



PATIENT

Abby Ammeraal

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

16yr

WEIGHT

8.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Marco Lichfield

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

Dr. Ammeraal

INVOICE

23175

DATE

12/8/2025

PRESENTING CLINICAL SIGNS

Pet has been PU/PD

Abnormal PE/Chem/CBC/UA Results: ALT 157, BUN/UREA 37, PLATELETS 123, and UA showed trace of protein Bloodwork

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 minor non-dependent sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and 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 loss of corticomedullary symmetry and definition expected for the age of the patient. Minor pyelectasia was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland overtly normal in size, position and shape. The left adrenal gland measured 0.44 cm width. The right adrenal gland was mildly enlarged with mildly asymmetrical contour and homogenous non-mineralized parenchyma. The right adrenal gland measured 0.55 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

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 mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.24 cm in with. The ileocolic wall measured 0.30 cm in width.



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

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Pancreas

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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.

Feline

Free Abdomen

BREED

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

Primary

FS

- Mild chronic renal changes
- Mild right adrenomegaly
- Sonographically normal liver/gallbladder consistent with mild benign hepatopathy
- Minor urine sediment

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

UPC level if non-inflammatory urine sediment or urine C/S if evidence of UTI is recommended. An adrenal workup would be considered if clinically indicated. Monitoring of systemic BP for evidence of hypertension as well as potassium levels for evidence of hypokalemia is recommended. Sonographic monitoring of the right adrenal gland for evidence of progressive changes with initial recheck in 4 weeks is recommended.

