



PATIENT

Solomon Schwarz

SPECIES

Feline

BREED

DSH

SEX

Male

AGE

5

WEIGHT

7.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Axenhoff

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Axenhoff

INVOICE

72231

DATE

12/1/25

PRESENTING CLINICAL SIGNS

First notice fatigue on Friday, started to get low appetite and low energy, not acting himself and not settling down. going on for 2 days. now seems rounder then normal and seems uncomfortable.

Abnormal PE/Chem/CBC/UA Results: CBC: WBC 2.64 (low), Neutrophils 0.75 (low), Eosinophils 0.05 (low), Platelets 46k (low), Platelet crit 0.08% (low) CHEM10: Glucose 185 (high), BUN 11 (low), ALT 327 (high) EPOC: pH 7.207 (low), PCO2 55.5 (high), Na+ 145, BUN 12 (low), Glucose 102 (high) Peritoneal Effusion: Clear straw color, Protein 4.2 UA: WBC 4/HPF, RBC 17/HPF, Cocci suspect present, Bilirubin crystals 1-5/HPF

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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the aortic trifurcation was free of pathology.

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 4.4 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The adrenal glands were not definitively visualized.

Spleen

The spleen was mildly enlarged (1.3 cm in width at the level of the mid spleen) and 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

The liver was subjectively borderline to mildly enlarged in size, with normal 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 anechoic bile. Normal gallbladder wall without evidence of inflammation or edema.

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.



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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 no signs of ileus, obstruction or foreign material.

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

Pancreas

The pancreas was indistinctly visualized owing to increased peripancreatic hyperechoic omental artifact. The subjective pancreas exhibited mild prominent size, indistinct to asymmetrical capsule compared to adjacent omentum, with heterogeneous parenchyma.

Free Abdomen

Non-homogeneous omentum adjacent to the pancreas and in the area of the right cranial abdomen caudal to the level of the gallbladder and in the area of the common bile duct. Possible segmentally dilated common bile duct, with potential elongated hypoechoic to intermittent small peripancreatic to cranial mesenteric lymphadenopathy. Mild volume cranial to generalized peritoneal effusion noted.

ULTRASONOGRAPHIC FINDINGS

- Non-distended gallbladder.
- Subjective prominent non-homogeneous pancreas.
- Ill-defined peripancreatic to right cranial abdominal non-homogeneous omentum with potential segmental dilated bile duct versus lymphadenopathy or potential ill-defined mass.
- Mild volume cranial to generalized peritoneal effusion.
- Sonographically normal overall gastrointestinal tract.
- Mild hepatosplenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonographic findings in this case may indicate inflammatory etiologies i.e., cholangiohepatitis, splenic hyperplasia, hematopoiesis, or inflammation, pancreatitis or non-specific peritonitis with potential for ill-defined neoplasia i.e., carcinomatosis or similar. Emerging segmental bile duct obstruction is not excluded, although current normal appearing non-distended gallbladder is not consistent with diffuse post-hepatic obstruction.

Further assessment may include (assuming normal clotting status and using 25-gauge needle) screening hepatosplenic FNA cytology and peritoneal effusion analysis, cytology, and culture and sensitivity, given evidence of inflammatory component and in search of more definitive diagnosis. If possible, abdominal CT recommended for further assessment.



