



PATIENT

Auggie Folland

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Novel Vet

REFERRING VET

Dr. Laing

INVOICE

12954

DATE

01/05/2026

PRESENTING CLINICAL SIGNS

Patient yellow, QAR, anorexic, Current Medications mirtazapine started today, On IvF

Abnormal PE/Chem/CBC/UA Results: abnormal lab work values indicating liver disease Primary Question to Be Answered in This Exam Reason in inappetence.

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 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 4.4 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.43 cm width. The right adrenal gland measured 0.47 cm width.

Spleen

The spleen presented borderline to mid splenomegaly with mild medial capsule asymmetrical contour and primarily maintained homogenous parenchyma. The medial spleen measured approximately 1.0 cm in width.

Liver

The liver presented subjective mildly enlarged with rounded symmetrical capsule contour and nonhomogenous normal to mildly hypoechoic parenchyma. Indistinct portal vascular borders and normal vascular volume was present.

The gallbladder was distended in size with mildly thickened nonedematous gallbladder wall. The gallbladder contained nonorganized primarily gravity dependent bile sediment. Dilated cystic and common bile duct to the approximate level of the pylorus and area of the pancreas base. The common bile duct dilation measured approximately 0.50 cm in width. The area of the duodenal papilla was not definitively visualized.

Gastrointestinal

The stomach presented overtly normal intact visible wall. The stomach contained a mild amount of retained nonshadowing chyme and echogenic fluid with no obvious obstruction to pyloric outflow.

The visualized segments of small intestine exhibited intact wall layering and normal wall layer ratio with empty intestinal lumen. An example of the small intestine wall measured 0.20 cm wall width.



PATIENT

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

Auggie Folland

Pancreas

SPECIES

The left and right pancreas presented mildly enlarged to swollen in appearance with capsule asymmetry and nonhomogenous hypoechoic parenchyma. No overt evidence of neoplasia.

Feline

Free Abdomen

BREED

Peripancreatic to generalized mid cranial abdomen mild hyperechoic omentum with mild volume of effusion present. No obvious visualized significant omental lymphadenopathy was present.

DSH

SEX

Neutered Male

AGE

6 Years

- Hepatopathy.
- Distended inflamed gallbladder, cystic duct and visible common bile duct with bile sediment.
- Pancreatitis.
- Structurally normal gastrointestinal tract with mild retained gastric fluid/chyme.
- Mildly enlarged mid spleen.
- Peripancreatic to mid/cranial abdomen hyperechoic omentum and mild volume of effusion.

WEIGHT

6 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatobiliary inflammation i.e. cholangiohepatitis combined with pancreatitis is probable. No obvious evidence of gastrointestinal mural changes or mechanical obstructive pattern. Potential for emerging posthepatic obstruction secondary to pancreatitis or nonvisualized duodenal papilla pathology is possible. Minor potential for emerging to occult neoplasia is thought less likely. Associated or incidental splenic hyperplasia, hematopoiesis or inflammation is favored.

INTERPRETED BY

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

Hospitalization with empirical therapy for cholangiohepatitis/pancreatitis with concurrent supportive care and close clinical monitoring would be reasonable. Sonographic reassessment is indicated if evidence of progressive hepatopathy, cholestasis or clinical signs.

