



PATIENT

Monte Gray

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

13.3 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Ark Veterinary
 Clinic

REFERRING VET

Dr. Sangl

INVOICE

12774

DATE

12/19/25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: About 2.5 pounds weight loss since January. Serum is icteric but patient is not jaundiced. No evidence of anemia Urine is dark - Bili present on sample ABNORMAL Labwork Values Labs - Elevated ALT/AST/ALKP/Tbili/Chol/GLOB

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 change were noted.

Both kidneys were mildly enlarged with intact architecture and no evidence of neoplastic criteria. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.7 cm in length. The right kidney measured 4.8 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 0.33 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 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 0.91 cm width level of the mid spleen. A solitary to intermittent subtle noncapsule deforming hyperechoic nodule was visualized measuring 0.26 cm.

Liver

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was subnormal in size likely secondary to the presence of gastric ingesta. Mild nonorganized gallbladder debris was present. The common bile duct was not visualized.

Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained mild progressively shadowing ingesta without overt evidence of obstruction to pyloric outflow.



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Generalized mild thickened intestinal wall with subjective propensity for mildly thickened mucosa. The duodenum wall measured 0.28 cm width. The jejunum wall measured 0.30 cm width. A segment of jejunum exhibited mild thickened wall with indistinct mural detail with mild surrounding peri-intestinal hyperechoic omentum.

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

Pancreas

The pancreas presented with mildly prominent size with capsule asymmetry and mild nonhomogenous hypoechoic parenchyma. Mildly prominent pancreatic duct.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Contracted gallbladder with mild bile sediment.
- Enteropathy exhibiting thickened intestinal wall, segmental indistinct jejunal mural detail.
- Chronic pancreatitis.
- Bilateral mild renomegaly subjective mild chronic renal changes.
- Nonenlarged spleen with subtle hyperechoic nodules- suspect benign.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Triaditis is a primary consideration without evidence of posthepatic obstruction. Potential for emerging segmental to possible generalized intestinal or multicentric neoplasia such as lymphoma cannot be excluded. Further assessment may include (assuming normal clotting status and using a 25-gauge needle) hepatic FNA cytology and a GI panel to include PLI, TLI, cobalamin and folate. A definitive diagnosis would likely require biopsies for histopathology. Empirical therapy for triaditis with clinical monitoring for progressive hepatopathy or weight loss and as needed sonographic reassessment would be a more conservative approach.

