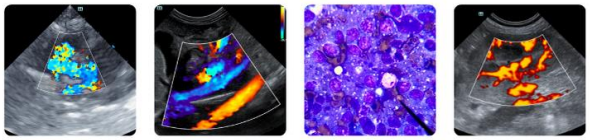


PATIENT
Amethyst Verderame

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
6.6 years

WEIGHT
10.5 lbs.

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

IMAGING PERFORMED BY
Dr. Meghan Myers

HOSPITAL NAME
Hershire AH

REFERRING VET
Dr. Laura Wojcik

INVOICE
10302

DATE
11/5/25

PRESENTING CLINICAL SIGNS

Patient has increased ALT, AST and ALP, decreased appetite and almost 4 lb weight loss since April. Otherwise CBC/Chem/T4: WNL. AUS to evaluate for potential causes of liver elevations and 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. 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 3.8 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

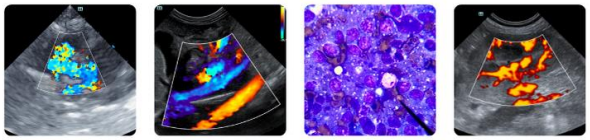
The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width and the right adrenal gland measured 0.38 cm width.

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. Subtle mid-splenic hyperechoic nodule was present, most consistent with benign criteria, i.e., small to emerging myelolipoma.

Liver/ Gallbladder

The liver was subjectively borderline enlarged in size. Mild nonhomogeneous hyperechoic hepatic parenchyma was noted compared to the spleen. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The liver was mildly congested, secondary to sedation. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.



PATIENT
Amethyst Verderame

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
6.6 years

WEIGHT
10.5 lbs.

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

IMAGING PERFORMED BY
Dr. Meghan Myers

HOSPITAL NAME
Hershire AH

REFERRING VET
Dr. Laura Wojcik

INVOICE
10302

DATE
11/5/25

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 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 0.24-0.25 cm. The ileocolic wall width measured 0.32 cm.

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

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No significant omental lymphadenopathy was visualized. No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatopathy exhibiting mild hyperechoic parenchyma - inflammation, lipidosis, vacuolar changes, hyperplasia, occult round cell hepatic neoplasia thought less likely yet not excluded
- Normal gallbladder
- Sonographically unremarkable gastrointestinal tract
- Normal area of pancreas

Secondary Findings

- Emerging hyperechoic splenic nodule - probable emerging myelolipoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle with vitamin K pretreatment, hepatic FNA cytology is warranted for further clarification. There is no sonographic evidence of gastrointestinal disease or pancreatitis, i.e., Triaditis, as an obvious contributing factor, yet concurrent intestinal disease or mild pancreatitis may present as sonographically normal. A GI panel to include PLI/TLI/Cobalamin/Folate and considerations for screening three-view chest radiographs is recommended.

Empirical therapy for potential cholangiohepatitis / lipidosis with clinical monitoring and sonographic reassessment if progressive hepatopathy or weight loss would be reasonable.

