



## PATIENT

April Tumminello

## SPECIES

Feline

## BREED

DMH

## SEX

Spayed Female

## AGE

14 Years

## WEIGHT

2.57 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Kelly Schwanebeck

## HOSPITAL NAME

Animal Emergency  
Hospital Deland

## REFERRING VET

Dr. Kelly Schwanebeck

## INVOICE

13680

## DATE

02/11/26

## PRESENTING CLINICAL SIGNS

- April is a 14 YO FS DMH who was presented for anorexia and lethargy. For the past month, owners have noticed that patient's appetite has been decreased. This evening, she did not want to eat. Owner found her sitting in the litterbox. She has been losing weight at home. Upon arriving to the clinic, her respiratory effort increased, which had not been happening at home.

CBC: WBC 20.87K, neut 18.05K Chem: BUN 34.1, crea 0.5, Ca 8.6, ALT 215 EPOC: K+ 3.0, Ca++ 1.20  
FPLi: normal T4: >20.0 FeLV/FIV/HW: negative x3 Rads: see attached

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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 3.4 cm in length. The right kidney measured 3.7 cm in length.

### Adrenal Glands

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 0.40 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 normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen with a mild coarse echotexture. Increased prominence of the intrahepatic hyperechoic portal vascular borders. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. 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 proximal common bile duct was dilated and mild tortuous without overt post hepatic obstruction.

### Gastrointestinal



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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.

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. The duodenum wall measured 0.26 cm wall width. The jejunum wall measured 0.25 cm wall width. The ileocolic wall measured 0.30 cm wall width.

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

### ***Pancreas***

The area of the pancreas was sonographically normal.

### ***Free Abdomen***

No visualized significant omental lymphadenopathy or peritoneal effusion was present.

## **ULTRASONOGRAPHIC FINDINGS**

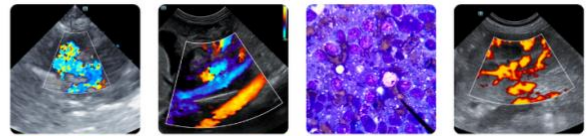
- Acute/acute on chronic hepatopathy pattern.
- Mild nonobstructive common bile duct dilation.
- Sonographically unremarkable gastrointestinal tract.
- Normal area of the pancreas.
- Normal bilateral kidneys.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Considerations for the liver may include acute or acute on chronic inflammatory disease, i.e. cholangiohepatitis in conjunction with ALT elevation and mild non-obstructive common bile duct dilation, concurrent or secondary hepatopathy given hyperthyroidism, occult hepatic neoplasia, or other hepatopathy.

Assuming normal clotting status and using a 25-gauge needle, hepatic FNA cytology is warranted for further clarification. A GI panel to include PLI, TLI, cobalamin and folate is suggested to assess for non-structural or occult intestinal or pancreatic disease as a contributing factor.

Urinalysis is recommended if not done. Hepatogastrintestinal support and empirical therapy for acute or acute on chronic cholangiohepatitis with clinical monitoring would be reasonable. Sonographic reassessment if evidence of progressive hepatopathy, gastrointestinal signs, or azotemia.



