



PATIENT

Blu Martorelli

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

18.1 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Wyckoff Veterinary
 Hospital

REFERRING VET

Dr. Scott

INVOICE

12189

DATE

11/10/25

PRESENTING CLINICAL SIGNS

Jaundice, decreased app, weight loss, jaundice, minimal exam- fractious.

Meds: Alfax/ Torb for sedation, Clavamox

Abnormal PE/Chem/CBC/UA Results: AST 197, ALT 683, ALP 1109. GGT 26, Tbili 8.3, FIV/Felv neg, toxo titer normal

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 minor particulate nondependent urine 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 renal size with asymmetrical margination was present in the left kidney. The right kidney presented with asymmetrical margination with mild subnormal size compared to the left kidney. Mild thickened hyperechoic cortex of both kidneys with adequate medullary volume. Mildly enhanced to indistinct corticomedullary border demarcation was also present. The renal medullary volume was subjectively reduced. No evidence of pyelectasia yet pinpoint medullary mineral was visualized. The left kidney measured 4.2 cm in length. The right kidney measured 3.4 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 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 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. The spleen measured 0.81 cm width level of the mid spleen.

Liver

The liver presented subjective borderline to mildly enlarged in size. Mild nonhomogenous hyperechoic parenchyma exhibiting mild to moderate coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. No visualized distinct hepatic mass or nodules. Subjective lobar biliary tree dilation.

The gallbladder was distended in size. The gallbladder lumen was primarily occupied by mild nondependent to mobile gallbladder debris. No evidence of wall edema. Marked cystic and generalized variable to marked common bile duct dilation extending caudally to an approximate level of the duodenal papilla. Concurrent nonmineralized cystic and common bile duct debris and mucus. The common bile duct measured 0.90 cm to 1.3 cm width.



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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 duodenum wall measured 0.24 cm width. The jejunum wall measured 0.25 cm width. The ileocolic wall measured 0.39 cm width.

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

Pancreas

The pancreas presented normal in size, primarily symmetrical contour and mild nonhomogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

No visualized significant omental lymphadenopathy or overt peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting parenchyma hyperechogenicity and subjective mild lobar biliary tree dilation- inflammation, lipidosis, cholestasis, occult neoplasia are all potentials.
- Distended gallbladder with variable to marked cystic and diffuse common bile duct dilation with biliary tract sediment/mucus.
- Structurally unremarkable gastrointestinal tract.
- Subjective mild chronic/chronic active pancreatitis.
- Bilateral chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degree of biliary tract dilation is highly concerning for nonobvious posthepatic obstruction i.e. mucus plug, nonobvious calculus or mass, stricture, nonobvious duodenal papilla pathology or other. Severe hepatobiliary inflammation is also suspected.

Further assessment may include (assuming normal clotting status and using a 25-gauge needle) hepatic FNA cytology and correlation with a GI panel to include PLI, TLI, cobalamin and folate. Concurrent three view chest radiographs are suggested if not recently done. Referral for further assessment and potential for surgical intervention is indicated. If referral is not possible, empirical therapy for significant cholangiohepatitis with concurrent gastrointestinal support, close clinical monitoring and as needed sonographic reassessment if progressive hepatopathy or icterus would be a more conservative approach. A guarded prognosis is indicated.



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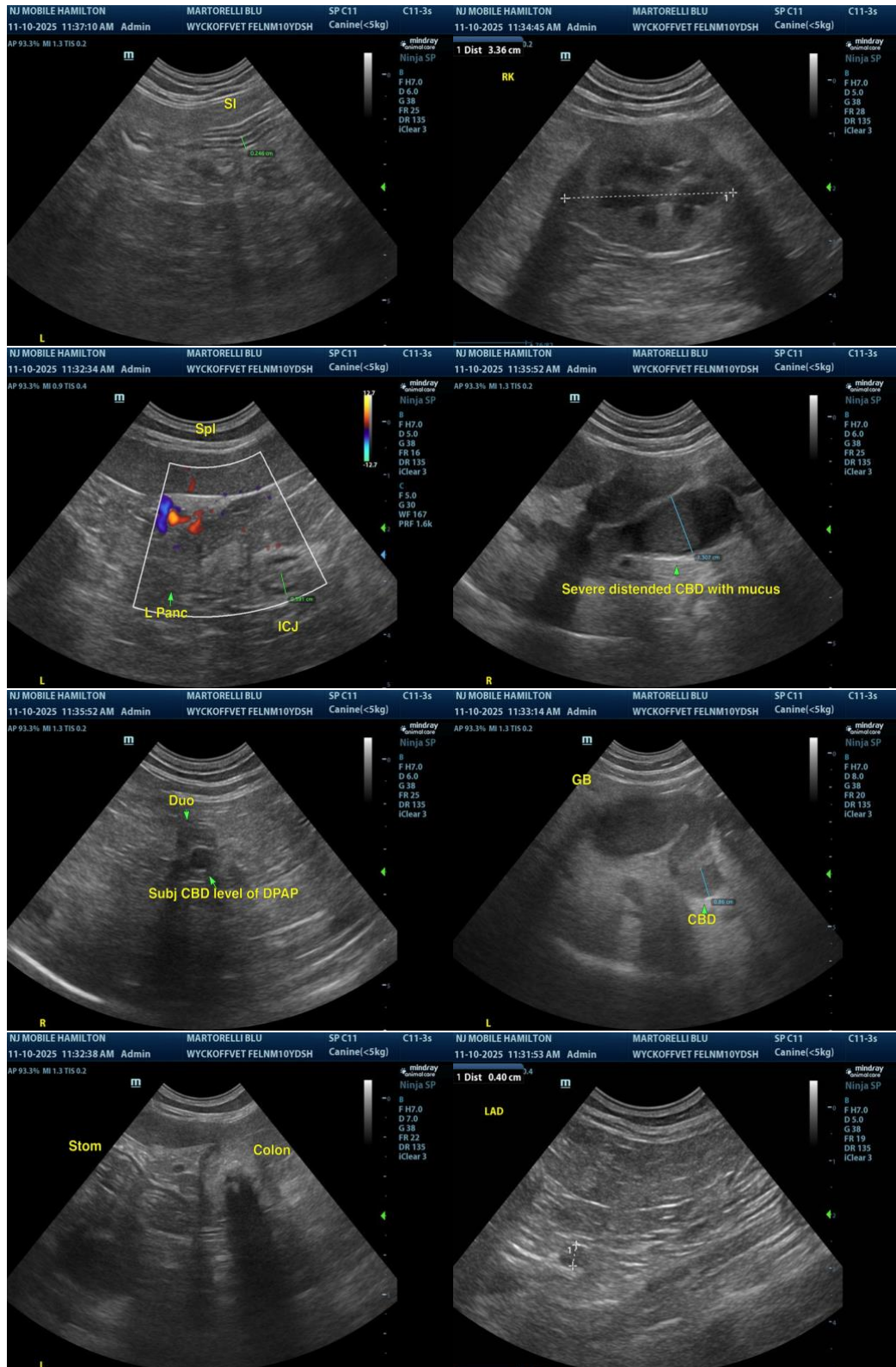
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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