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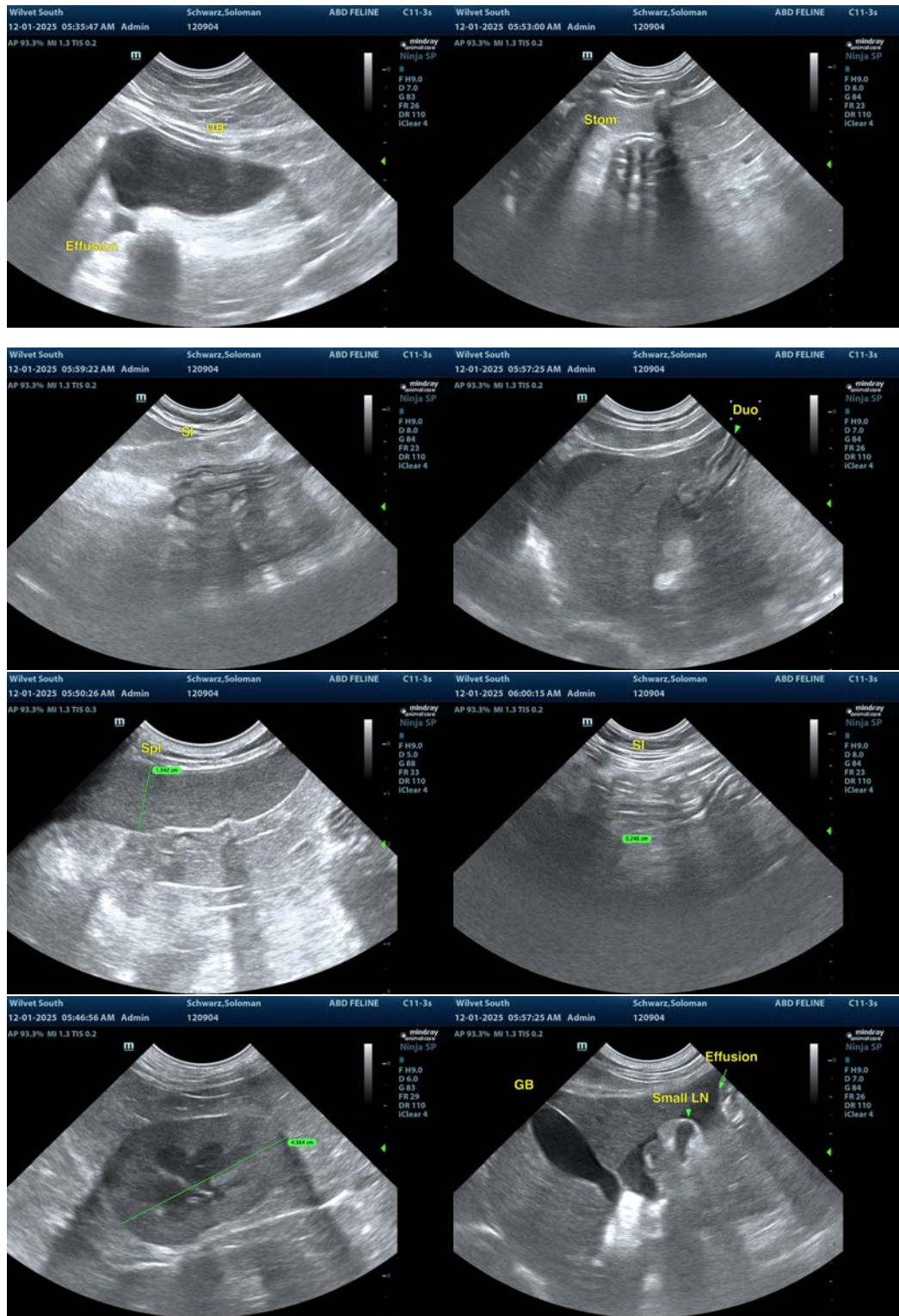
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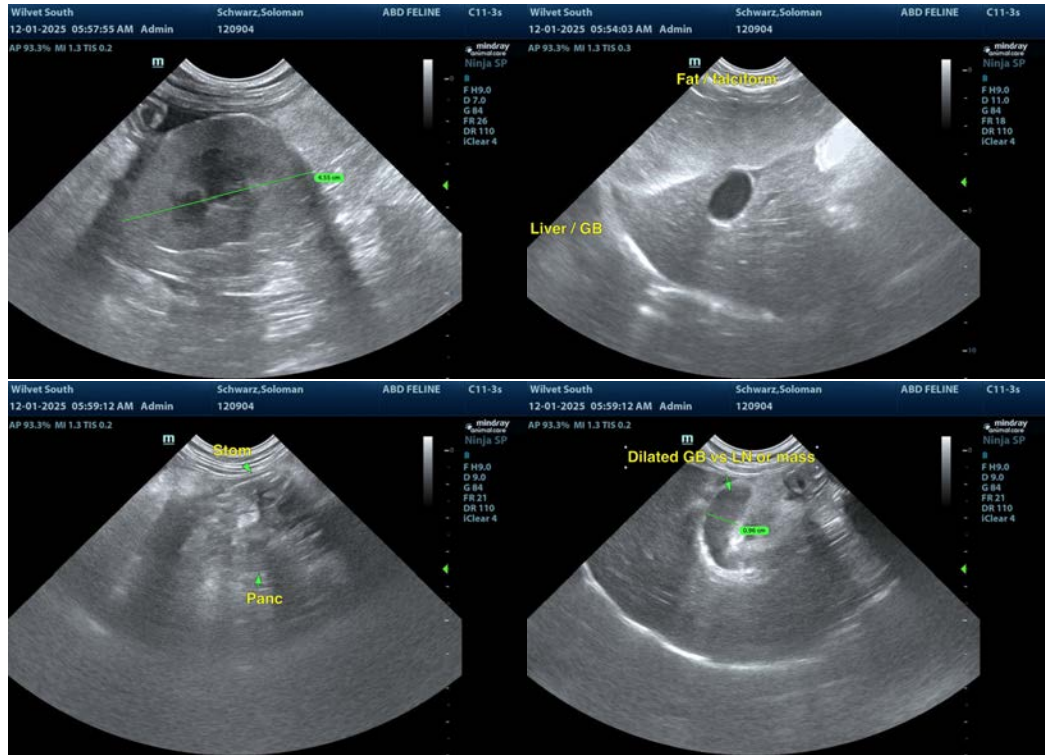
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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