



## PATIENT

Reggie Meadows

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

23 Years

## WEIGHT

7 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Saum Hadi

## HOSPITAL NAME

Nimbus Pet Hospital

## REFERRING VET

Dr. Laura Bukowski

## INVOICE

12946

## DATE

01/04/2026

## PRESENTING CLINICAL SIGNS

P presents for evaluation of increased hepatic values, found on routine labs. Doing well otherwise.

Mild increase: ALT: 260 U/L AST: 98 U/L ALKP: 163 U/L GGT: 7 U/L High normal: T.Bili: 0.3 mg/dL  
Normal: T4, Free T4 Not performed: fPL

## 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 intermittent nondependent particulate 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 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 3.5 cm in length. The right kidney measured 3.8 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 0.37 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width.

### 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

The liver revealed generalized hepatomegaly with nonhomogenous nodular parenchyma. A mid liver indistinctly marginated nonhomogenous mass was present measuring approximately 2.8 cm in diameter. Example of liver nodules measured approximately 2.0 cm in diameter.

The gallbladder was non-distended in size with nonedematous wall. A nonobstructive choleolith was visualized measuring approximately 2.0 cm in diameter with mildly dilated cystic duct and proximal common bile duct calculi. Example of common bile duct calculi measured 0.66 cm in diameter.

### 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.



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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 small intestine wall measured 0.22 cm wall width.

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

### **Pancreas**

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

### **Free Abdomen**

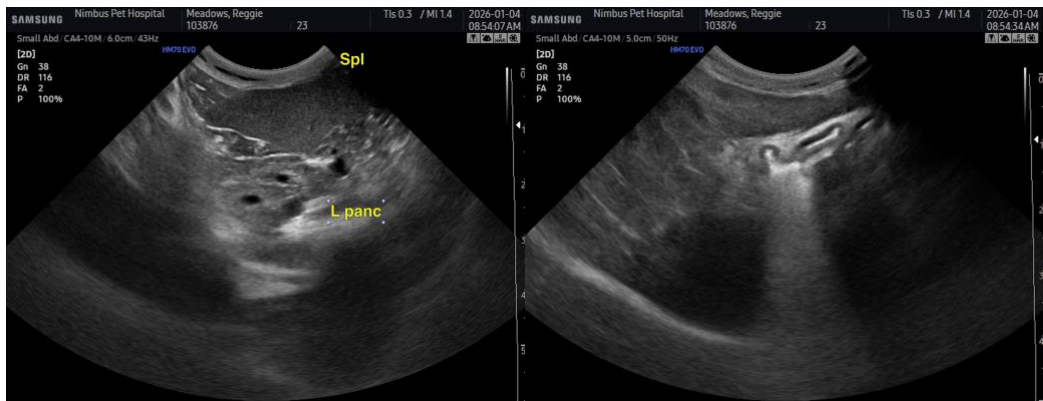
No visualized significant omental lymphadenopathy was present. Intermittent pockets of scant peritoneal effusion were present.

## ULTRASONOGRAPHIC FINDINGS

- Enlarged nonhomogenous nodular liver with indistinct intraparenchymal mild liver mass.
- Nonobstructive gallbladder and common bile duct calculi.
- Bilateral chronic renal changes.
- Probable chronic pancreatitis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic hepatobiliary inflammation, hyperplasia, fibrosis, neoplasia or combination of pathologies is possible with hepatic neoplastic criteria favored/suspected. Further assessment may include (assuming normal clotting status and using a 25-gauge needle) hepatic parenchyma and accessible nodule or indistinct mass FNA cytology. FPL could be considered if clinical signs are consistent with chronic pancreatitis.





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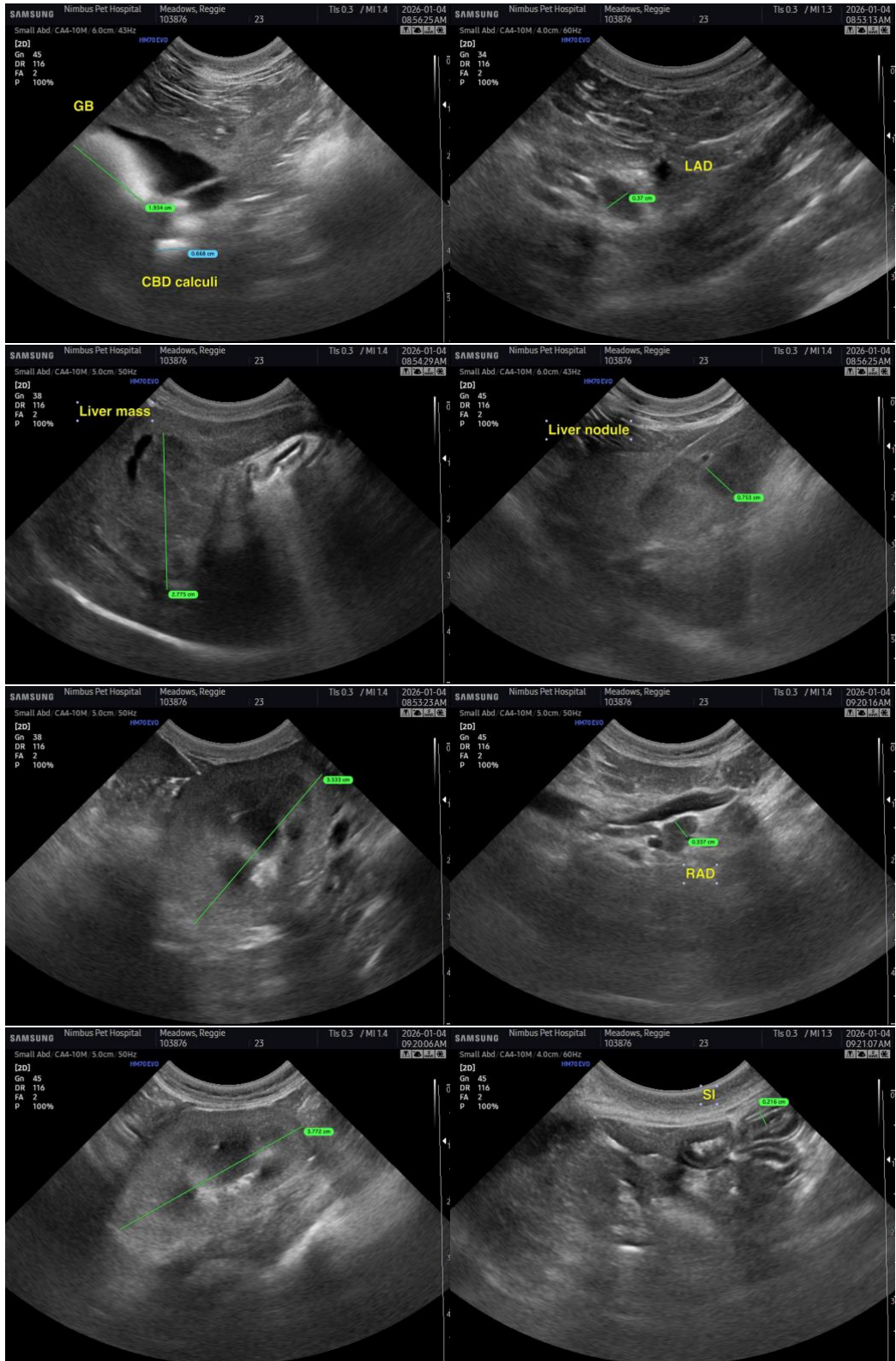
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)