



PATIENT	PRESENTING CLINICAL SIGNS
Grayson Minter	Historic FIV +; Came in jaundice with inappetence and vomiting about 3 weeks ago. Radiographs unremarkable cbc wnl- started pred, mirataz and cerenia Repeated labs in 2 weeks: liver values still elevated and more jaundice but BAR
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: 11/26: chem elevated ALT, GGT, TBili, TP 12/8:
BREED	
DSH	
SEX	
NM	
AGE	
7y	
WEIGHT	
12.5	
INTERPRETED BY	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Urinary System
	The urinary bladder was mildly distended in size with normal tone. There is no evidence of obstruction to urine outflow. The visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate 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.
	No evidence of pathology in the area of the aortic trifurcation.
	The left and right kidneys were borderline enlarged in size with symmetrical contour and mild cortical hypertrophy, exhibiting mild nonhomogeneous increased cortex echogenicity. Mild indistinct corticomedullary border demarcation was noted in the kidneys. The left kidney measured 4.5 cm in length. The right kidney measured 4.5 cm in length. Both kidneys exhibited minor pyelectasia.
	Adrenal Glands
	The left and right adrenal glands were not definitively visualized.
	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 presented asymmetrical hepatomegaly. A moderately sized, mixed echogenic to regionally hypoechoic liver mass was present, measuring ~5.0-6.0 cm diameter. The gallbladder was non-distended in size with mildly thickened, hyperechoic wall. The gallbladder contained anechoic bile with moderate, nondependent, nonorganized bile sediment. Subjective mild common bile duct dilation was noted with possible concurrent lobar biliary tree dilation. Scant perihepatic free fluid was noted.
IMAGING PERFORMED BY	
Tasha	
HOSPITAL NAME	
Dillsburg VC	
REFERRING VET	
Dr. Hlatky	
INVOICE	
10463	
DATE	Gastrointestinal
12/16/25	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild echogenic, nonshadowing ingesta without signs of obstruction or foreign material.



PATIENT	The visualized small intestine presented intact wall layering with normal 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with segmental mild nonshadowing ingesta / chyme.
Grayson Minter	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Feline	Pancreas
BREED	The area of the pancreas was sonographically normal.
DSH	Free Abdomen
SEX	No obvious significant omental lymphadenopathy was visualized. Scant perihepatic free fluid was noted.
NM	ULTRASONOGRAPHIC FINDINGS
AGE	<ul style="list-style-type: none">• Hepatomegaly with liver mass• Subjective cholecystitis with moderate bile sediment• Mild common bile duct dilation with possible concurrent lobar biliary tree dilation• Nonspecific chronic renal changes exhibiting minor pyelectasia• Urinary bladder sediment• Sonographically normal gastrointestinal tract with mild gastrointestinal ingesta
7y	
WEIGHT	
12.5	
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Tasha	Assuming normal clotting status and using a 25-gauge needle, hepatic parenchyma and hepatic mass FNA cytology are warranted for further clarification.
HOSPITAL NAME	The lack of gallbladder distention and subjective mild potential common bile duct dilation is not definitively consistent with current post hepatic obstruction, yet emerging common bile duct obstruction secondary to potential impingement owing to the liver mass or non-visualized obstructive criteria is possible. Urinalysis is recommended if not done.
Dillsburg VC	
REFERRING VET	
Dr. Hlatky	
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10463	
DATE	
12/16/25	



PATIENT

Grayson Minter

SPECIES

Feline

BREED

DSH

SEX

NM

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DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Tasha

