

PATIENT

Felix Cruzado

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8yr

WEIGHT

9.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Mario Roman

INVOICE

23162

DATE

12/8/2025

PRESENTING CLINICAL SIGNS

Presented as a referral for an abdominal ultrasound to evaluate anemia, weight loss, icterus and behaving lethargic. Pt was lost for about 2 months and was recently found. Pt was found and unweight, anorexic, and vomiting. PT has lost 5.5 #. Pt had severe elevation in ALT but with hospitalization and values improved. Pt is currently in Metronidazole, Cerenia, Famotidine and Elura.

Abnormal PE/Chem/CBC/UA Results: PE: Pt is icterus BCS 4/9 Bloodwork (initial and recent) attached as supporting documents.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone. A small solitary dependent lumen calculus was present measuring 0.61 cm in diameter. Mild non-dependent urine sediment was present.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. Mildly thickened hyperechoic cortex with mild enhanced corticomedullary border demarcation was present. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated with interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 4.4 cm in length. The right kidney measured 4.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 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 presented 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. Subjective mild prominent hepatic vasculature. The gallbladder was non-distended in size with primarily anechoic luminal content. No evidence of gallbladder/peripheral gallbladder



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inflammation or wall edema was present. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

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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. No evidence of pathology at the level of the duodenal papilla.

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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 duodenum wall measured 0.27 cm width. The jejunum wall measured 0.22 cm width. The ileocolic wall measured 0.36 cm width.

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

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Pancreas

The pancreas was mildly prominent size with symmetrical mildly rounded capsule contour and mild non-homogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

Intralobar to perihepatic free fluid was present.

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No visualized significant omental lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy
- Sonographically normal gallbladder /area of common bile duct
- Mild pancreatitis
- Sonographically normal gastrointestinal tract
- Non-specific bilateral mild renal medullary rim sign
- Small urinary bladder calculus

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific, the hepatopathy is suggestive of benign criteria with inflammatory disease i.e. cholangiohepatitis in conjunction with ALT elevation favored. Although no evidence of gastrointestinal mural pathology, triaditis could be a potential consideration in this patient. Occult hepatic neoplasia thought less likely. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology may be considered for further assessment. A GI panel to include PLI/TLI/Cobalamin/Folate may be considered. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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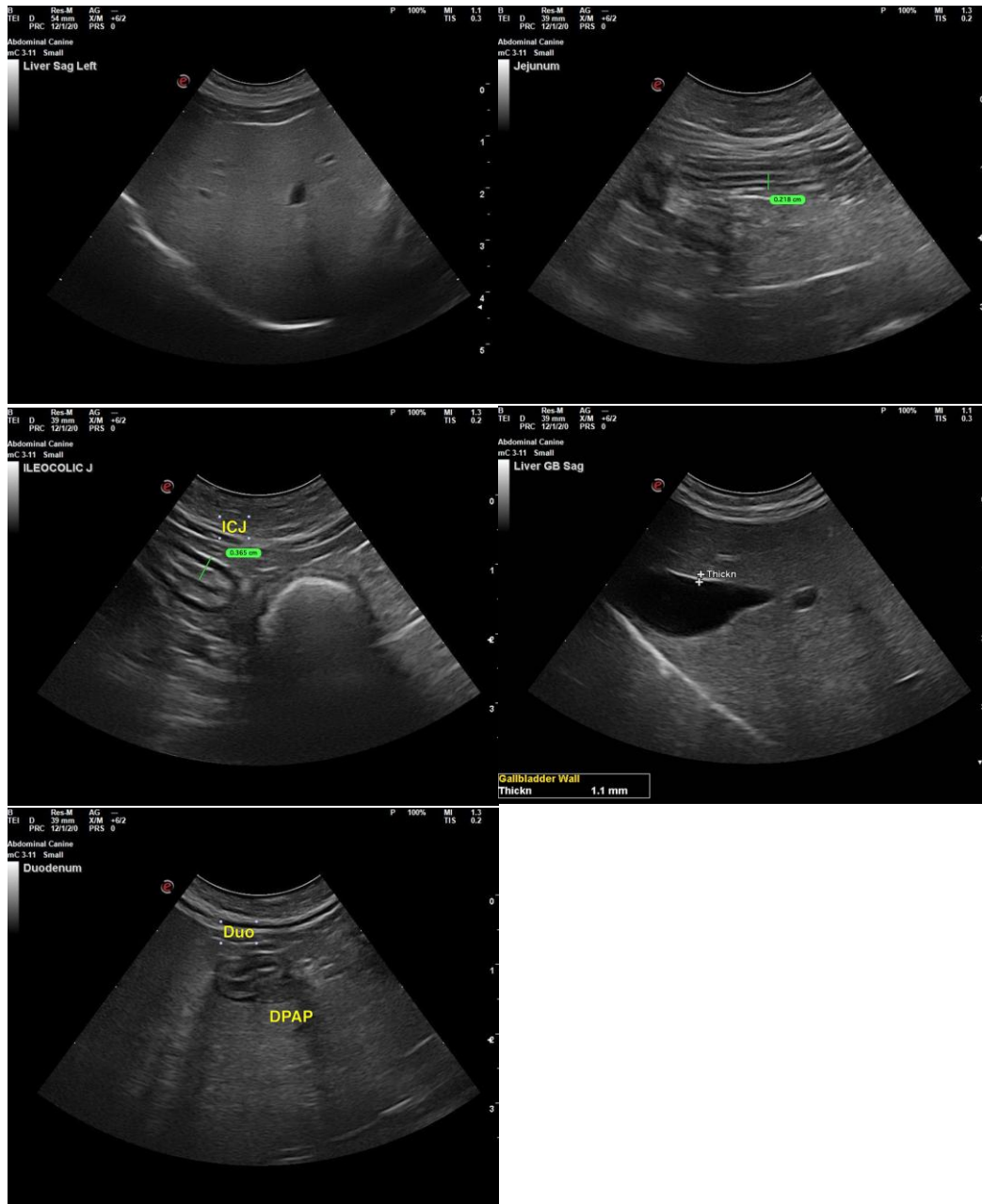
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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