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Novel Vet

REFERRING VET

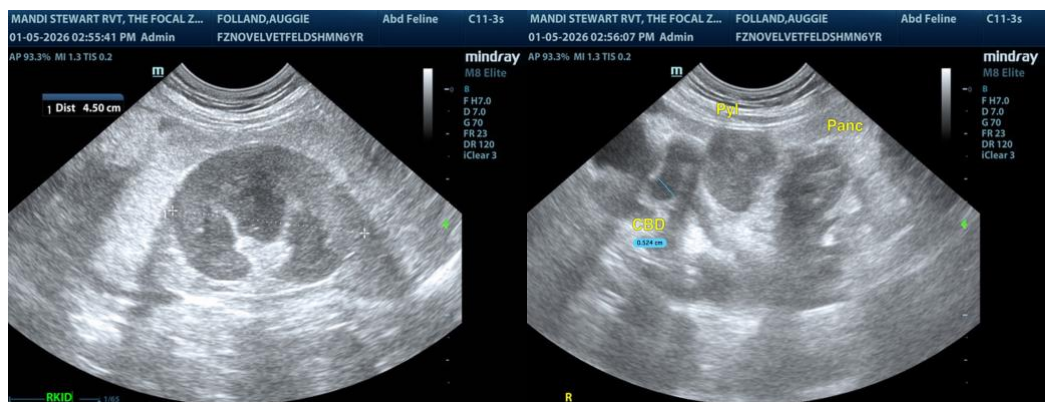
Dr. Laing

INVOICE

12954

DATE

01/05/2026





PATIENT

Auggie Folland

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

6 kg

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Amanda Stewart

HOSPITAL NAME

Novel Vet

REFERRING VET

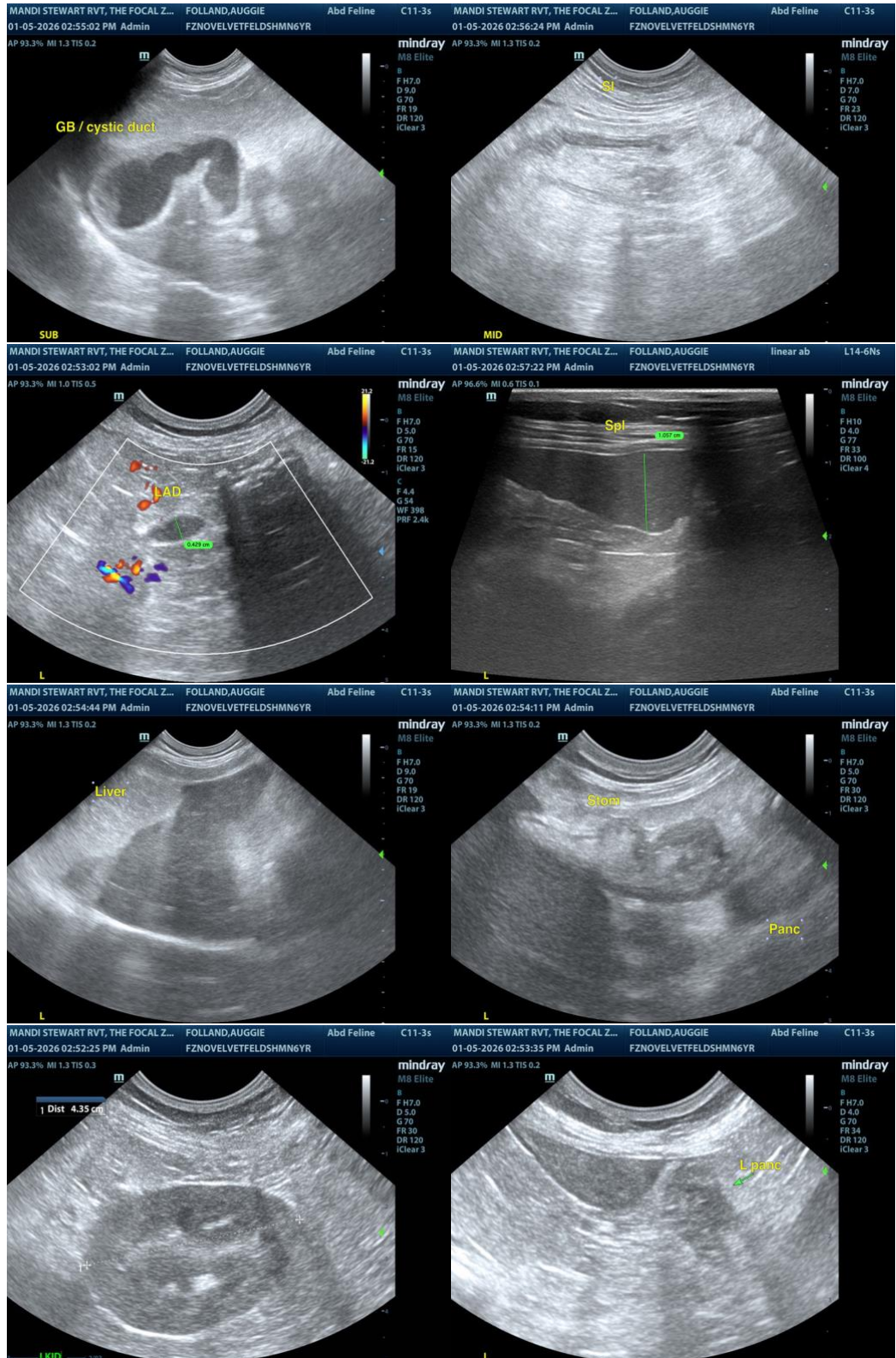
Dr. Laing

INVOICE

12954

DATE

01/05/2026





PATIENT

Auggie Folland

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

6 kg

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Amanda Stewart

HOSPITAL NAME

Novel Vet

REFERRING VET

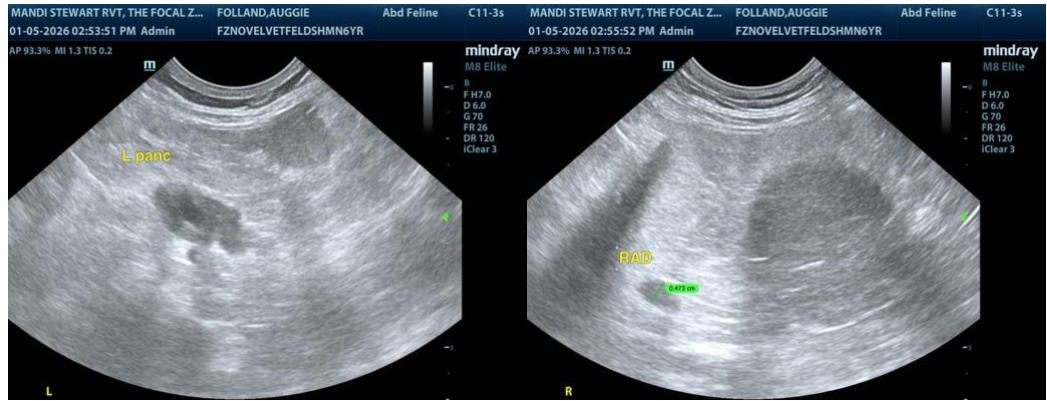
Dr. Laing

INVOICE

12954

DATE

01/05/2026



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