



PATIENT

Harvey Beaudette

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

7 Years

WEIGHT

6.48 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Carlie Koltek RVT

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Luke Pura

INVOICE

12922

DATE

01/02/2026

PRESENTING CLINICAL SIGNS

~5d history of hyporexia. No vomiting or diarrhea. No change in thirst or urination noted. Equivocal mild lethargy for past week or so. Indoor only. No other cats at home. Diet - RC Urinary SO weight loss. No recent change in diet or foods but the specific bag is newer.

Abnormal PE/Chem/CBC/UA Results: Unremarkable PE. Vitals WNL. Abdomen soft and comfortable on palpation. QAR. Euhydrated. CBC: Neut $1.53 \times 10^9/L$ (2.30-10.29) Eos $0.02 \times 10^9/L$ (0.17-1.57) Baso $0.00 \times 10^9/L$ (0.01-0.26) CHEM: CREA 70umol/L (71-212) GLOB 54g/L (28-51) ALT 363 U/L (12-130) ALKP 101U/L (12-130)

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.

Normal size and margination was present in the kidneys. 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 4.0 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.26 cm width at the caudal pole.

Spleen

The spleen presented borderline enlarged in size with primarily symmetrical contour and subtle micronodular parenchyma. The spleen measured 1.2 cm width level of the mid spleen.

Liver

The liver presented subjective to borderline enlarged in size with nonhomogenous subtle micronodular parenchyma.

The gallbladder was non distended in size with minor biliary sludge. The proximal common bile duct was dilated and mild tortuous without overt post hepatic obstruction.

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.

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. The ileocolic wall measured 0.35 cm wall width. The jejunum wall measured 0.24 cm wall width.



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

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Pancreas

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The pancreas presented normal in size with mild capsule asymmetry and isoechoic mildly nonhomogenous remodeled parenchyma with mildly prominent left limb pancreatic duct.

Feline

Free Abdomen

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Intermittent mildly enlarged jejunocolic and splenic lymph nodes were present with mild surrounding perilymphatic hyperechoic omentum. Example of lymph nodes measured 1.1 cm x 0.44 cm. No evidence of peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Neutered Male

- Mildly enlarged nonhomogenous subtle nodular liver- nonspecific hepatitis/cholangiohepatitis, hyperplasia, fibrosis, vacuolar changes/cholestasis, neoplasia are all potentials.
- Minor gallbladder debris with mild nonobstructive proximal common bile duct dilation.
- Mildly enlarged subtle micronodular spleen- hyperplasia, hematopoiesis, inflammation, emerging splenic neoplasia are all possible.
- Sonographically normal empty gastrointestinal tract.
- Possible mild left limb chronic pancreatitis.
- Intermittent primarily mild jejunocolic and splenic lymphadenopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

R. McKenzie Daniel,
DVM, DABVP

Assuming normal clotting status and using a 25-gauge needle, hepatosplenic FNA cytology is warranted for further clarification. If evidence of hepatic inflammation and fir further assessment of the pancreas, a GI panel to include PLI, TLI, cobalamin and folate could be considered to assess for evidence of triaditis. Hepatogastrointestinal support is indicated pending additional diagnostics.

