



## PATIENT

Q-Tip Doty

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

11 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Christina CVT

## HOSPITAL NAME

Animal Health  
Veterinary Clinic

## REFERRING VET

Dr. Rodriguez

## INVOICE

13165

## DATE

01/15/26

## PRESENTING CLINICAL SIGNS

P Presented on 1/2 for lethargy, decreased appetite, bloodwork showed mild anemia, has slight weight loss but weight has since returned to normal - P was found to have abdominal pain, had SonoPath scan done 5/28/2025 - 1/8/26 CBC sent out with path review, found non regenerative anemia - Abdominal ultrasound ordered.

Abnormal PE/Chem/CBC/UA Results: 1/2/26 - HCT - 21.6%, HG - 8.6, RBC - 4.7, Chemistry all WNL, Abnormal BNP 1/12/26 - HCT - 27%, HG - 8.7, RBC - 5.0 1/15/26 - PCV - 29%, tp - 7.9 g/dl

## 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 dependent lumen hyperechoic sand/mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.2 cm in length.

### Adrenal Glands

No obvious visualized pathology in the areas of the left and right adrenal glands.

### 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 0.70 cm width level of the mid spleen.

### Liver & Gallbladder

The liver revealed subjective borderline hepatomegaly. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was normal to mildly subnormal in size likely given the presence of gastric ingesta. No evidence of pathology or posthepatic obstruction.

### Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta without signs of obstruction or foreign material.



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The small intestine presented intact borderline prominent to thickened wall. Segmental similar appearing nonshadowing intestinal ingesta/chyme without obstructive pattern to the level of the colon. The duodenum wall measured 0.24 cm width. The jejunum wall measured 0.25 cm width.

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

**Pancreas**

**BREED**

DSH

The area of the pancreas was sonographically normal.

**Free Abdomen**

**SEX**

Spayed Female

No visualized significant omental lymphadenopathy or omental masses was present. A mild volume of peritoneal effusion was visualized.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

11 Years

- Borderline enlarged mild nonhomogenous liver.
- Normal spleen.
- Intact borderline prominent to thickened small intestine with nonshadowing gastrointestinal ingesta- ingesta most consistent with food echogenicity.
- Mild volume peritoneal effusion.
- Bilateral chronic renal changes.

**WEIGHT**

11 pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

R. McKenzie Daniel, DVM, DABVP

Given weight loss in this patient, a GI panel to include PLI, TLI, cobalamin and folate for further assessment of the small intestine as well as assess for non-obvious pancreatitis, which may present sonographically normal, is recommended. The intestinal and hepatic sonographic appearance are nonspecific and may indicate patient or age variant, nonspecific chronic inflammatory hepatopathy, or hepatic disease while potential for emerging or occult neoplasia is not excluded.

**IMAGING PERFORMED BY**

Christina CVT

Further assessment may include (assuming normal clotting status using 25-gauge needle) screening hepatic FNA cytology as well as effusion analysis cytology +/- culture and sensitivity or FIP titer/PCR (thought less likely given patient age) and three view chest radiographs given weight loss, are suggested.

