



PATIENT

Doolie Shapira

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

6 years, 1 week

WEIGHT

3.77 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Ramsay AC

REFERRING VET

Dr. Gurjinder
Nangal

INVOICE

10344

DATE

11/12/25

PRESENTING CLINICAL SIGNS

Doolie was here today for a dental procedure. Pre anesthetic blood work was performed and showed elevated Total Bilirubin (36 mmol/l). When contacting owner to about bloodwork they let us know Dollie off and on Vomits (Been happening for around 3 months). Diarrhea off and on for a long time

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 evidence of urine or 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.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were 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 3.2 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

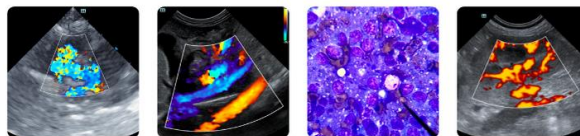
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width at the caudal pole.

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 normal in size, structure, and contour. 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 containing primarily anechoic content with minor gallbladder debris. Mildly dilated, nonobstructive, cystic and proximal common bile duct was present.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material. The pylorus wall width measured 0.24 cm in width.

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 Intestinal wall width measured 0.21 cm. The ileocolic wall measured 0.30 cm width.

Normal visible colon wall layers were present with current formed to semi-formed fecal matter.

Pancreas

The pancreas was normal in size and contour with homogeneous mildly hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Intermittent, mildly prominent colic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 0.92 cm diameter.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal liver
- Minor gallbladder debris with nonobstructive cystic / proximal common bile duct dilation - possible low-grade cholangitis or nonobstructive cholestasis
- Sonographically unremarkable gastrointestinal tract
- Mild hypoechoic pancreas
- Minor benign colic lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, screening hepatic FNA cytology could be considered primarily to assess for evidence of inflammatory cells, given the short half-life of hepatic enzymes in cats. A GI panel to include PLI/TLI/Cobalamin/Folate to correlate with possible low-grade pancreatitis or assess for nonstructural intestinal disease is recommended. If evidence of pancreatitis or hepatic inflammation, low-grade to emerging Triaditis could be a potential. There is no evidence of post-hepatic gastrointestinal obstruction or neoplastic criteria.

Dietary trial and as-needed gastrointestinal support with monitoring of hepatic parameters and sonographic reassessment, if progressive gastrointestinal signs, hepatopathy, or weight loss is recommended.