PATIENT
Amethyst Verderame

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

6.6 years

WEIGHT

10.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

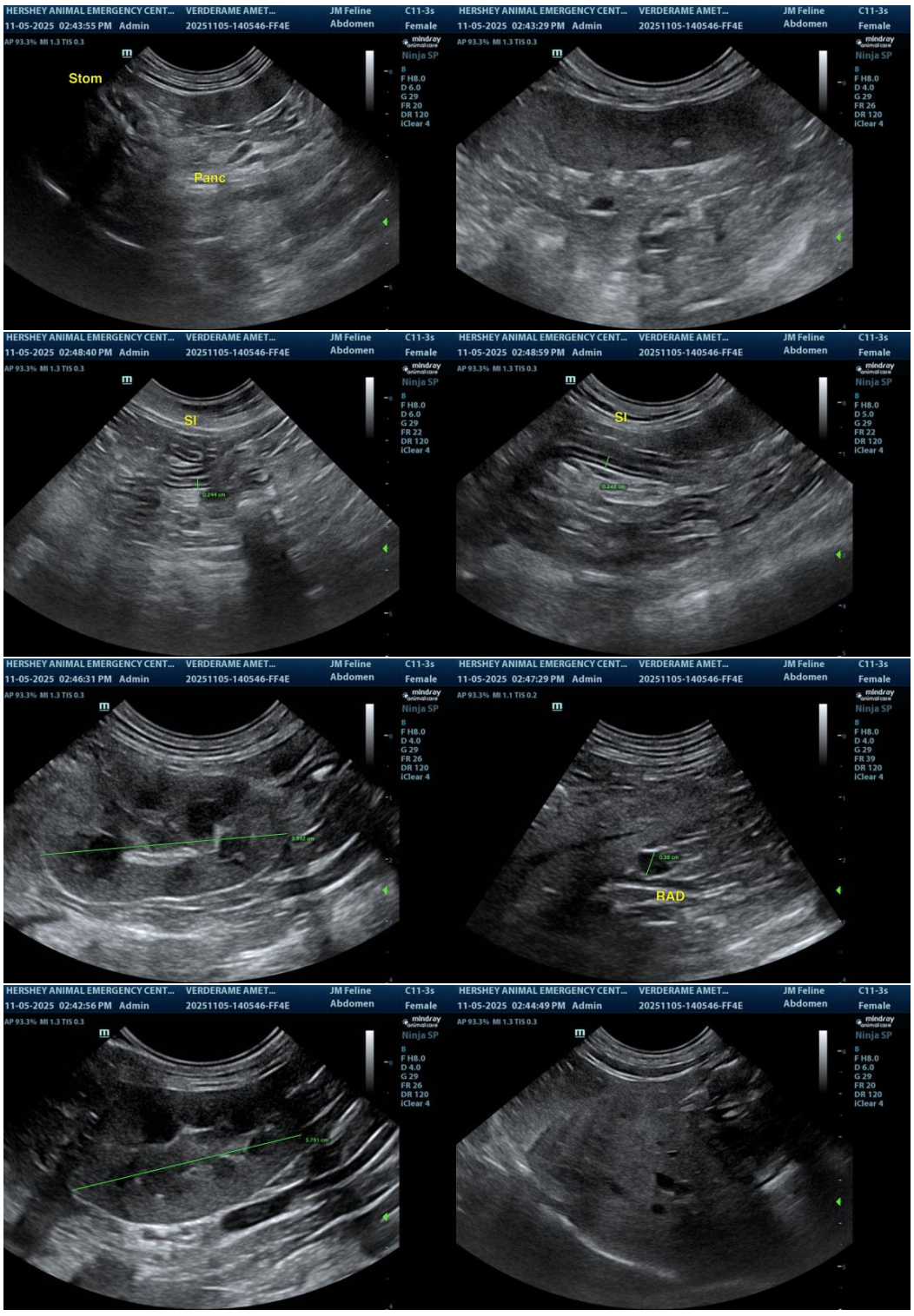
Dr. Laura Wojcik

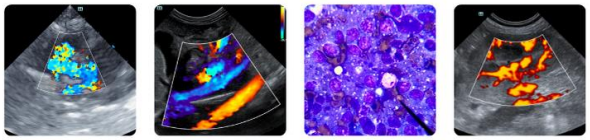
INVOICE

10302

DATE

11/5/25





PATIENT
Amethyst Verderame

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

6.6 years

WEIGHT

10.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

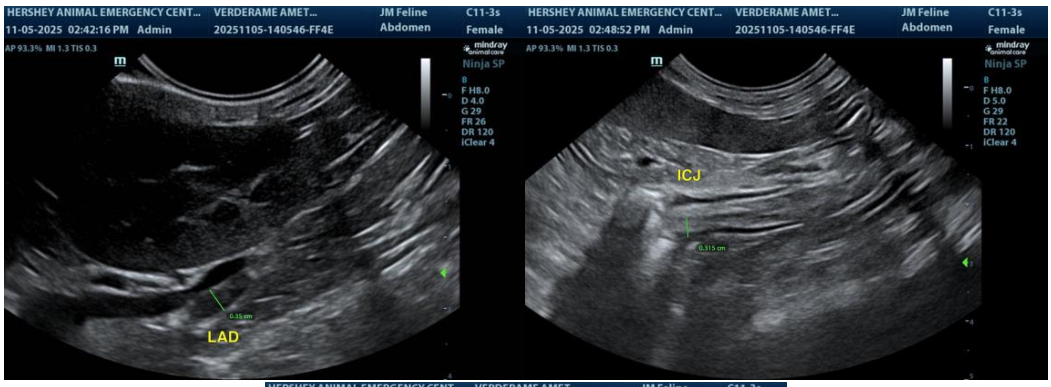
Dr. Laura Wojcik

INVOICE

10302

DATE

11/5/25



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