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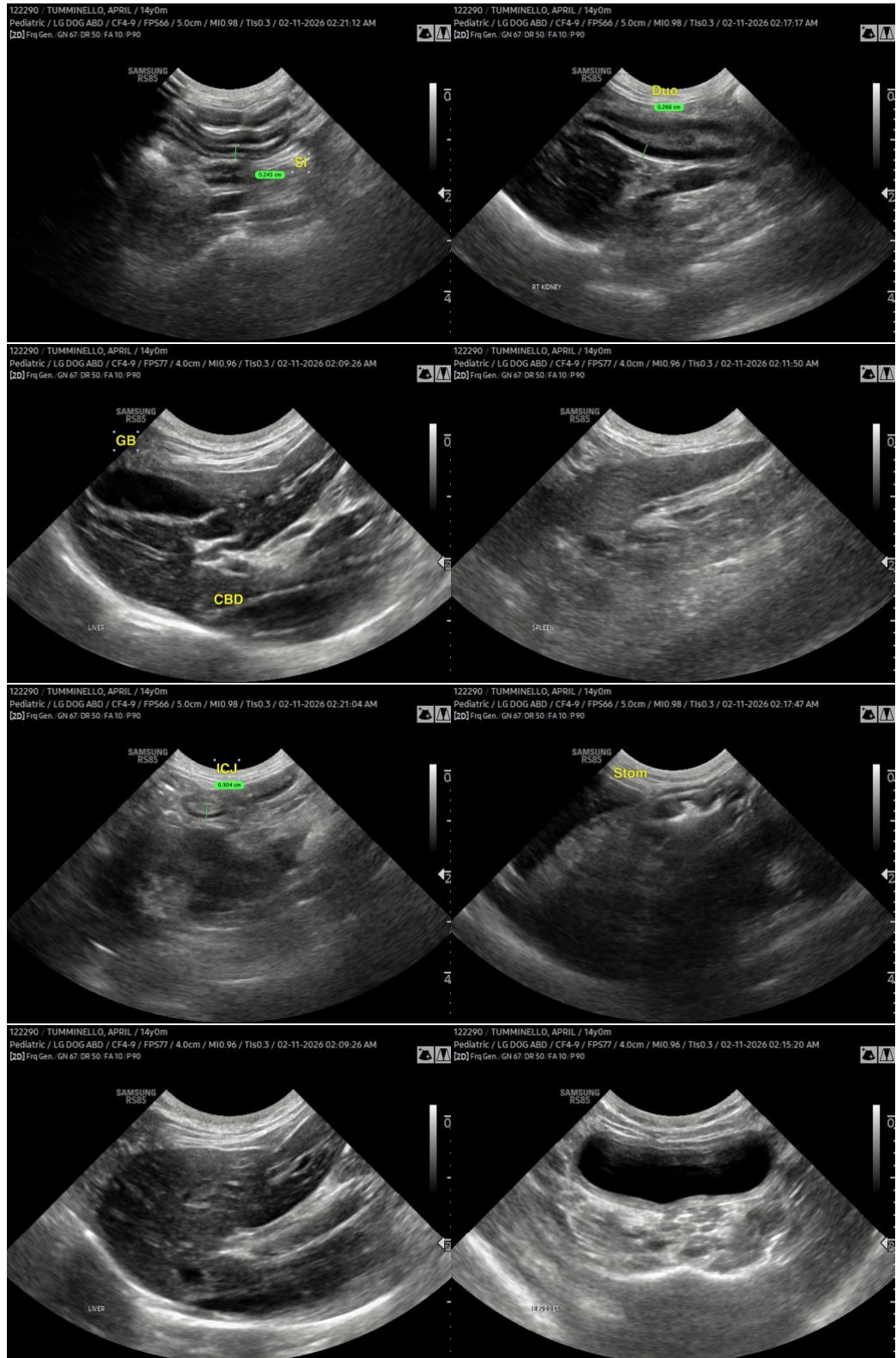
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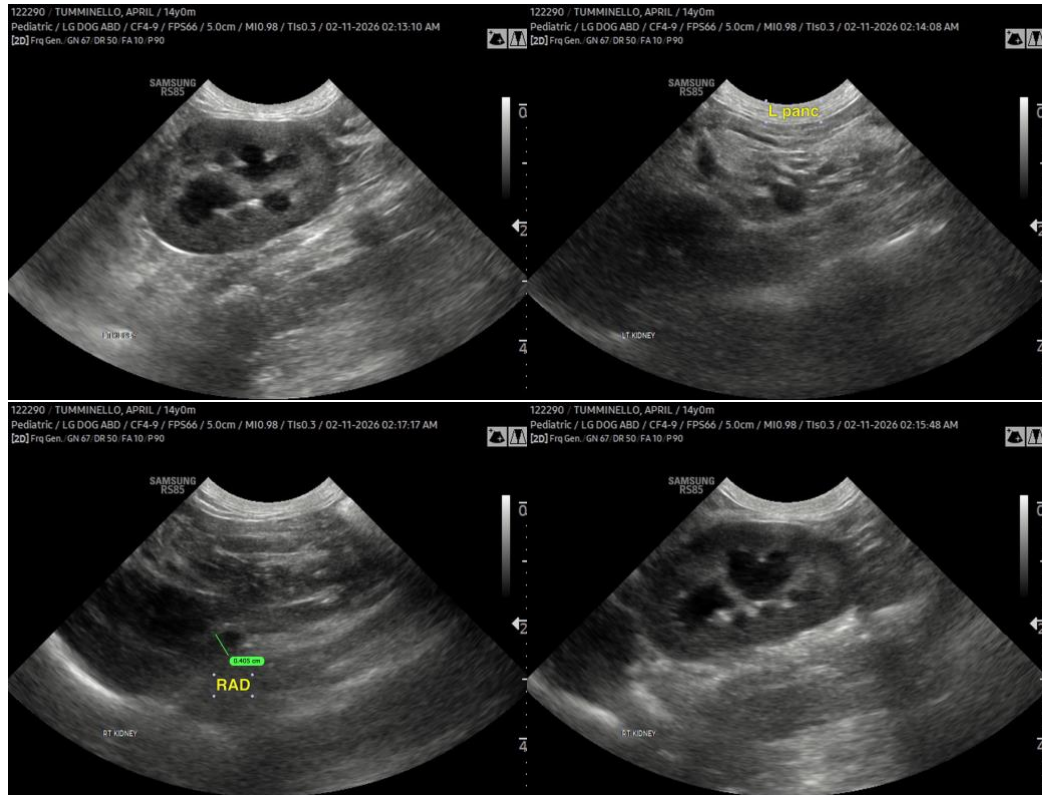
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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