

PATIENT

Luna Delawder

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

16 yrs

WEIGHT

8.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Megan Bray

HOSPITAL NAME

Taylorsville VC

REFERRING VET

Dr. Melissa Earp

INVOICE

10951

DATE

6/4/26

PRESENTING CLINICAL SIGNS

Presented on 5/15/26 for exam .History of chronic vomiting, controlled with medication (cerenia)
History of hyperthyroidism, treated with i131 radiation

Abnormal PE/Chem/CBC/UA Results: Abdomen: Nonpainful on palpation. Bowel loops feel slightly thickened. No masses or organomegaly detected. CBC Normal. Elevated neutrophils, decreased lymphocytes consistent with a stress leukogram and are not clinically significant. Platelet count is adequate. Kidney Values: low-normal range. SDMA: normal range, though on the higher end. Thyroid: normal Liver Values : normal Pancreas: Amylase is minimally elevated (1261 U/L, reference <1200 U/L). Spec fPL normal. Urinalysis: USG 1.033. may be related to her reported high water intake. Small amount of protein was detected, but UPC confirmed that the level of protein loss is not significant (<0.1). Urine sediment exam showed a trace amount of blood, likely from the collection process. No white blood cells, bacteria, or crystals were seen.

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 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.

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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild right kidney pyelectasia was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width and the right adrenal gland measured 0.41 cm width.

Spleen

The spleen exhibited normal size and contour with primarily homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A small, well-demarcated, non-capsule deforming, hyperechoic splenic nodule was present measuring 0.31 cm in diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.



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Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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 a generalized variably thickened wall exhibiting variable mural echogenicity and indistinct to loss of gastric wall layer detail. The stomach contained a mild amount of retained anechoic fluid. Example of gastric body wall width measured 0.78 cm. The pylorus wall width measured 0.77 cm in width.

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 fo small intestinal wall width measured 0.23 cm.

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

Pancreas

The left pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No significant or swollen mesenteric lymphadenopathy was visualized. No evidence of effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Thickened stomach exhibiting indistinct / loss of wall layer detail
- Sonographically normal small intestine
- Mild pancreatic remodeling
- Bilateral chronic renal changes with mild right kidney pyelectasia
- Small hyperechoic splenic nodule – most consistent with benign criteria, i.e., myelolipoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thickened stomach exhibiting indistinct to loss of gastric wall layer detail may indicate chronic gastritis or gastric edema, given the clinical history, although the primary concern for gastric neoplastic criteria, i.e., lymphoma, is warranted. Definitive diagnosis would require a stomach biopsy with Gold Standard histopathology. Gastric endoscopy with biopsies is recommended if available.

Smaller, more frequent feedings of a canned, bland, or hydrolyzed diet with broad-spectrum gastroprotectants +/- coverage for helicobacter and clinical / sonographic monitoring would be more conservative.