**HOSPITAL NAME**

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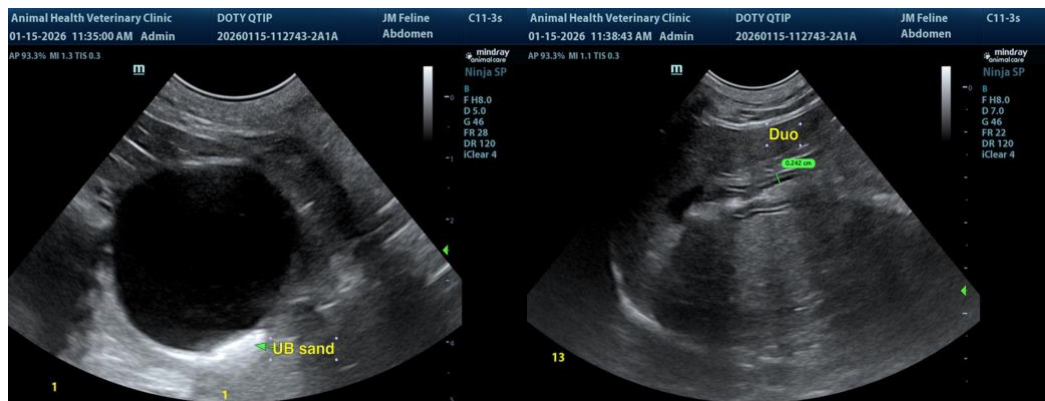
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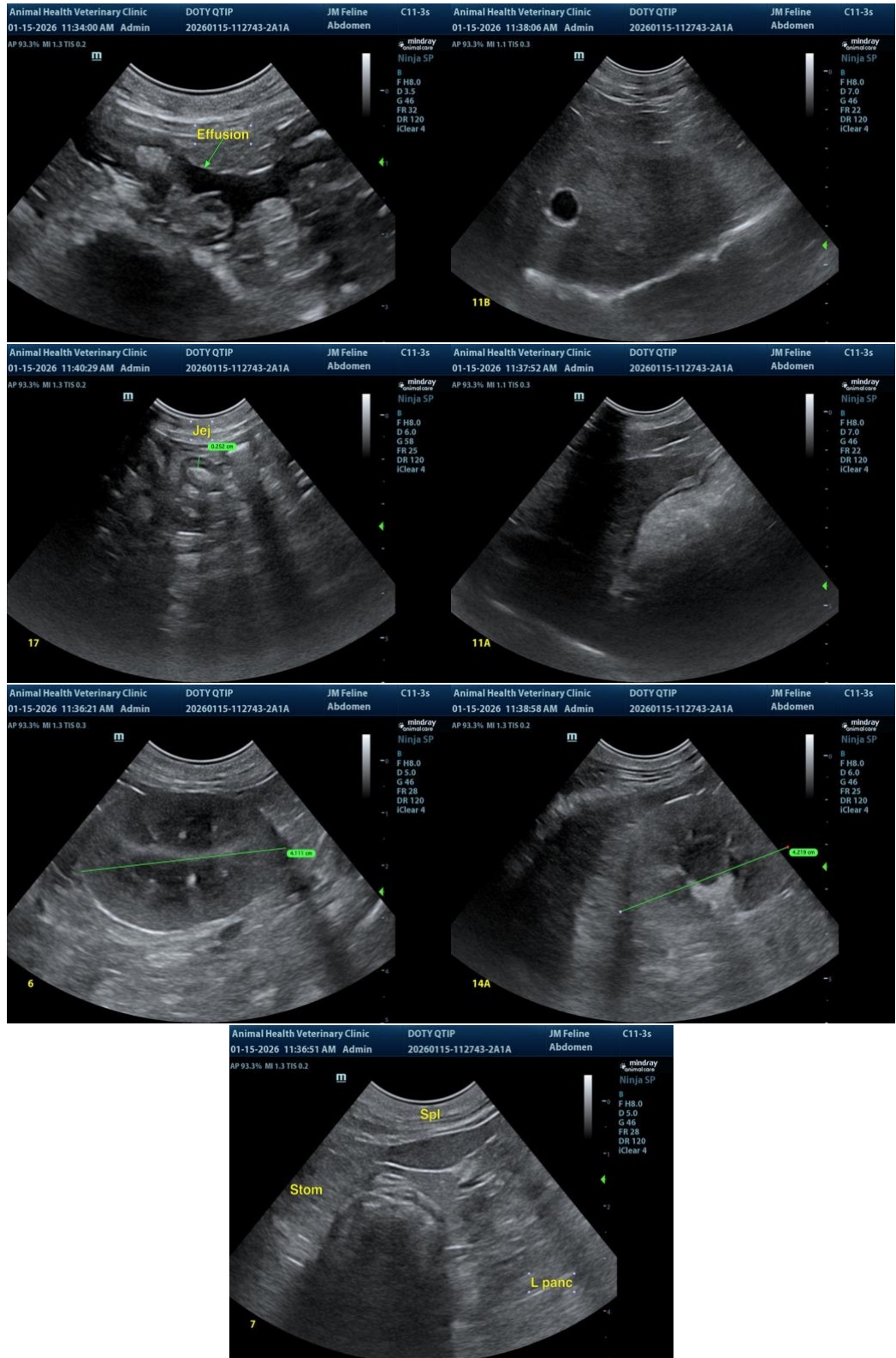
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)