



PATIENT

PEEPERS FARHADY

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13yr

WEIGHT

10.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Rivera

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Weekes

INVOICE
23369

DATE
12/29/2025

PRESENTING CLINICAL SIGNS

Presenting complaint of vomiting, recent dry heaving over the past few weeks, and a change in appetite. Owners noted smaller stools, with diarrhea described as a 'big patty' and completely liquid this morning. Gradual weight loss reported; previously 18 lbs a year or two ago, now estimated at 10.2 lbs.

Abnormal PE/Chem/CBC/UA Results: 1. Chronic weight loss r/o chronic kidney disease vs. neoplasia vs. chronic enteropathy. 2. Large, irregular "left kidney" r/o neoplasia vs. progression of chronic kidney disease. 3. Cutaneous mass with alopecia and pain, r/o neoplasia vs. abscess vs. cyst. 4. Vomiting and diarrhea r/o chronic enteropathy vs. renal disease vs. neoplasia. 5. Periodontal disease with fractured left maxillary canine. 6. Mild gingivitis. 7. Suspected hip pain, r/o osteoarthritis. MONO 0.68 (H), PLT 111 (L). CREA 0.4 (L), TP 9.0 (H), GLOB 5.5 (H), ALT 206 (H), TBIL 1.6 (H), PANCREATIC LIPASE 7.2 (H), T4 14.1 (H)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Mildly enlarged size and normal margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.9 cm in length. The right kidney measured 4.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was not definitively visualized, no overt pathology in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 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/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained primarily mild non-shadowing ingesta in the area of the antrum and pylorus sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

The small intestine presented intact wall layering with overall maintained muscularis/mucosa ratio. Segmental borderline prominent intestinal wall width was present. Segmental mild non-shadowing intestinal ingesta/ chyme was present to the level of the colon. The small intestine measured up to 0.26 cm in wall width.

Normal visible colon wall layers were present with semi 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically normal liver with mild gallbladder debris-consistent with low-grade benign hepatopathy
- Normal stomach with mild non-shadowing gastric ingesta
- Sonographically unremarkable gastrointestinal tract with borderline segmental prominent intestinal wall.
- Semi-formed fecal matter in colon
- Bilateral mild renomegaly exhibiting age-related renal changes.
- Normal area of pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Mild cholangiohepatitis is favored in conjunction with elevated ALT and presence of gallbladder debris without evidence of post-hepatic obstruction. Although no significant gastrointestinal mural changes or evidence of active pancreatitis, mild to chronic triaditis is a primary consideration in this patient. No obvious evidence or suspicion of neoplastic criteria.

Further assessment may include assuming normal clotting status and using 25ga needle, hepatic FNA cytology and GI panel. UA recommended if not recently done.