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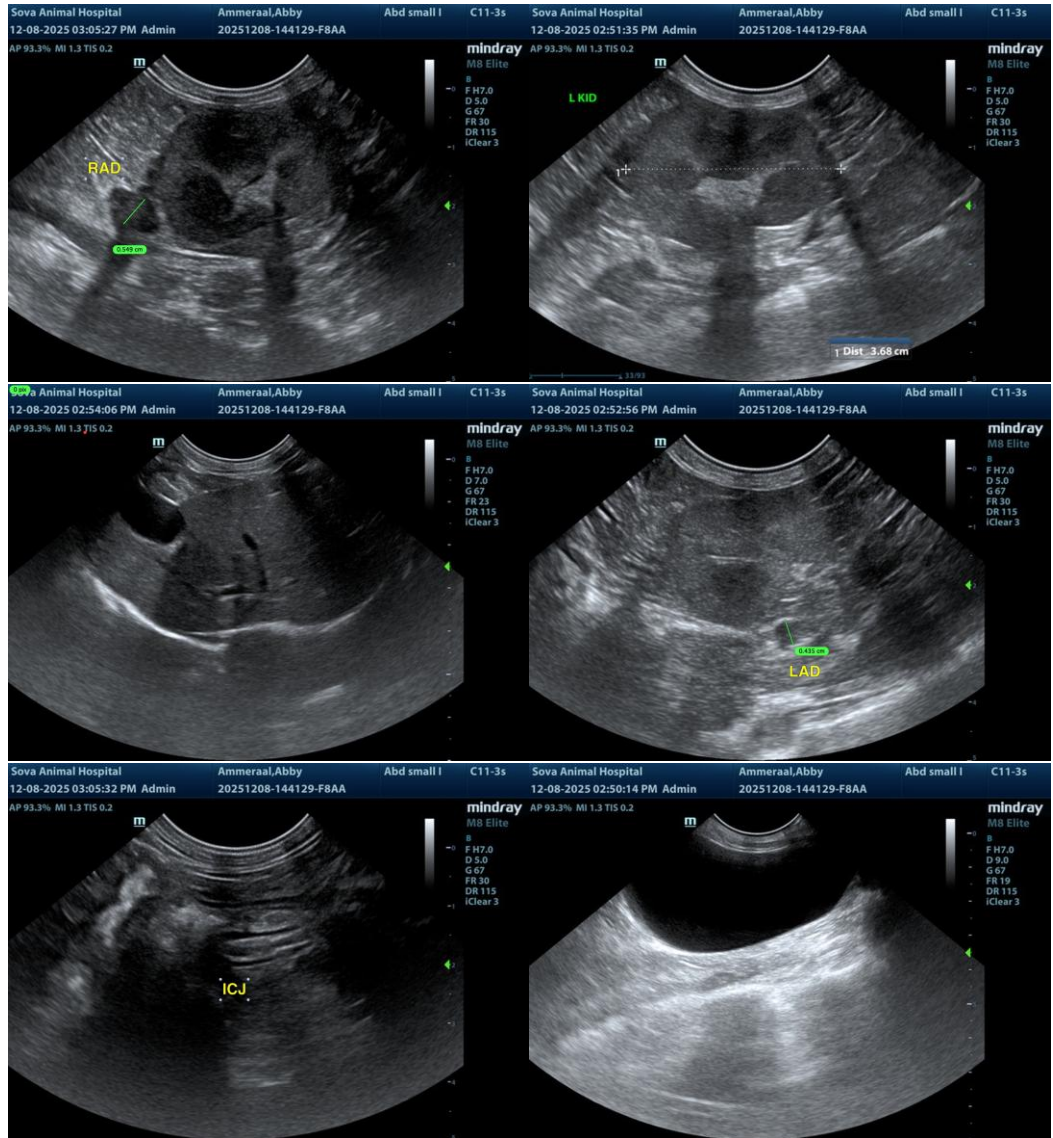
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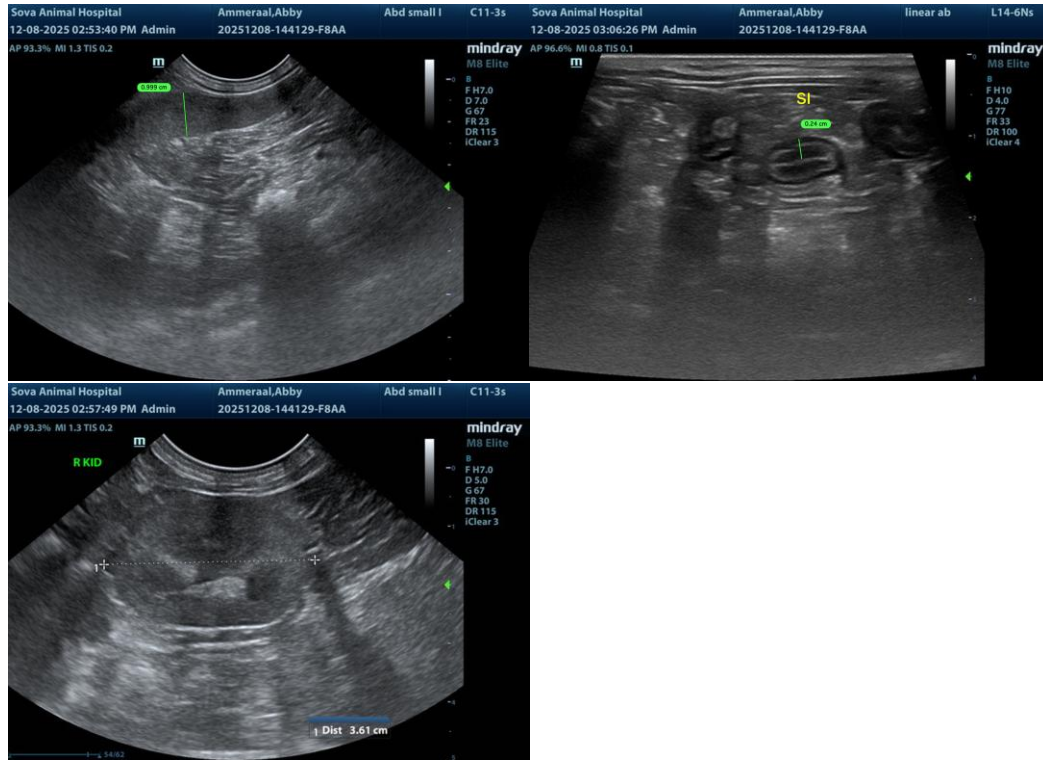
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com