HOSPITAL NAME

Dillsburg VC

REFERRING VET

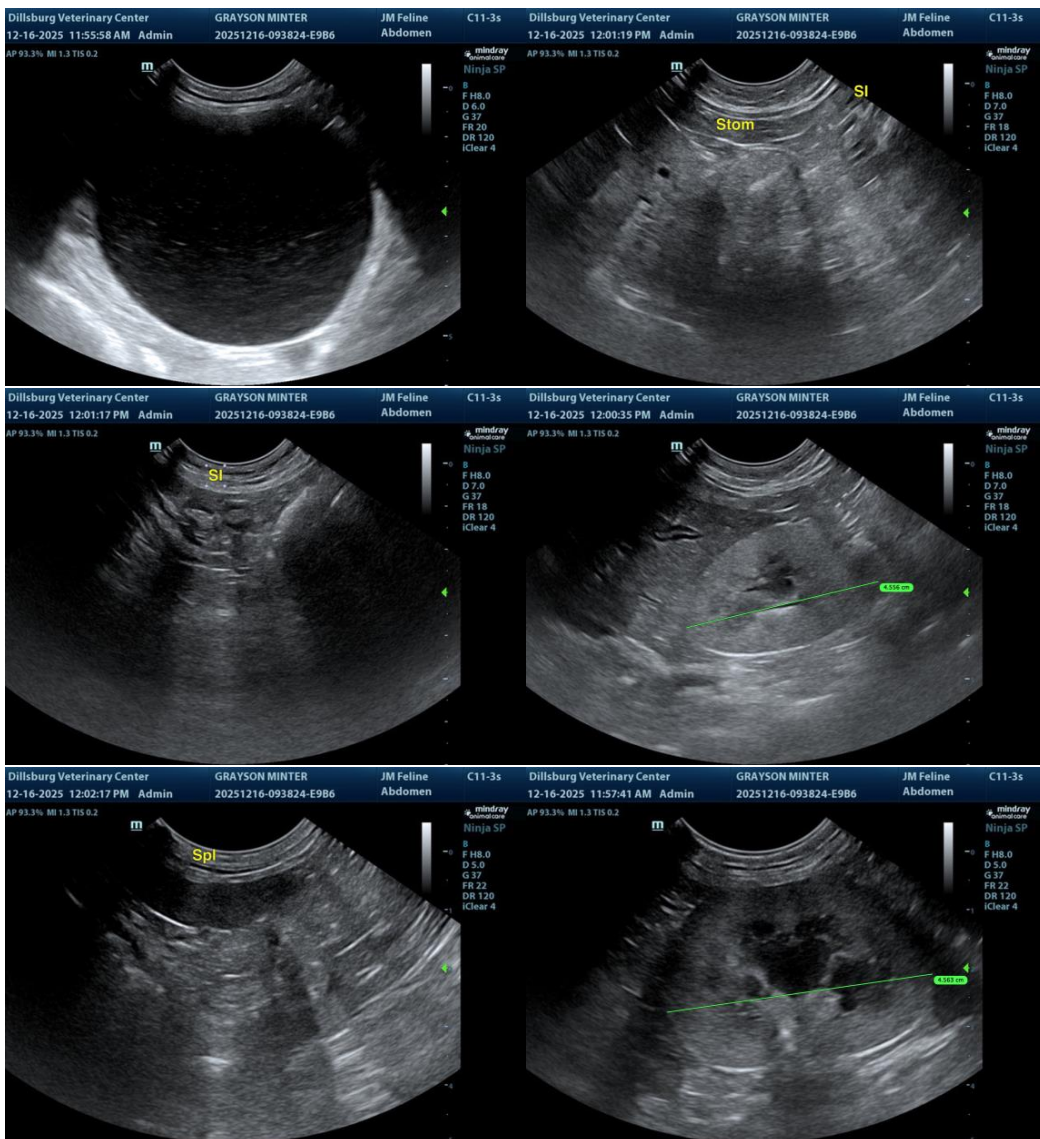
Dr. Hlatky

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PATIENT

Grayson Minter

SPECIES

Feline

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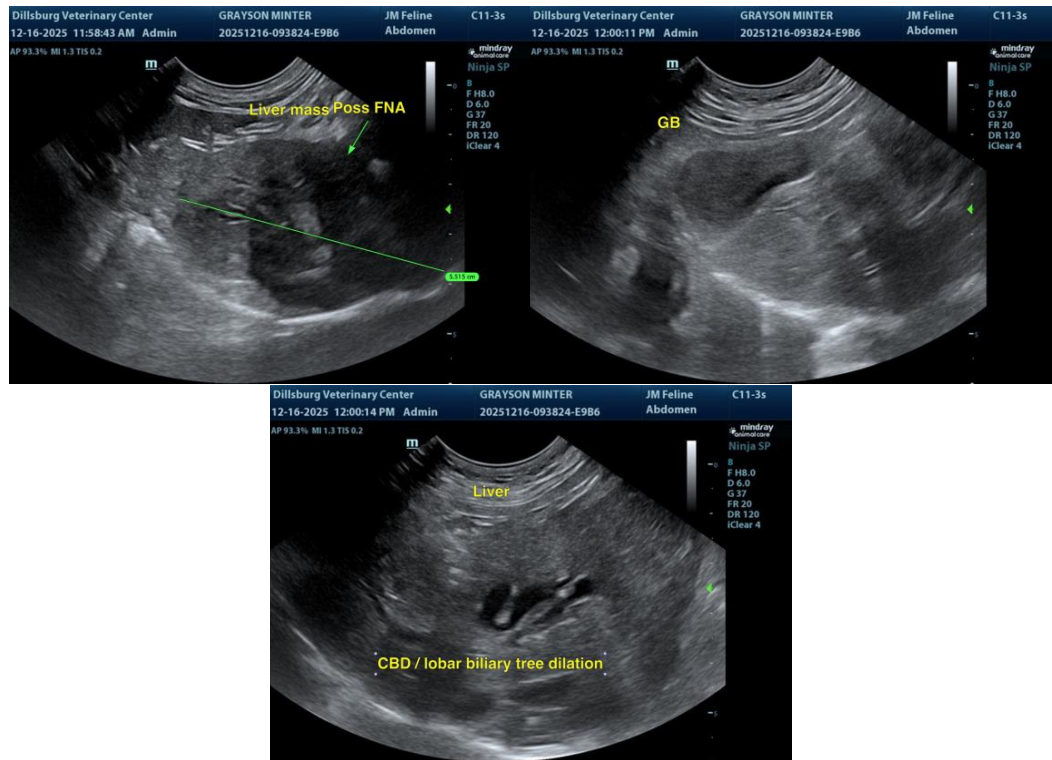
Dr. Hlatky

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DATE

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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