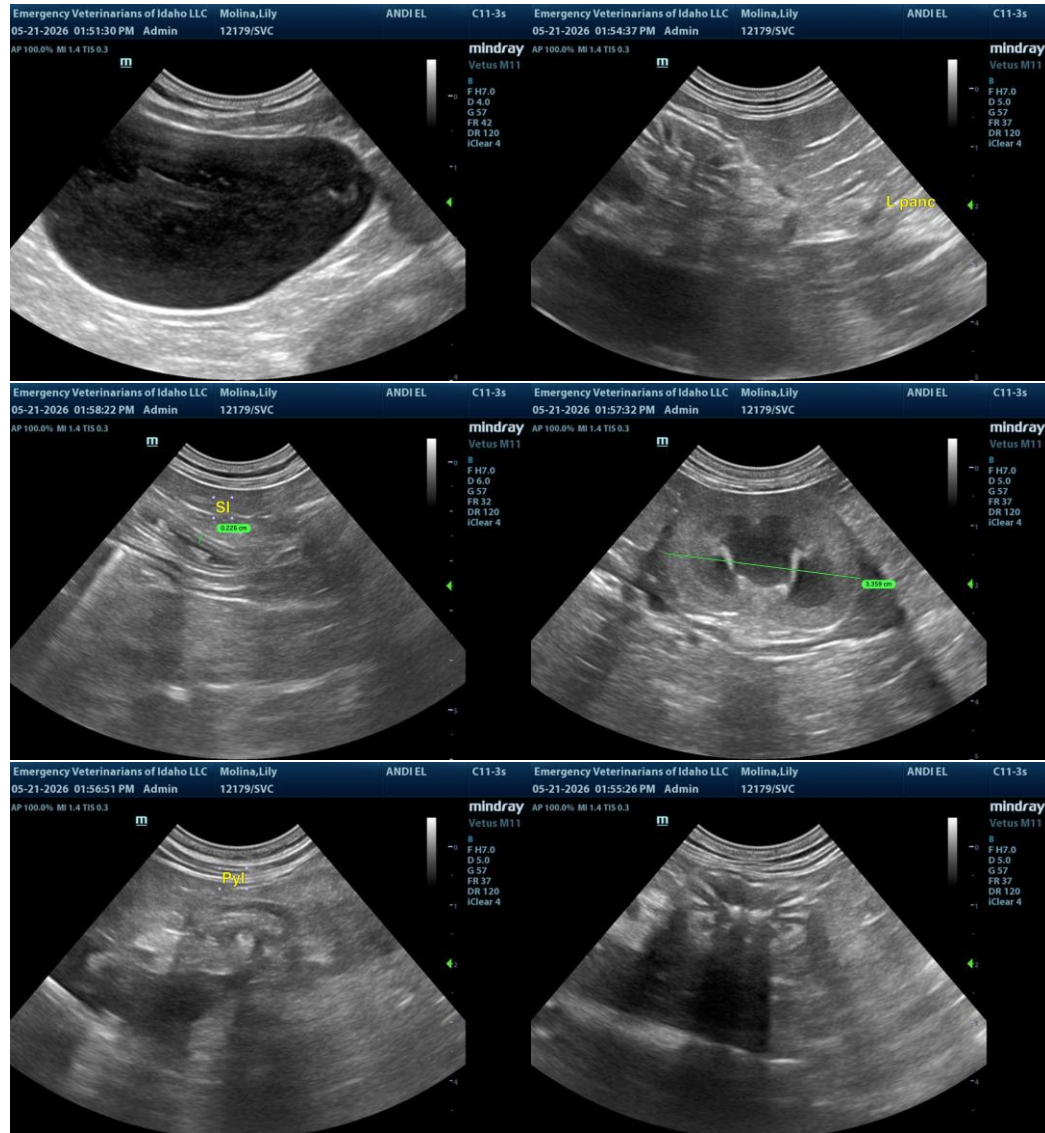
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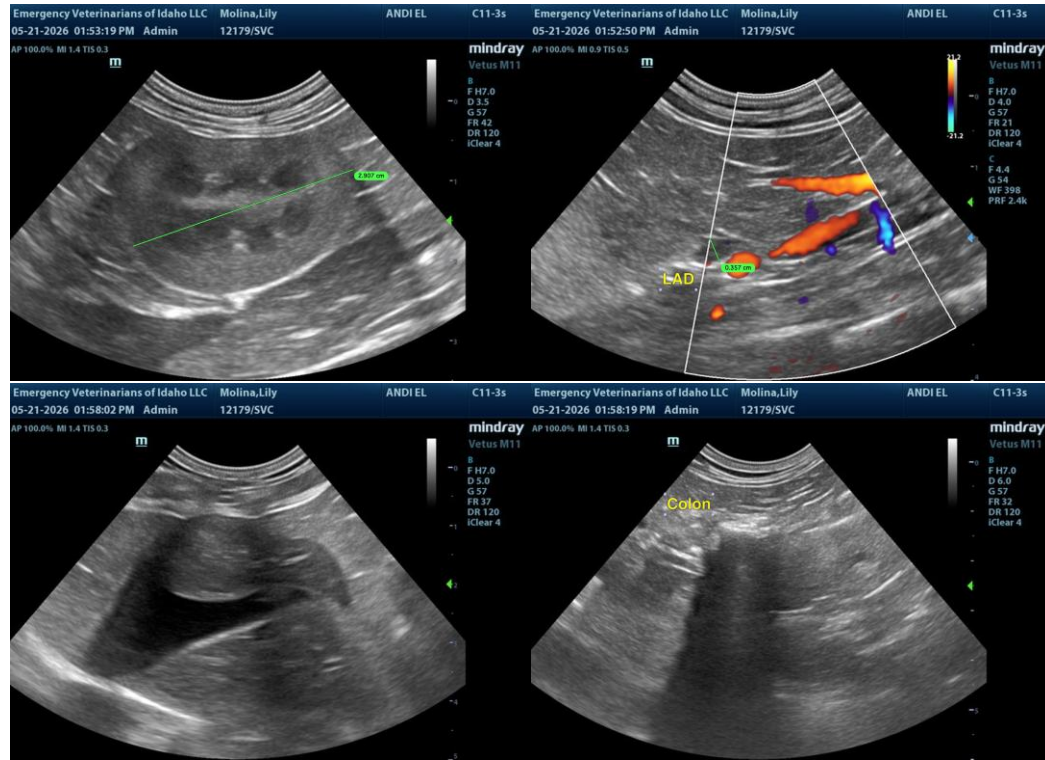
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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DVM, DABVP  
(Canine and Feline)

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.

**IMAGING PERFORMED BY**

Michael Schacher

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
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