



PATIENT

SAMANTHA DYER

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9yr

WEIGHT

12.3

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Rivera

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Rivera

INVOICE

22920

DATE

11/10/2025

PRESENTING CLINICAL SIGNS

Samantha, 9y/o SF DSH, began making a strange noise and vomiting last night, with a repeat episode this morning. Vomitus appeared to be just saliva with no food visible. Owner describes the noise as strange and notes the cat sounds congested and wheezy. These episodes occurred while Samantha was on the couch, not associated with drinking water. Owner has not observed diarrhea in the litter box, but Samantha shares the box with another cat. Appetite is uncertain. Samantha is not acting like herself today, appears depressed, less active, and not behaving as usual.

Abnormal PE/Chem/CBC/UA Results: Acute vomiting: r/o gastroenteritis vs. pancreatitis vs. food intolerance vs. other PD 2-3/4 Increased hepatic enzymes: r/o infectious vs. inflammatory vs. neoplasia 1) CBC: MONO 0.91 (0.05-0.67) 2) CHEM: SDMA- 17 (0-14), ALT- 660 (12-130), GGT- 6 (0-4), TBIL- 3.8 (0.0-0.9) 3) UA (cysto): SG: >1.050, PROT- 30mg/dL, UBG 12mg/dL, BILI- 6mg/dL, WBC- 32/hpf HPF, RBC 15/HPF, Non-squamous epi cell - 6-10/hpf 4) Feline pancreatic lipase: normal- 3.5 U/L (0.0-4.4)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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. Bilateral areas of minor medullary mineral were present. The left kidney measured 3.8- cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral 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 mildly enlarged. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild congealed non-organized variably echogenic non-mineralized debris. No



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evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.33 cm in width.

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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 segmental gas and no signs of mechanical/metabolic ileus, obstruction or foreign material.

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

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Pancreas

The area of the pancreas was sonographically normal.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy
- Mild congealed gallbladder debris
- Sonographically normal gastrointestinal tract
- Mild age related adrenal changes.
- Normal area of pancreas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific, the hepatopathy is suggestive of inflammatory criteria, i.e. cholangiohepatitis in conjunction with ALT elevation and presence of gallbladder debris. No evidence of post-hepatic obstruction or overt neoplastic criteria. Concurrent non-structural gastrointestinal disease or low-grade pancreatitis may present sonographically normal. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology may be considered primarily to assess for inflammatory cell type.

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Hepatic/gastrointestinal support and empirical therapy for suspected cholangiohepatitis with clinical monitoring would be reasonable. Sonographic reassessment indicated if progressive hepatopathy, gastrointestinal signs, or weight loss.

