



PATIENT

Buttons Obermueller

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17 Years 9 Months

WEIGHT

7.5 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi CVT

HOSPITAL NAME

Harmony Animal
 Hospital

REFERRING VET

Dr. Keefe

INVOICE

13191

DATE

01/16/26

PRESENTING CLINICAL SIGNS

BCS 3/9, weight loss, anorexia, elevated LE's, urinary incontinence. Generalized cachexia, hepatomegaly, pale mm. Hx of suspected IBD vs GI lymphoma - has been on long term Pred. Meds: Prednisolone; Ampicillin; Mirataz prn.

Abnormal PE/Chem/CBC/UA Results: HCT 20.3%; ALT 279; ALKP 199; TBili 3.5. UA: 1+ Bili; trace protein; bld 250; USG 1.015

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 change 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 uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Mild medullary mineral was visualized. The left kidney measured 3.7 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized likely secondary to steroid therapy.

Spleen

The spleen was mildly enlarged in size and 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 1.2 cm width level of the mid spleen.

Liver & Gallbladder

The liver revealed significant hepatomegaly exhibiting nonhomogenous parenchyma and normal vascular volume. No mass or nodules were evident.

The gallbladder was non distended in size with mild biliary sludge. No evidence of gallbladder wall edema. The common bile duct was tortuous with variable to moderate generalized common bile duct dilation to an approximate level of the duodenal papilla without overt post hepatic obstruction. Mid common bile duct measured 0.70 cm diameter. The common bile duct exhibited subjective concurrent mild thickened wall and anechoic visible content. No obvious obstructive duodenal papilla pathology.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing gastric ingesta and gas.



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The small intestine presented intact wall layering with overall maintained wall layer ratio and mildly thickened intestinal wall. Small intestine wall measured 0.26 cm wall width. Segmental primarily mild nonshadowing intestinal ingesta and lumen gas was present.

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Normal visible colon wall layers were present with semi formed fecal matter in lumen.

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Pancreas

The pancreas presented prominent in size with nonhomogenous remodeled parenchyma with marked prominent pancreatic duct.

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Free Abdomen

No visualized significant omental lymphadenopathy was present. Minor pockets of peritoneal effusion were present.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Suspect probably significant cholangiohepatitis hepatobiliary pattern.
- Chronic pancreatitis with marked pancreatic duct dilation.
- Mild splenomegaly.
- Chronic enteropathy exhibiting gastrointestinal ingesta with semi formed fecal matter in colon.
- Minor peritoneal effusion.

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Secondary Findings

- Bilateral chronic renal changes.
- Normal urinary bladder and visible proximal urethra.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Shari Reffi CVT

Chronic to possible acute on chronic triaditis flare up may be a top consideration in this patient. Potential for occult multicentric round cell neoplasia such as lymphoma, possibly suppressed by steroid therapy, is not definitively excluded.