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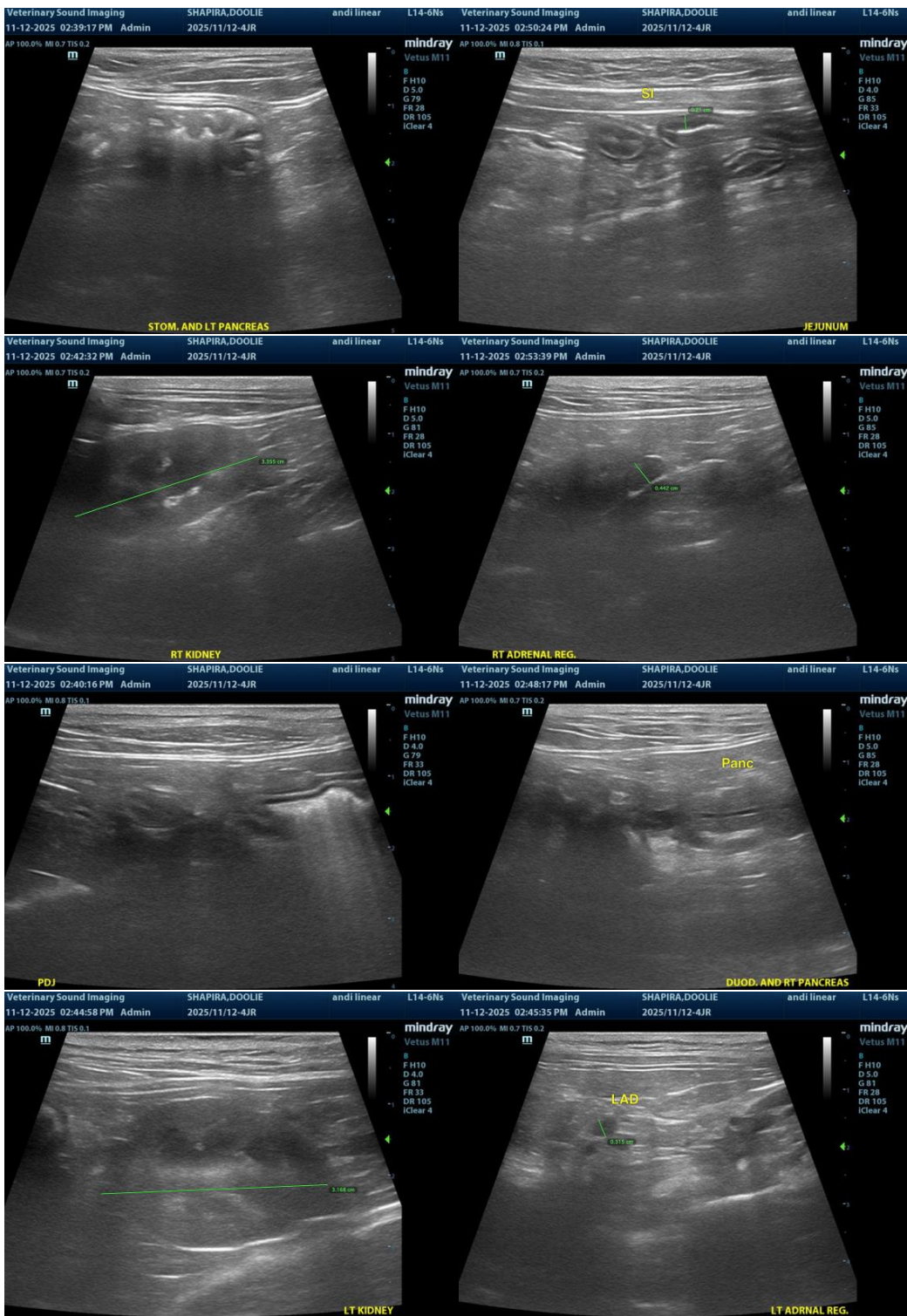
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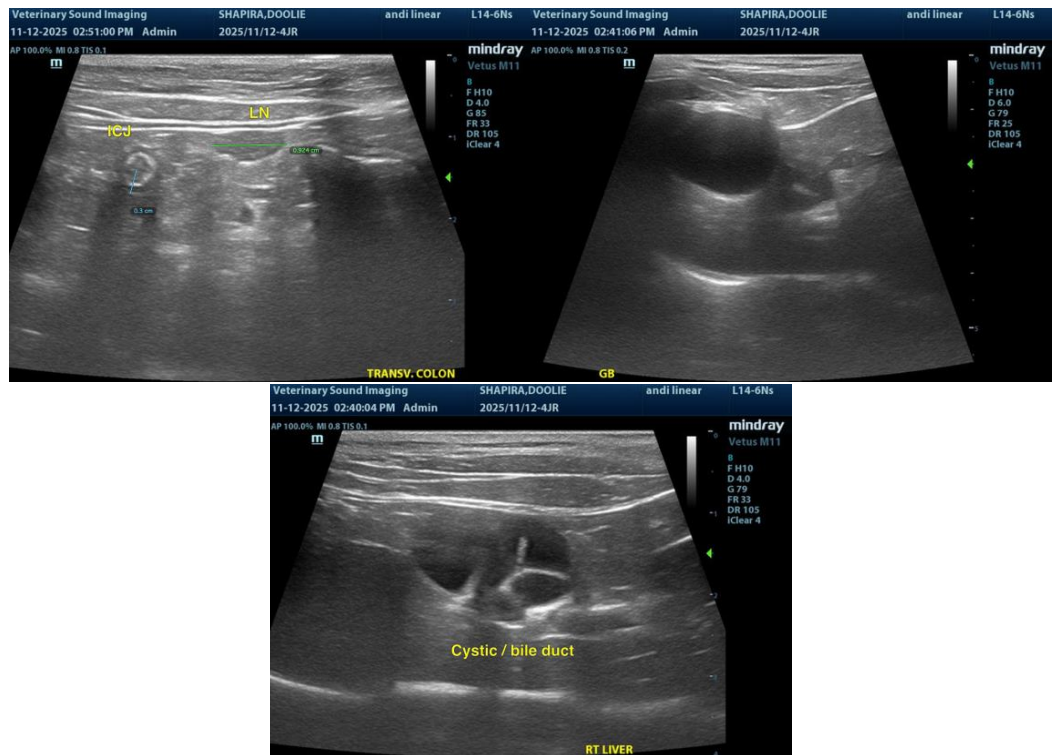
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com