



PATIENT

Roxy Scurlock

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

13y

WEIGHT

3.08 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Natalie Jackson

HOSPITAL NAME

Wilvet South

REFERRING VET

Natalie Jackson

INVOICE

13076

DATE

1/15/26

PRESENTING CLINICAL SIGNS

History: Routine check at rDVM showed elevated kidney/liver values. Lost significant amount of weight over last month. Not eating as much, excessive water drinking, seems out of it per O. The patient was transferred for hospitalization and further workup.

Abnormal PE/Chem/CBC/UA Results: rDVM blood work: CBC (RDVM): Neutrophils 17.76 (high), White blood cells 19.96 (high), MCHC 39.5 (high) CHEM (RDVM): ALKP 463 (high), ALT 350 (high), Cholesterol 251 (high), GGT 6 (high), T-Bili 6.9 (high), Creatinine 0.7, BUN 13 General Appearance: Lethargic, icteric Hydration: Slightly dehydrated Eyes: Abnormal: sclera yellow OU Ears: Abnormal: ictric Musculoskeletal: Thin BCS, sarcopenia Integument: Dull hair coat

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. Primarily anechoic urine was present in the lumen. Moderate, non-dependent, echogenic to particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented mildly thickened echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild indistinct loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Pinpoint areas of medullary mineral and minor left kidney pyelectasia present. The left kidney measured 3.8 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

No obvious pathology in the area 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 0.84 cm width level of the mid spleen.

Liver

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was significantly thickened with mild, irregular, hyperechoic wall. Anechoic bile was present with mild bile sediment. The cystic duct and primarily generalized mild to variable



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common bile duct dilation with mildly thickened common bile duct wall. The common bile duct measured 0.53 cm in diameter.

Gastrointestinal

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

The visualized segments of the small intestine exhibited subjective intact mildly thickened wall and mild altered wall layer ratio with propensity for subjective intact mildly thickened muscularis layer. Small intestine wall measured 0.27 cm, and ileocolic wall measured 0.35 cm. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

Pancreas

The pancreas was mildly prominent in size with capsule asymmetry with mildly non-homogeneous, remodeled to mildly hypoechoic parenchyma. Mildly prominent pancreatic duct.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy
- Significantly thickened gallbladder with mild bile sediment
- Generalized mild to variable common bile duct dilation containing anechoic content and mildly thickened bile duct wall
- Probable chronic pancreatitis
- Subjective thickened visualized intestinal segments
- Mild chronic renal changes
- Urinary bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cholangiohepatitis accentuated by significant cholecystitis with potential for triad disease is favored. A definitive area of post hepatic obstruction, i.e. duodenal papilla pathology, calculus, stricture or mass etc., was not definitively visualized potential owing to gastric ingesta artifact which along with potential for occult hepatic or potential multicentric neoplasia such as lymphoma cannot be definitively excluded. Further assessment may include, assuming normal clotting status and using 25-gauge needle, hepatic FNA cytology and GI panel to include PLI/TLI/Cobalamin/Folate. Initial empirical therapy for cholangiohepatitis with close clinical and sonographic monitoring if evidence of progressive hepatopathy, icterus or weight loss is recommended. Urinary workup suggested if not recently done.



