



PATIENT

Butterscotch Falco

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

14 Years

WEIGHT

10.4

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Marco Litchfield

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

Dr. Sova

INVOICE

12664

DATE

12/11/25

PRESENTING CLINICAL SIGNS

Pet limping for a few weeks along with vomiting and anorexia.

Abnormal PE/Chem/CBC/UA Results: ALT 203, BUN 44, SDMA 24.6 BUN/CREA ratio 34, NA/K ratio 43, AMYLASE 1,282, CPK 1,140, 2+ protein in UA, UR/PROT CREAT ratio 0.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was nondistended with urine prohibiting full evaluation of the urinary bladder wall. No evidence of tumors or lumen calculi. Minimal anechoic urine was present. The urethra was normal in structure and tone to a depth of 3.0 cm.

The area of the aortic trifurcation was free of pathology.

Normal size and asymmetrical margination was present in the left kidney while the right kidney was subnormal in size compared to the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Cortical infarcts and areas of mild medullary mineral with minor pyelectasia was present bilaterally. The left kidney measured 4.9 cm in length. The right kidney measured 3.5 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 0.45 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 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.

Liver

The liver presented normal in size to possible borderline enlargement. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. The hepatic and portal vasculature were normal in appearance. Intermittent discrete hyperechoic noncapsule deforming hepatic nodules were present with an example measuring 0.64 cm in diameter.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach exhibited moderate to significant distention with gas and anechoic fluid. No evidence of obstruction to pyloric outflow. Pylorus wall measured 0.25 cm wall width.

The intestinal walls demonstrated intact mildly thickened wall exhibiting mucosa hypoechogenicity. A segmental generally mild intestinal ileus with indistinct mild irregular to focally shadowing duodenal content potentially measuring approximately 3.0 cm in length. Small intestine wall measured 0.30 cm wall width.

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

Pancreas

The left pancreas presented normal in size with symmetrical contour and mild nonhomogenous hypoechoic parenchyma. Mildly prominent left limb pancreatic duct.

Free Abdomen

No visualized significant omental lymphadenopathy was present. Generalized mild omental hyperechogenicity and scant pockets of peritoneal free fluid were present.

ULTRASONOGRAPHIC FINDINGS

- Moderate to significant gas and fluid distended stomach.
- Nonspecific enteropathy exhibiting mild segmental duodenojejunal ileus, suspect mild indistinct to focally shadowing duodenal content.
- Borderline enlarged hypoechoic liver with discrete hyperechoic nodules.
- Probable mild left limb pancreatitis.
- Chronic renal changes with cortical infarcts and mild pyelectasia.
- Mild omental hyperechogenicity and scant peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IBD or other inflammatory enteropathy, infectious gastroenteritis, triaditis, occult gastrointestinal or potential multicentric hepatogastrointestinal neoplasia with questionable upper duodenal content with potential for questionably obstructive upper duodenal foreign body are all potentials. Hospitalization with IV fluid/gastrointestinal support, sonographic monitoring of gastrointestinal motility and consideration for screening hepatic FNA cytology (assuming normal clotting status and using a 25-gauge needle) is recommended. Laparotomy with gross inspection of the gastrointestinal tract and with gastrointestinal biopsies is considered essential and may be indicated if persistent or progressive gastrointestinal signs or gastrointestinal hypomotility.



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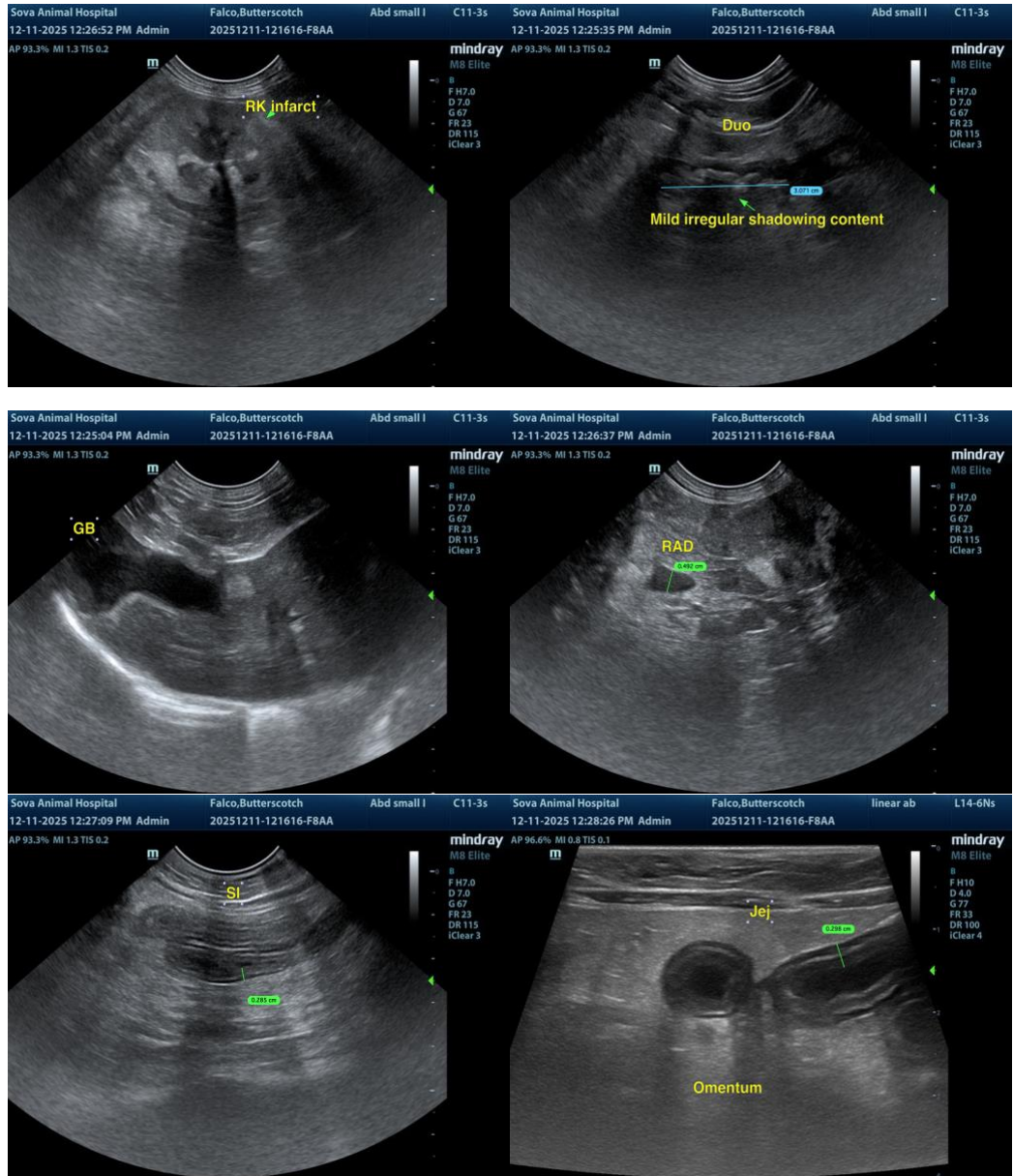
Dr. Sova