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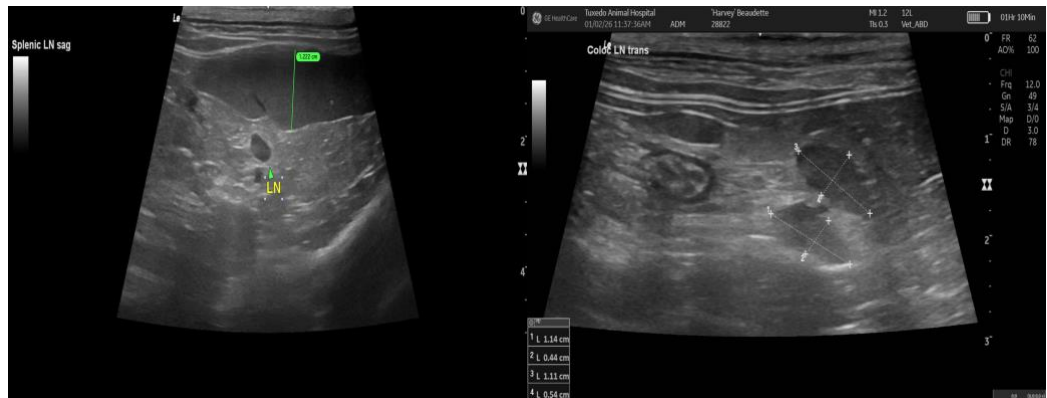
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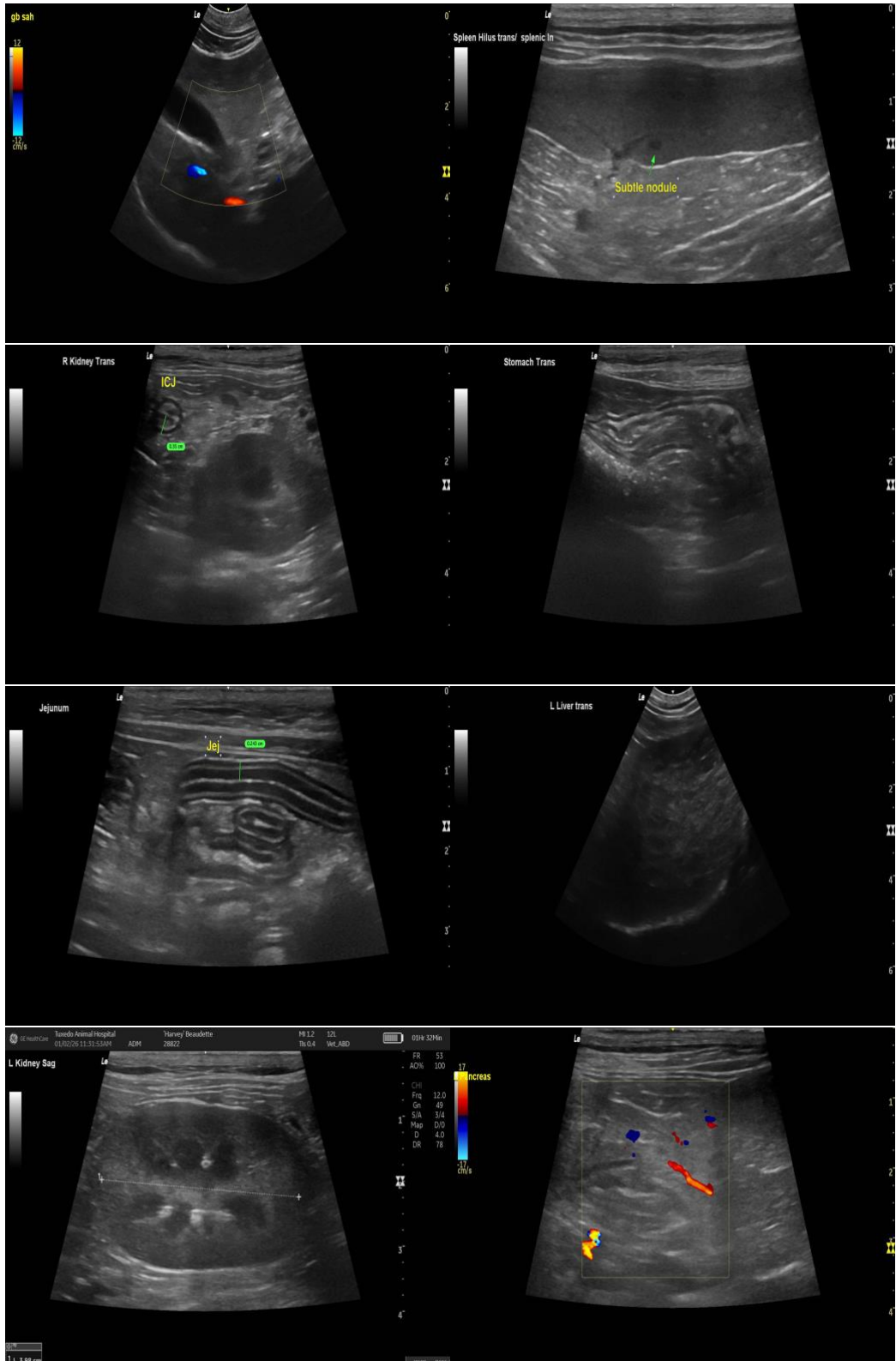
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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