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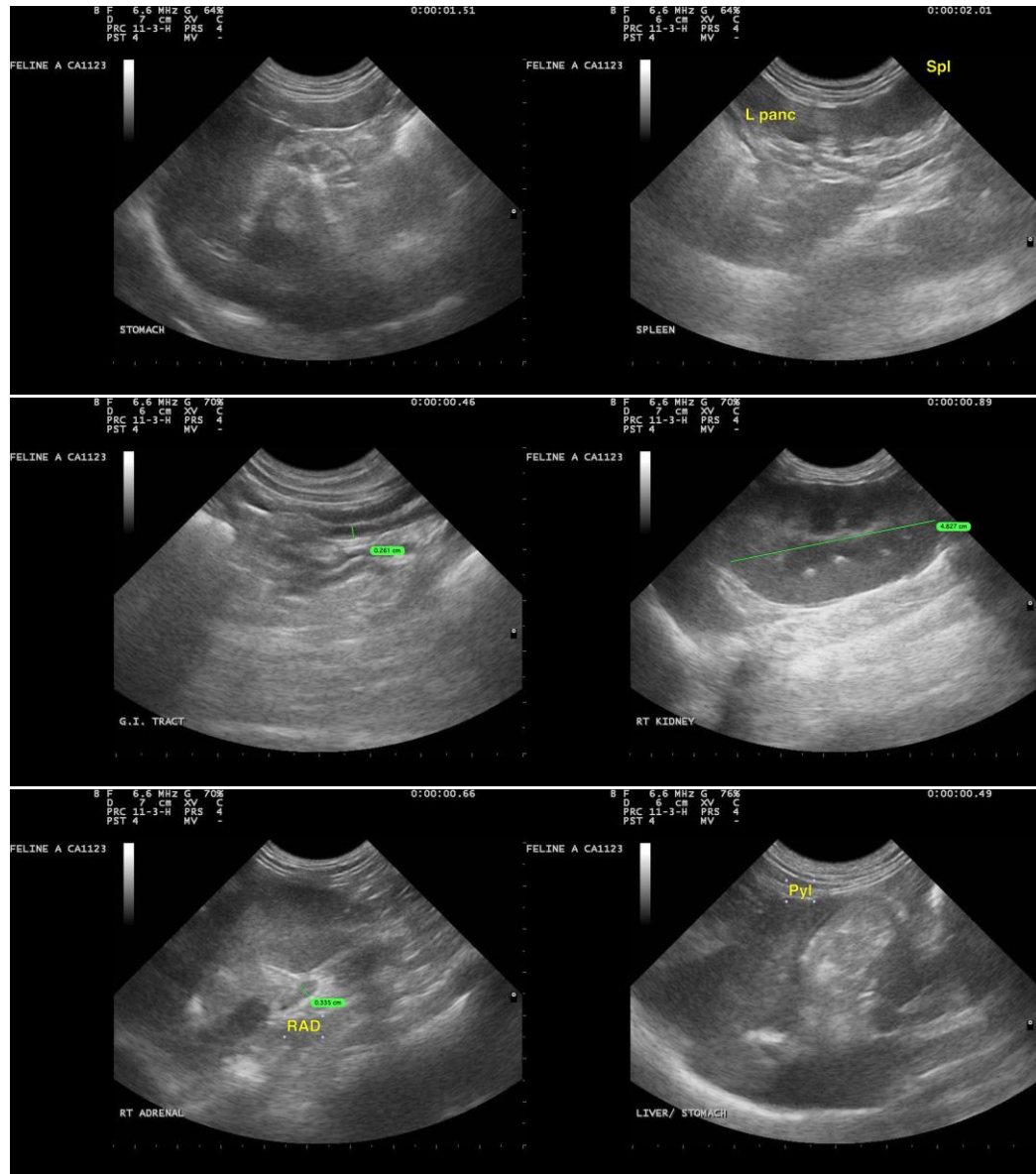
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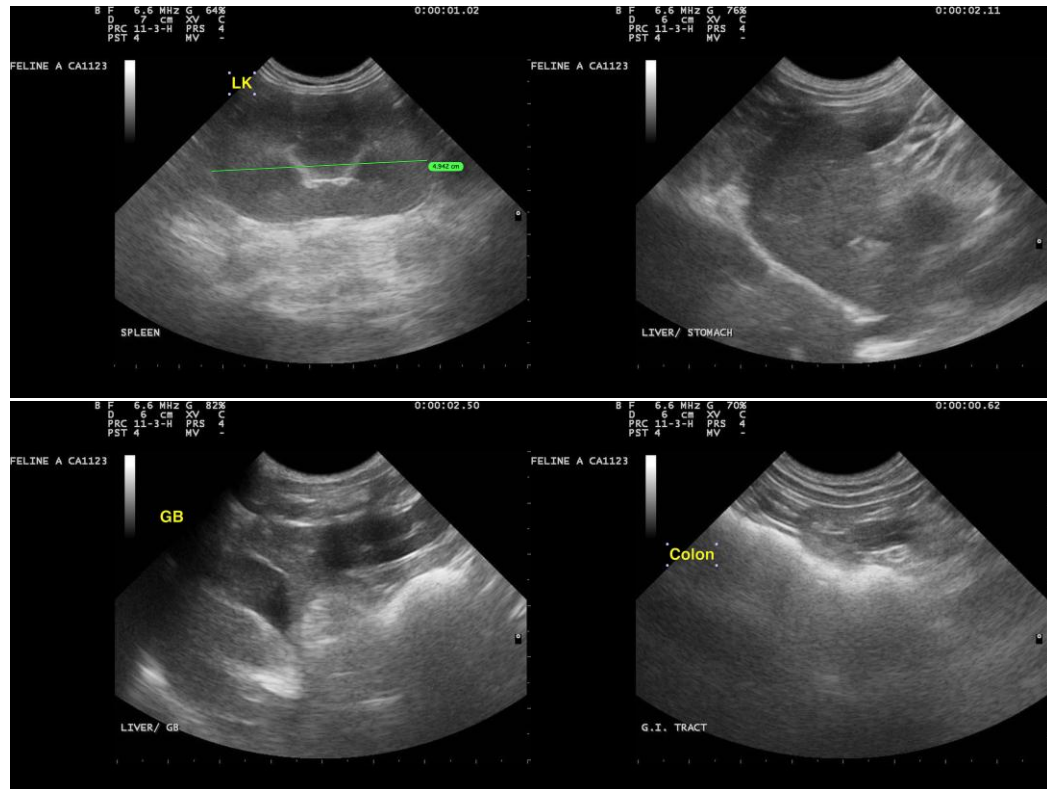
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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