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Further assessment may include (assuming normal clotting status and using 25-gauge needle) hepatosplenic FNA cytology. A GI panel to include PLI, TLI, cobalamin and folate is recommended. No obvious evidence of post-hepatic obstruction, yet sonographic monitoring advised if evidence of progressive hepatopathy or icterus. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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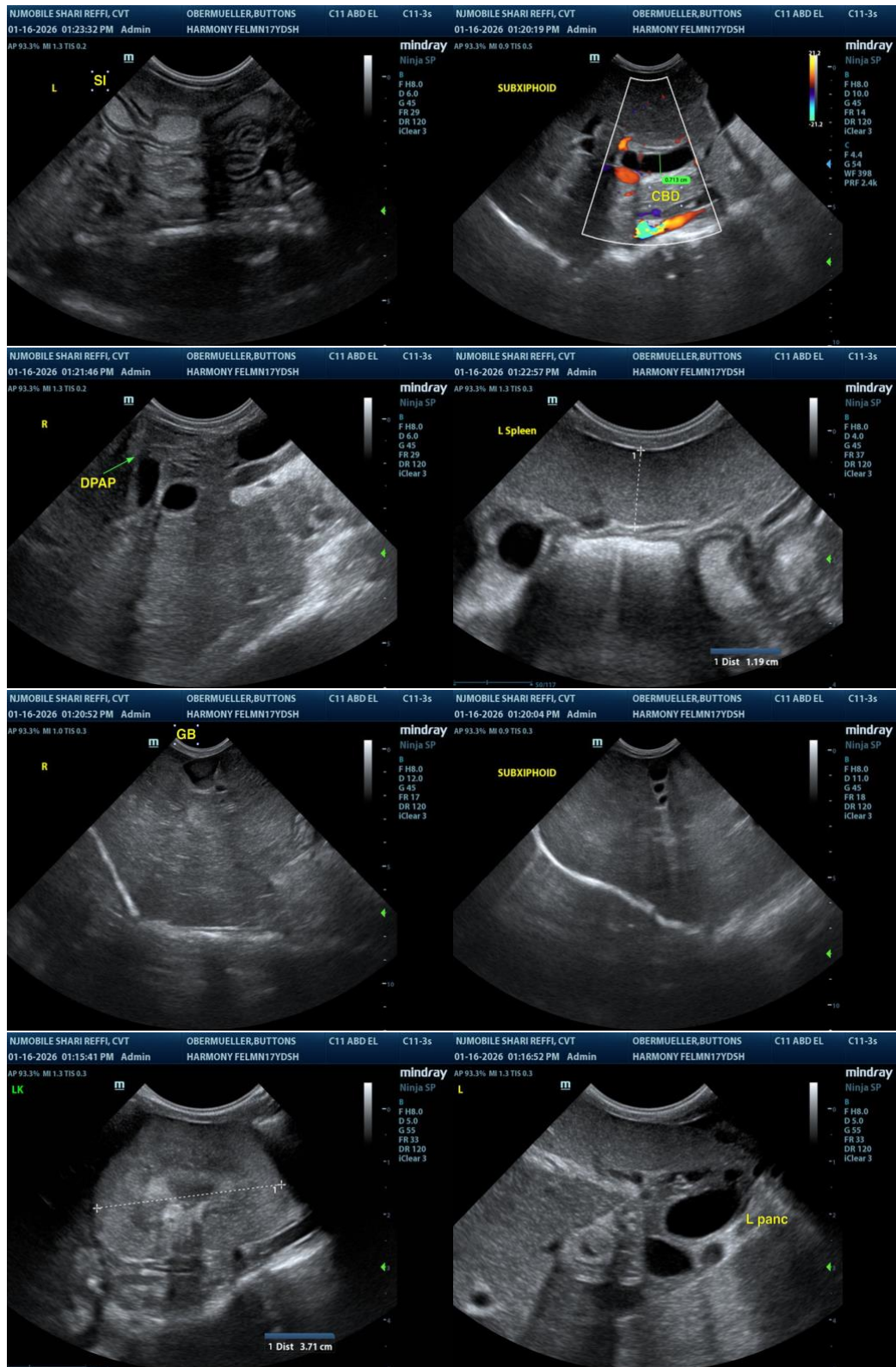
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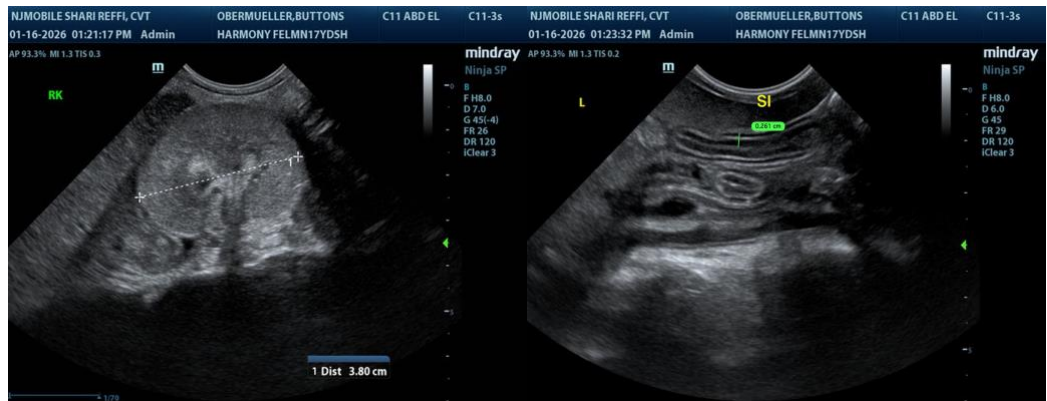
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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