



**PATIENT**

Cleo Morton

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

4 Years

**WEIGHT**

6.28 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Faithful Friends Animal  
Clinic

**REFERRING VET**

Dr. Villanueva

**INVOICE**

12762

**DATE**

12/19/25

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: BCS 4/9. Icteric. Head tilt to the right (chronic). Bilateral ocular discharge L side > R (chronic). Dark debris in EACs bilaterally. Nasal discharge bilaterally, watery/mucoid, nasal congestion (chronic). Possibly sensitive on cranial abdominal palpation, non-repeatable. No overt masses with abdominal palpation. **ABNORMAL Labwork Values** ALT-497 U/L ALP-234 U/L GGT-29 U/L Bilirubin Total-11.7 mg/dL Hyperglobulinemia- 6.2 g/dL Platelets- 137 K/uL Blood smear - suspected mildly reactive lymphocytes. No platelet clumps seen.

Current Medications Mirtazapine Transdermal, Maropitant

**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 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 3.7 cm in length. The right kidney measured 4.0 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 0.44 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 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 0.70 cm width level of the mid spleen.

**Liver**

The liver revealed irregular hepatomegaly with rounded asymmetrical hepatic capsule contour. Several to multiple variably sized nonhomogenous to hyperechoic intraparenchymal masses/nodules were visualized with an example of masses measuring 3.0 cm to 5.0 cm in diameter. An example of nodules measured 1.5 cm in diameter.

The gallbladder was non distended in size with moderate biliary sludge. The proximal common bile duct was dilated and mild tortuous without overt post hepatic obstruction. The common bile duct was not obviously visualized at the level of the duodenum.



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**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.

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 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 was evident.

**Free Abdomen**

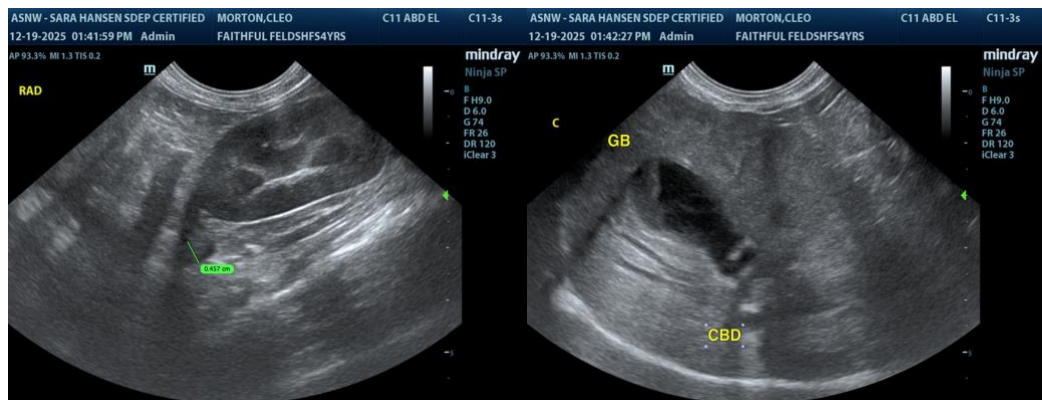
No obvious visualized significant omental lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Irregular hepatomegaly with intraparenchymal hepatic masses/nodules.
- Gallbladder debris with mild common bile duct dilation.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although sampling is required for further clarification, hepatic neoplasia is highly suspected with potential for concurrent hepatobiliary inflammation and cholestasis. No definitive evidence of current posthepatic obstruction yet serial monitoring of the common bile duct and gallbladder is indicated if progressive cholestasis. Assuming normal clotting status and using a 25-gauge needle, hepatic parenchyma and mass FNA cytology is recommended for further clarification and potential for oncology consult.





