



PATIENT

Shadow Schaefer

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8

WEIGHT

11.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Schiess

INVOICE

13417

DATE

01/27/26

PRESENTING CLINICAL SIGNS

- anorexia vomiting
- Current meds Denamarin Ursodiol Unasyn Plasmalyte

Abnormal PE/Chem/CBC/UA Results: CBC WNL Chem ALT 332 ALP 341 GGT 11 T bili 2.5 remainder WNL T4 1.2

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 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 4.6 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

No obvious 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.

Liver & Gallbladder

The liver was subjectively borderline to mildly enlarged in size. 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 minor biliary sludge. The common bile duct was not visualized.

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 segmental to generalized mild thickened wall and segmental mild altered wall. layer ratio owing to propensity for mildly prominent muscularis layer. The duodenum wall measured 0.26 cm wall width. The jejunum to jejuno-ileum wall measured 0.30 cm to 0.34 cm wall width.

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



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Pancreas

The left pancreas presented mildly prominent in size with primarily symmetrical contour and mild nonhomogenous hypoechoic parenchyma compared to adjacent nonreactive omentum.

Free Abdomen

No visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal empty stomach.
- Subjective mild IBD intestinal pattern.
- Mild left limb chronic pancreatitis.
- Hepatopathy with minor gallbladder debris.
- Suspect mild cholangiohepatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Triaditis may be a top differential in this patient. Correlation with a GI panel to include PLI, TLI, cobalamin and folate and assuming normal clotting status, screening hepatic FNA cytology to assess for inflammatory criteria. Minor potential for emerging to low-grade intestinal or multicentric neoplasia thought less likely yet may present in similar intestinal manner.

Gastrointestinal support, empirical therapy for probable cholangiohepatitis with clinical and as needed sonographic monitoring if progressive hepatopathy or gastrointestinal signs or weight loss is recommended.



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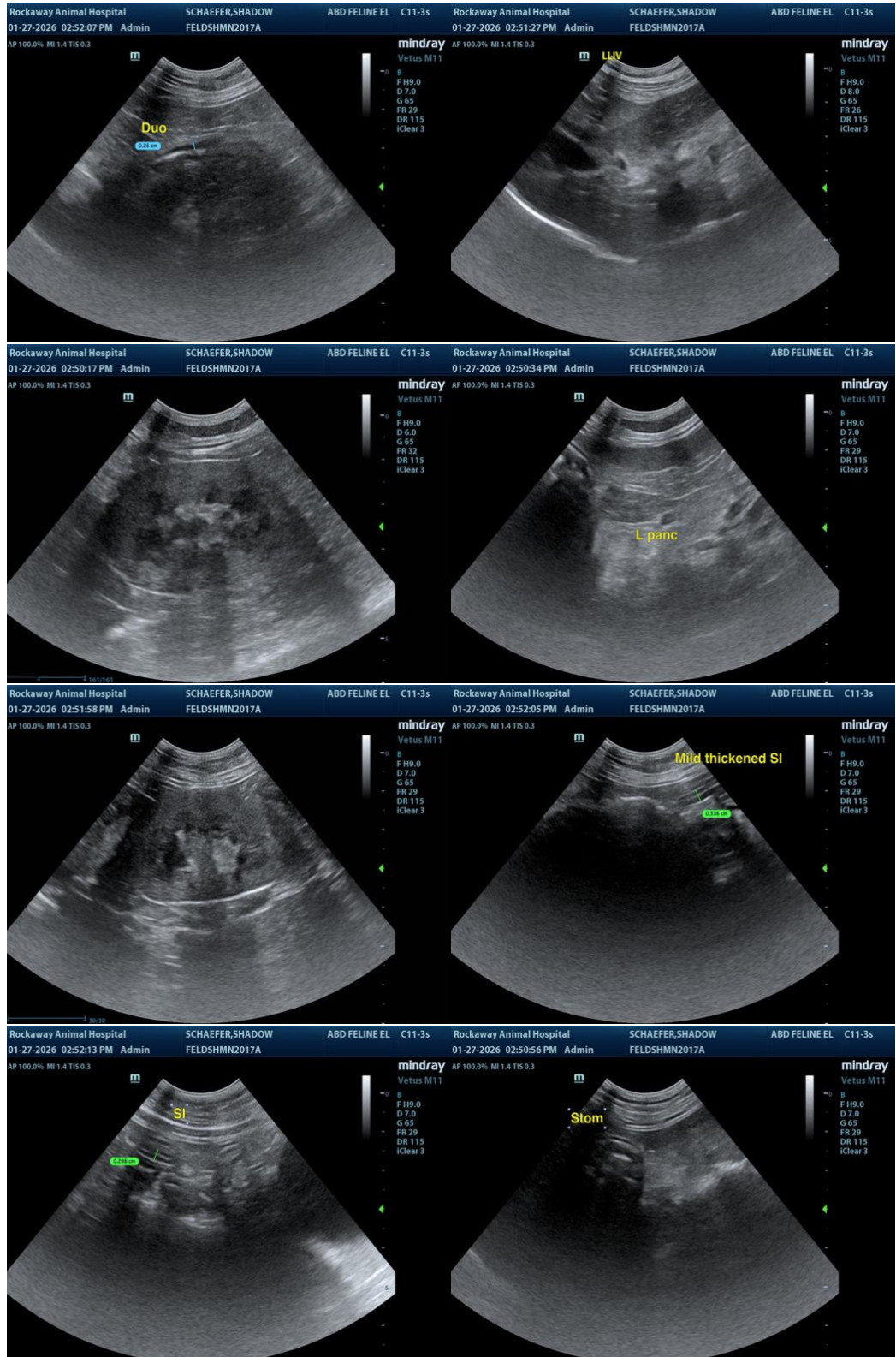
Dr. Schiess

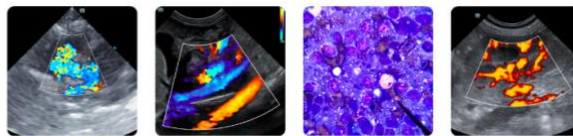
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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