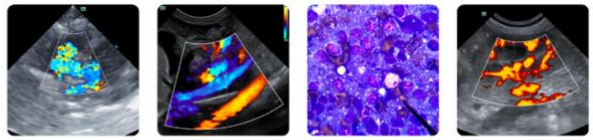
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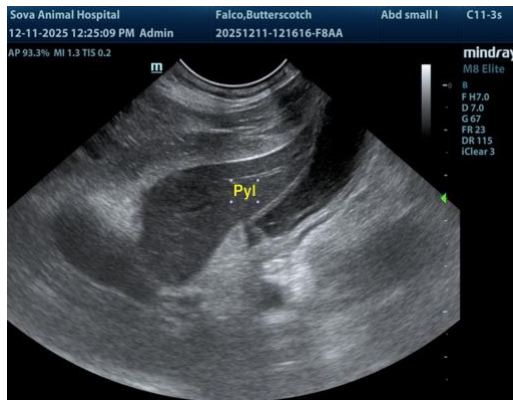
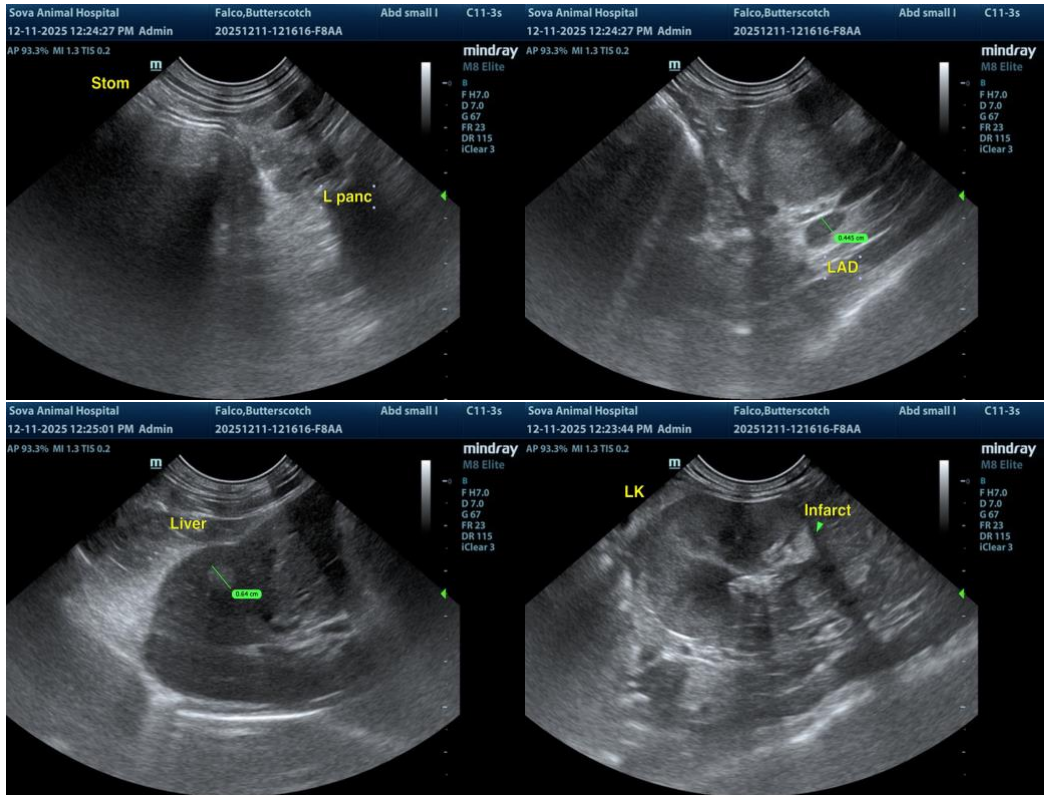
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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