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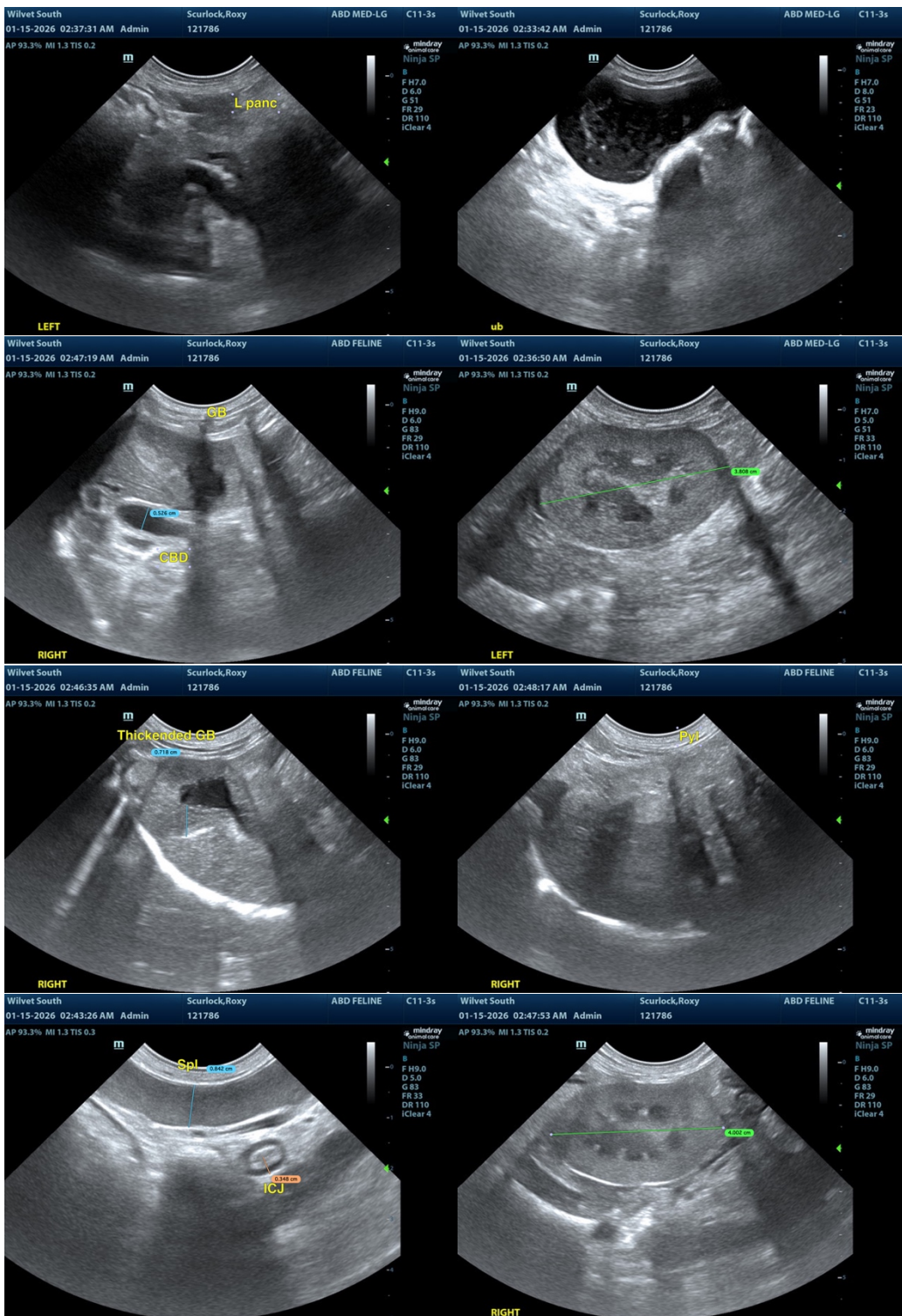
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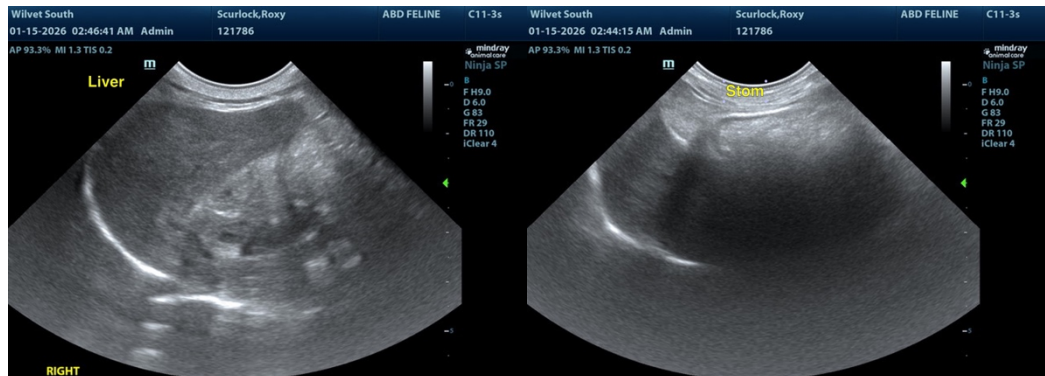
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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