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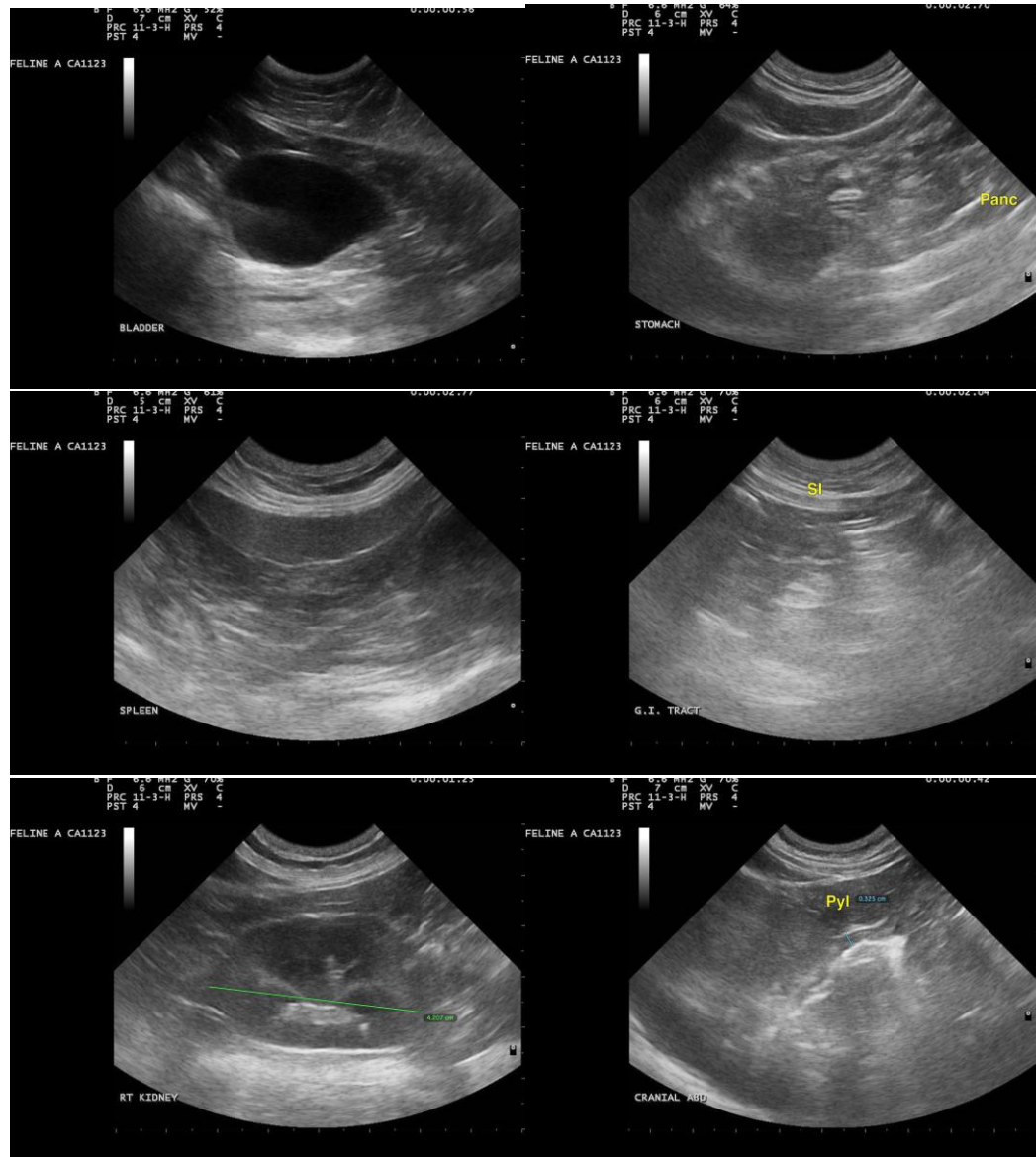
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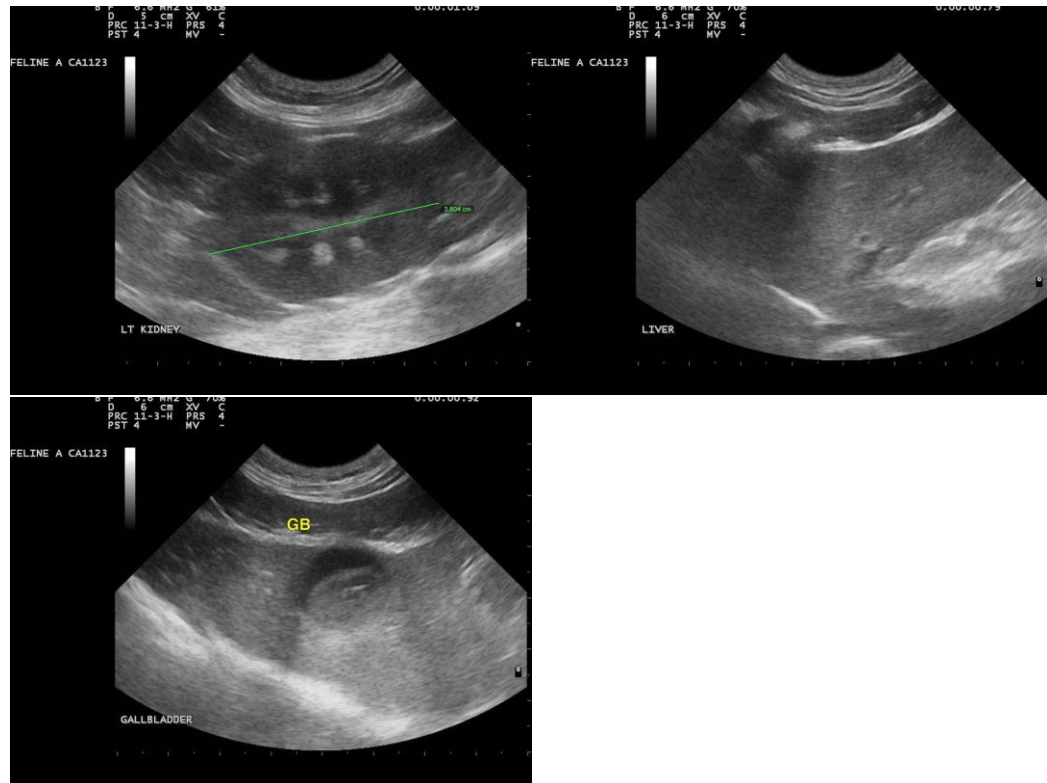
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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