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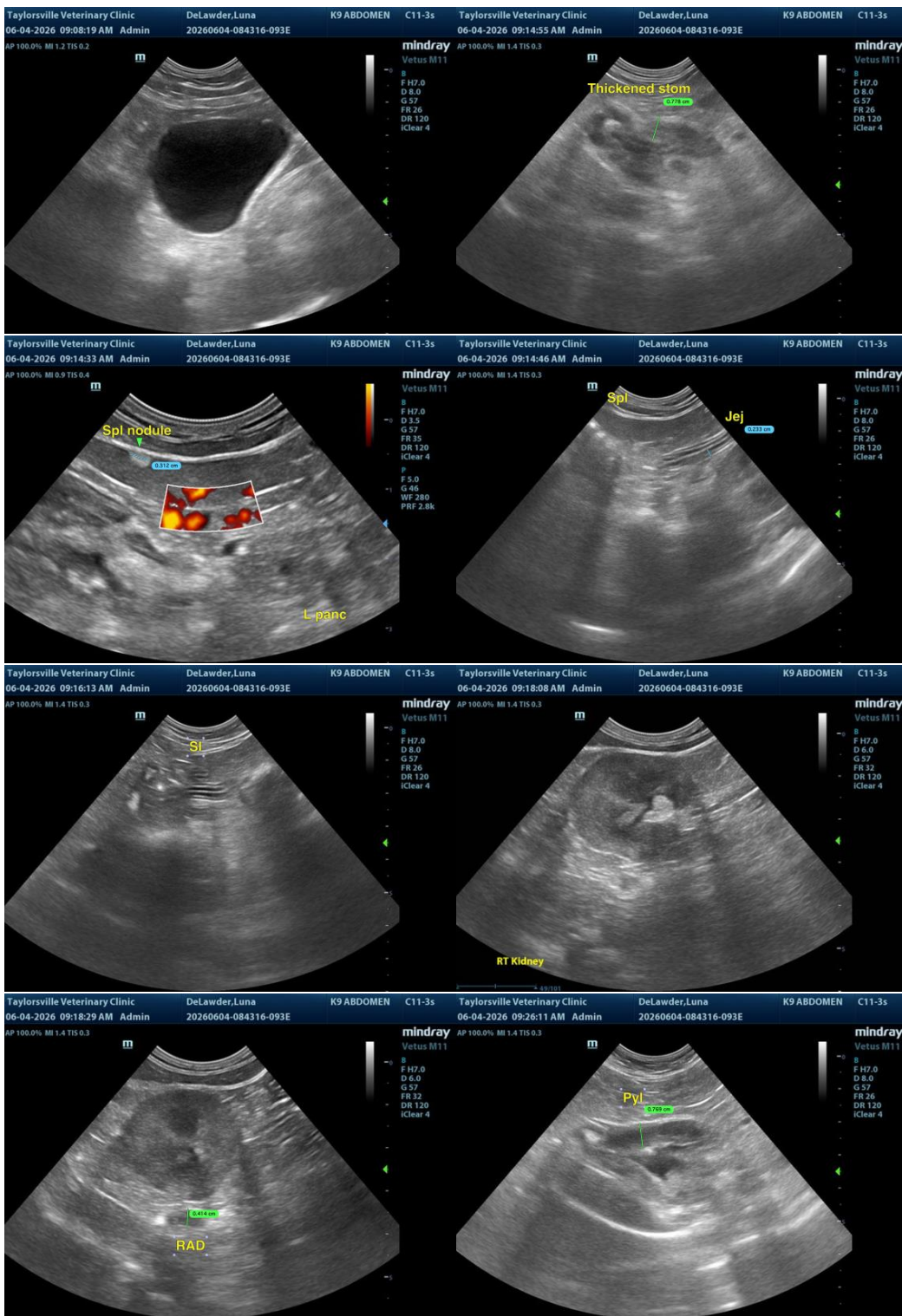
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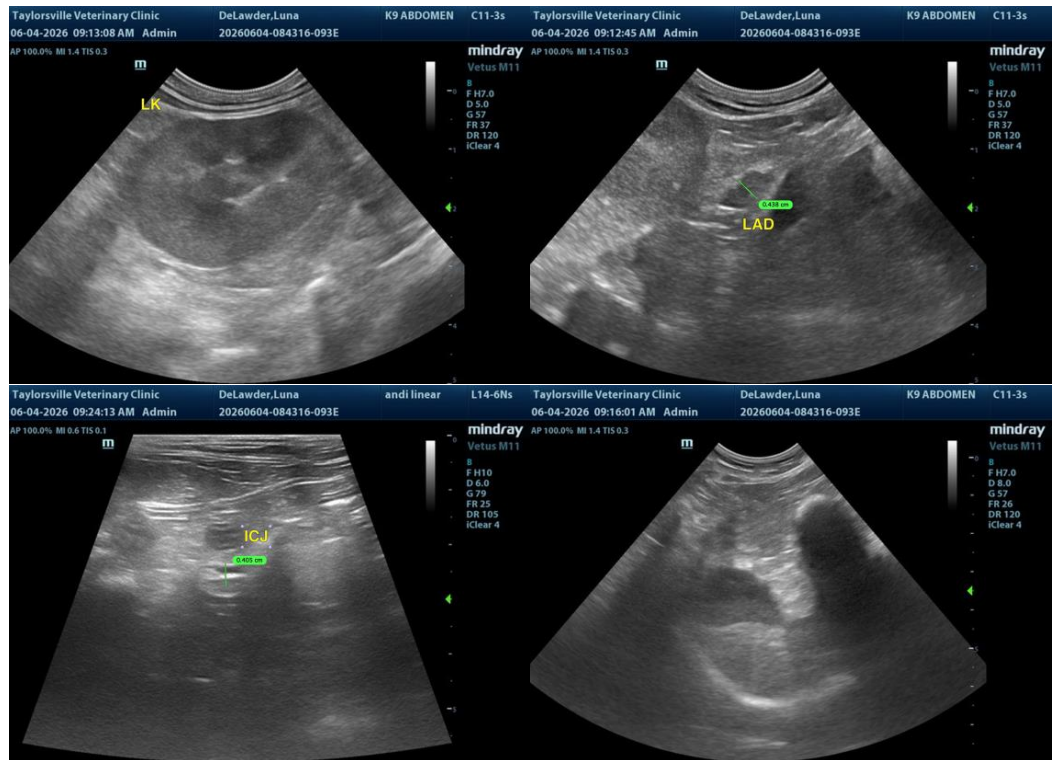
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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