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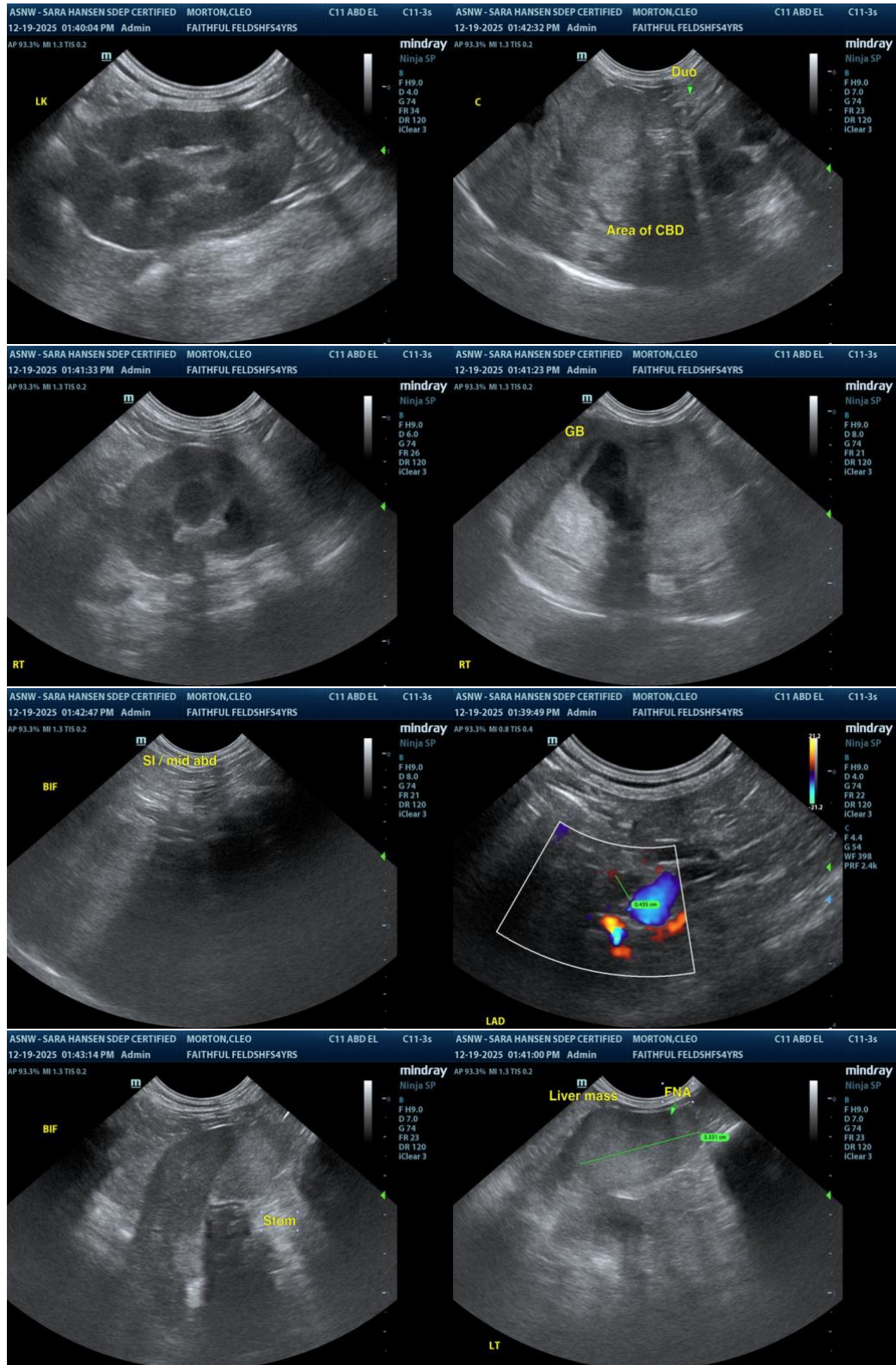
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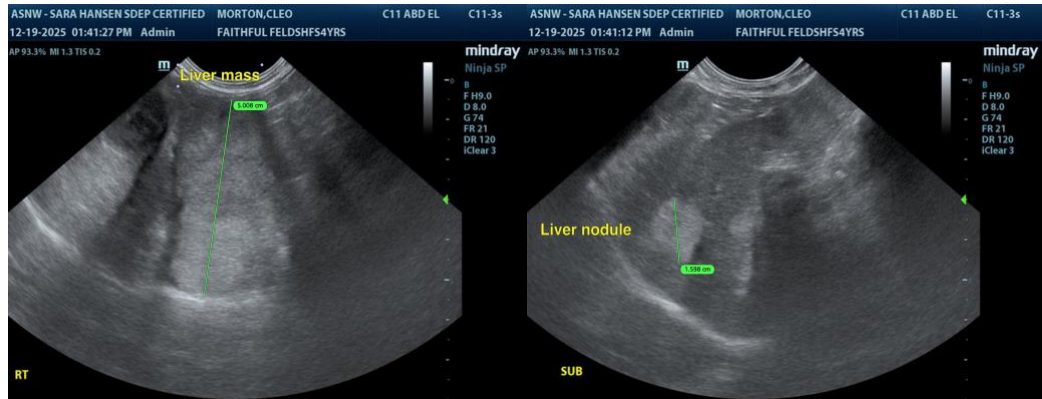
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)