



## PATIENT

Big Daddy Popvitch

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

15

## WEIGHT

11.1

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr. Ascot

## INVOICE

12164

## DATE

11/10/25

## PRESENTING CLINICAL SIGNS

chronic weight loss

## 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. Primarily anechoic urine was present in the lumen.

Nondependent particulate mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes 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 border demarcation was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.5 cm in length. The right kidney measured 4.6 cm in length.

### *Adrenal Glands*

The left and right adrenal glands were not definitively visualized.

### *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. The spleen measured 0.90 cm width level of the mid spleen.

### *Liver*

The liver was subjectively mild to possible moderately 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 mild biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation. The proximal common bile duct was dilated and 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 small intestine wall measured 0.20 cm wall width.

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



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**Pancreas**

The pancreas presented with normal size, capsule asymmetry and mild nonhomogenous remodeled hypoechoic parenchyma with mildly prominent pancreatic duct.

**Free Abdomen**

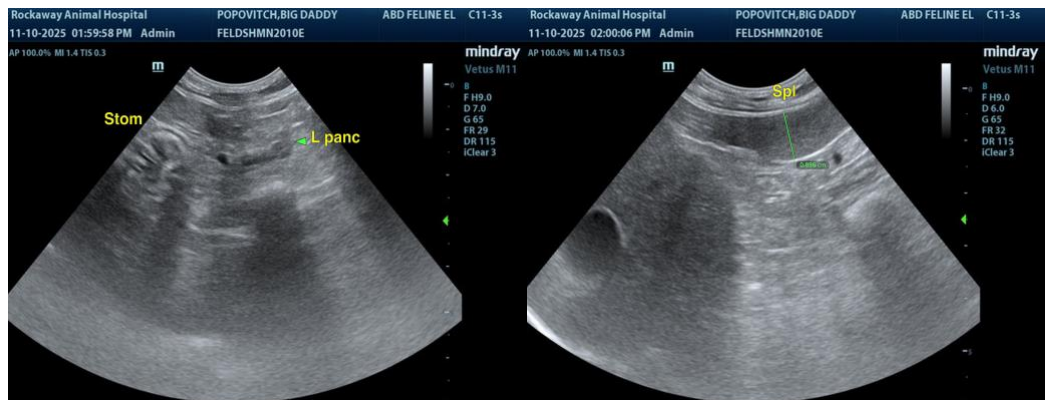
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Mild to possible moderate hepatomegaly.
- Mild gallbladder debris with nonobstructive proximal common bile duct dilation.
- Sonographically normal gastrointestinal tract.
- Suspect mild chronic pancreatitis.
- Bilateral chronic renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given no reported hepatic enzyme elevations, the hepatobiliary presentation is nonspecific and of unclear clinical significance yet emerging hepatopathy given short half-life of hepatic enzymes in cats i.e. cholangiohepatitis or other occult disease cannot be excluded. Further assessment may include (assuming normal clotting status and using a 25-gauge needle) screening hepatic FNA cytology to assess for occult disease/inflammation and a GI panel to include PLI, TLI, cobalamin and folate. Concurrent three view chest radiographs and throughout musculoskeletal/neurological examination is suggested. Monitoring of caloric intake, body weight and hepatic parameters, pending additional diagnostics, is recommended.





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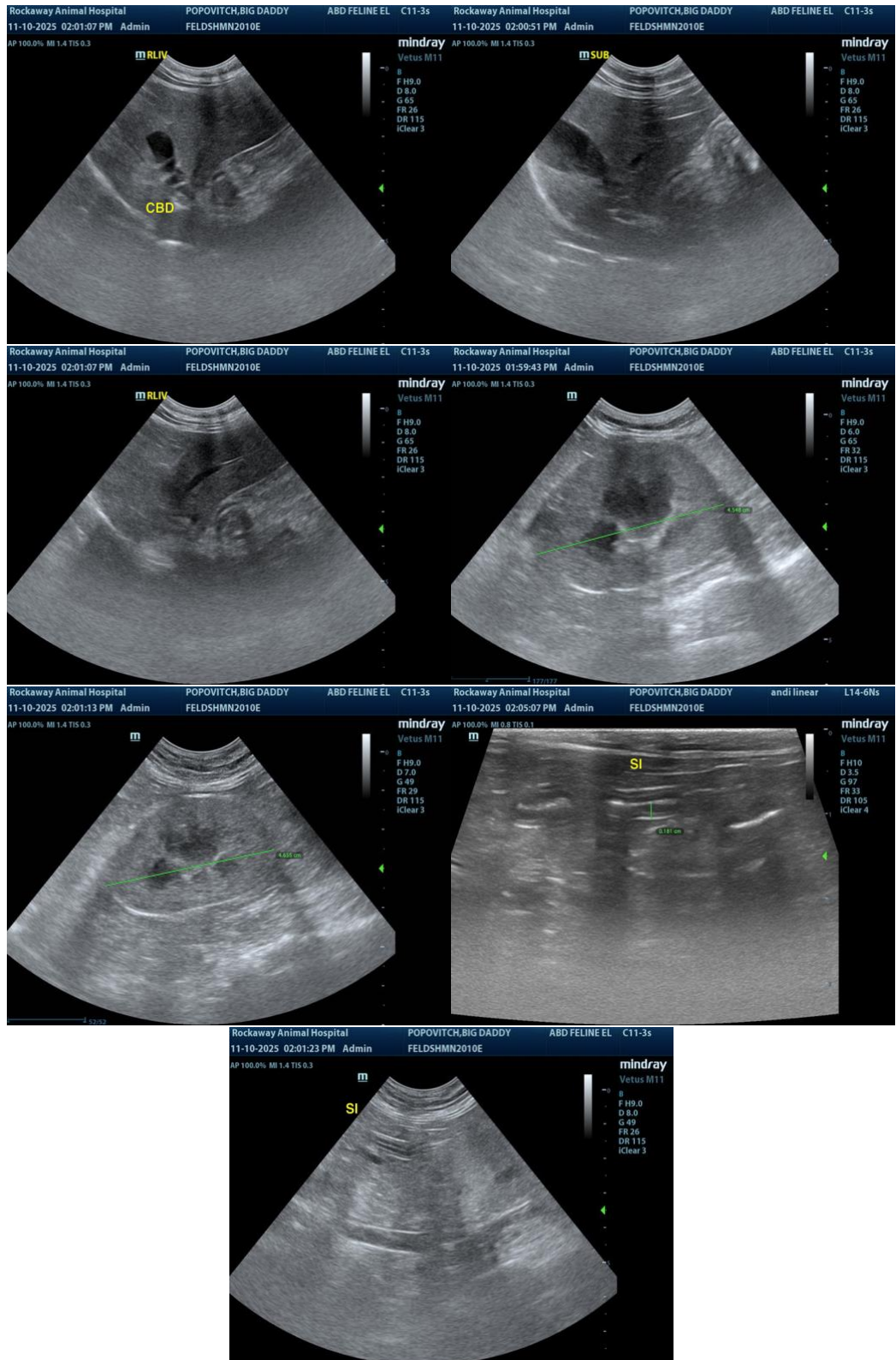
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)