



**PATIENT**

Rosie Montes

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

3.5 Years

**WEIGHT**

6.12 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Willakenzie Animal  
Clinic

**REFERRING VET**

Dr. Poquette

**INVOICE**

12042

**DATE**

11/03/25

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: Weight loss, reduced appetite, Icteric ABNORMAL Labwork Values Mild anemia- blood loss (low Tpro, glob), ALT 187 (27-158), AST 72 (16-67) Alk Phos 349 (12-59) TBil 18.4 (0-0.3) Bil unconj 9.0 (0-0.2) Bil conj 9.4 (0-0.2), T4 1.1 (euthyroid sick) Current Medications none Radiographic Findings none Notes to Specialist (if any) Have recommended Felv/Fiv testing and FIP PCR

**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 to moderate 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 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 3.5 cm in length. The right kidney measured 3.7 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 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 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 0.64 cm width level of the mid spleen.

**Liver**

The liver presented subjective mildly enlarged in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended to mild subnormal in size. The gallbladder contained anechoic bile. The common bile duct was not definitively visualized.

**Gastrointestinal**



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The stomach presented with intact mildly thickened regional hypoechoic wall and empty lumen with mild lumen gas. The stomach wall measured 0.48 cm wall 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. Small intestine wall measured 0.20 cm wall width.

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

***Pancreas***

The left and right pancreas presented with prominent size, mildly swollen asymmetrical capsule contour and mild nonhomogenous hypoechoic parenchyma compared to adjacent omentum.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy exhibiting parenchyma hyperechogenicity- vacuolar changes, lipidosis, inflammation, cholestasis, occult neoplasia are all potentials.
- Nondistended gallbladder.
- Mildly thickened empty stomach.
- Sonographically normal empty small intestine.
- Active to chronic active pancreatitis- subjective mild.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of posthepatic obstruction. Assuming normal clotting status and using a 25-gauge needle and with Vitamin K pre-treatment, hepatic FNA cytology is warranted for further clarification primarily to differentiate between inflammatory disease, lipidosis or potential for occult round cell hepatic neoplasia. The mildly thickened stomach may indicate favored inflammatory criteria i.e. gastritis with potential for a more generalized gastrointestinal disease without overt evidence of intestinal mural changes. Emerging to occult gastric neoplasia is not excluded yet thought less likely at this stage. Triaditis could be a potential in this patient. A GI panel to include PLI, TLI, cobalamin and folate is recommended. Concurrent three view chest radiographs and suggested recheck retroviral testing is suggested. Pending additional diagnostics, supportive care for pancreatitis, cholangiohepatitis/lipidosis and gastrointestinal support is indicated. Sonographic reassessment if progressive hepatopathy, gastrointestinal signs or weight loss.