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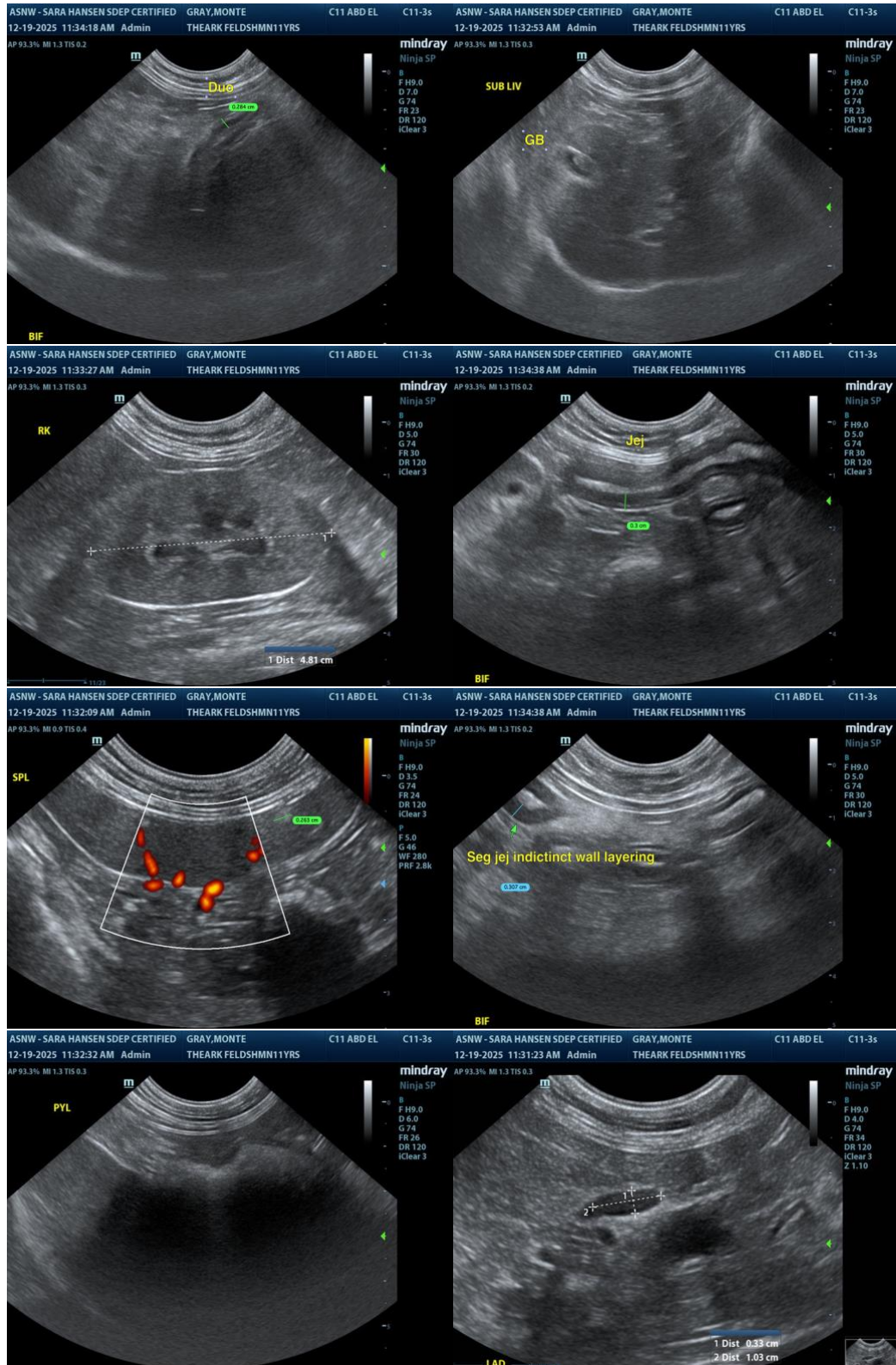
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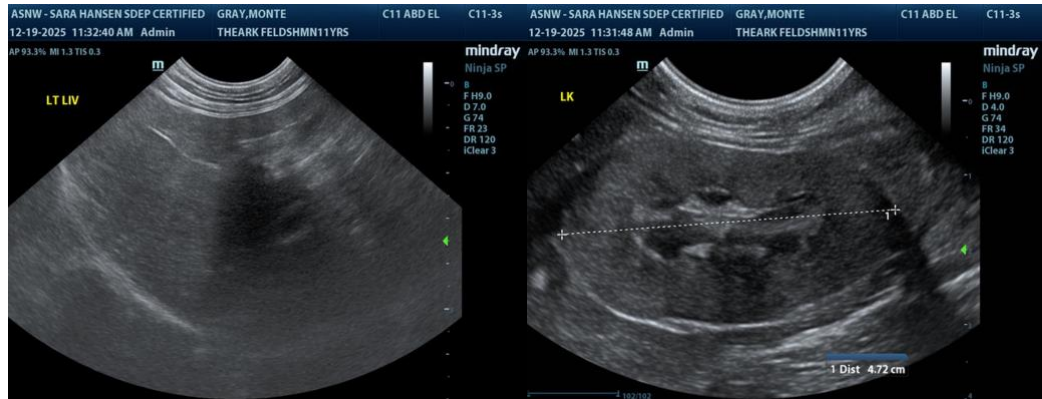
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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