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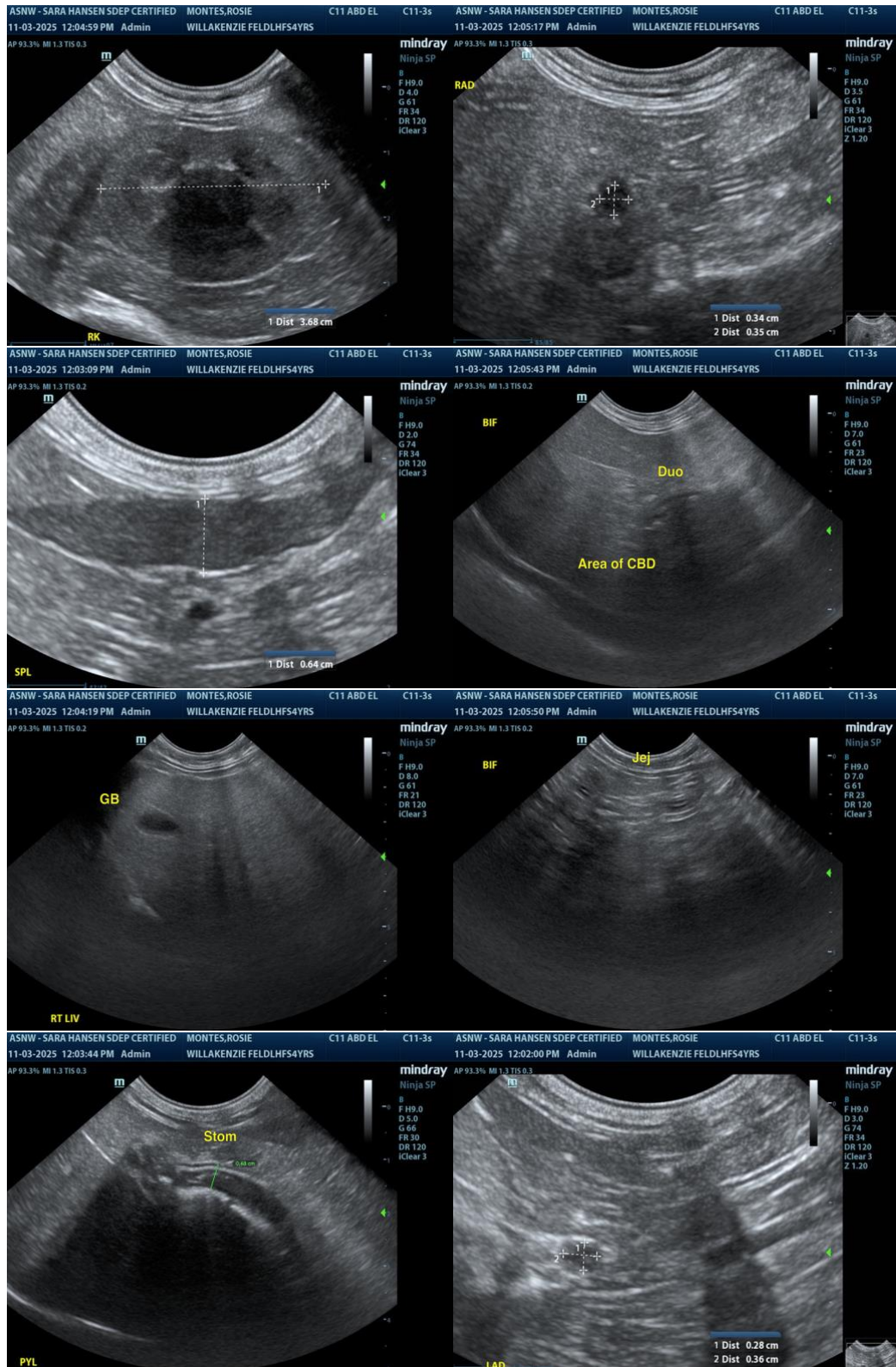
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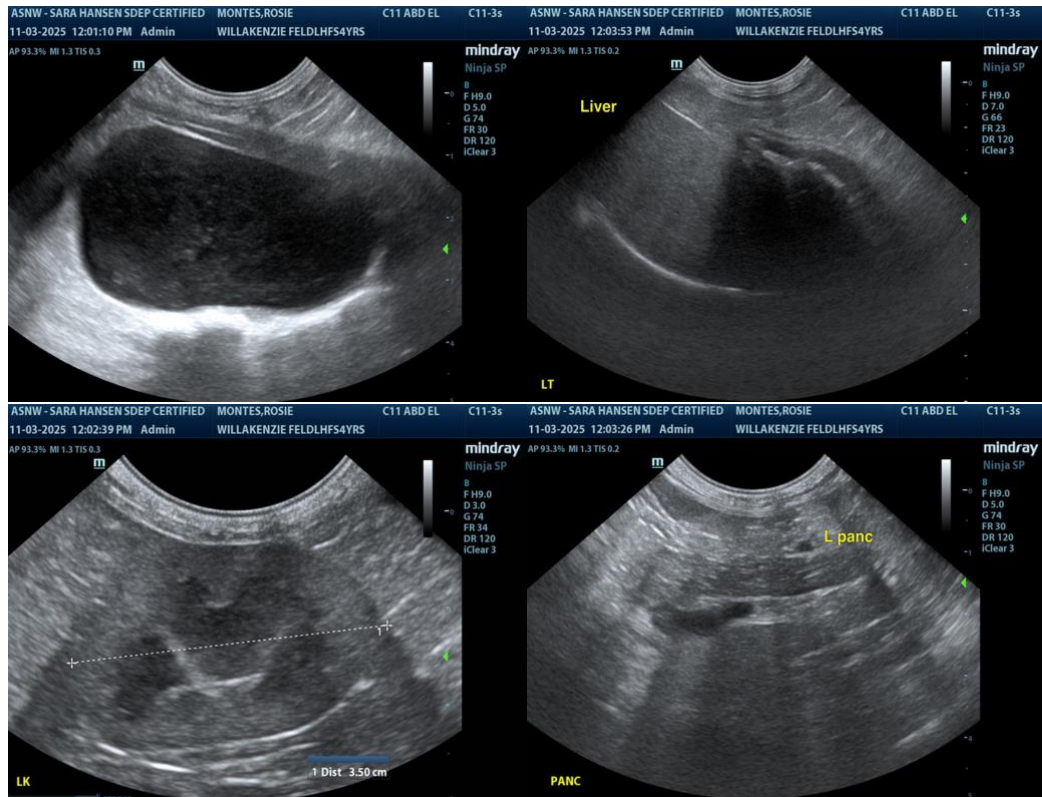
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

[info@SonoPath.com](mailto:info@SonoPath.com)