



PATIENT

Lacy Christiansen

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

2.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Seyler

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Seyler

INVOICE

13706

DATE

02/12/26

PRESENTING CLINICAL SIGNS

- History: Client returned from home this evening and offered pt food ~ 5:30-5:45 pm. She was not interested in food or Churu (and she loves Churu and wet food). O says normally if she taps the wet food can pt runs to greet owner. This evening, pt was not interested. O placed Churu on her nose to encourage appetite, but pt not interested. Pt went to a bedroom and vomited white foam. She had a normal bowel movement in the carrier en route to the hospital.

Abnormal PE/Chem/CBC/UA Results: Hydration: patient appears a bit dehydrated, mainly based on the skin turgor Integument: unkempt coat, slightly poor skin turgor CBC - WBC 18k, Neu 13k Chem10 - ALP slightly elevated, globulins 5.3. ALT was suppressed. Per my tech, the serum was very yellow. Based on this, need Chem17 to broaden the liver eval and get a TBil Chem17 - Phos 2.5 (L), ALT value suppressed, ALP 126, Tbil 2.3 (H) ALT on dilution to get a value - 1401 (H) +/- UA - no azotemia, not currently indicated Radiographs - very small amounts of mineral opacity material in the ascending colon, otherwise unremarkable abdomen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent minor sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes 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 3.6 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non-distended in size. The gallbladder contained mild to moderate dependent hyperechoic to emerging mineralized debris and mineral extending mildly into the cystic duct. The common bile duct was not visualized. No evidence of posthepatic obstruction or pericholecystic inflammation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained primarily pyloric fluid. No evidence of shadowing content or obstruction to pyloric outflow.

The visualized segments of 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.

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal gastrointestinal tract with mild nonobstructive hypomotile stomach.
- Normal area of the pancreas.
- Sonographically normal liver.
- Nonobstructive gallbladder and cystic duct mineral.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatopathy, including elevated ALT in presence of non-affective gallbladder mineral, is likely consistent with cholangiohepatitis without evidence of post-hepatic obstruction. No evidence of gastrointestinal mechanical obstruction with probable associated metabolic or functional gastric ileus.

Further assessment may include (assuming normal clotting status and using a 25-gauge needle) hepatic FNA cytology to assess for inflammatory cell type, a spec fPL or a GI panel to include PLI, TLI, cobalamin and folate may be considered for evidence of mild pancreatitis or structurally insignificant intestinal disease as a contributing factor. Empirical therapy for cholangiohepatitis with gastrointestinal support and monitoring would be reasonable. Recheck sonogram if progressive hepatopathy, cholestasis or gastrointestinal signs.



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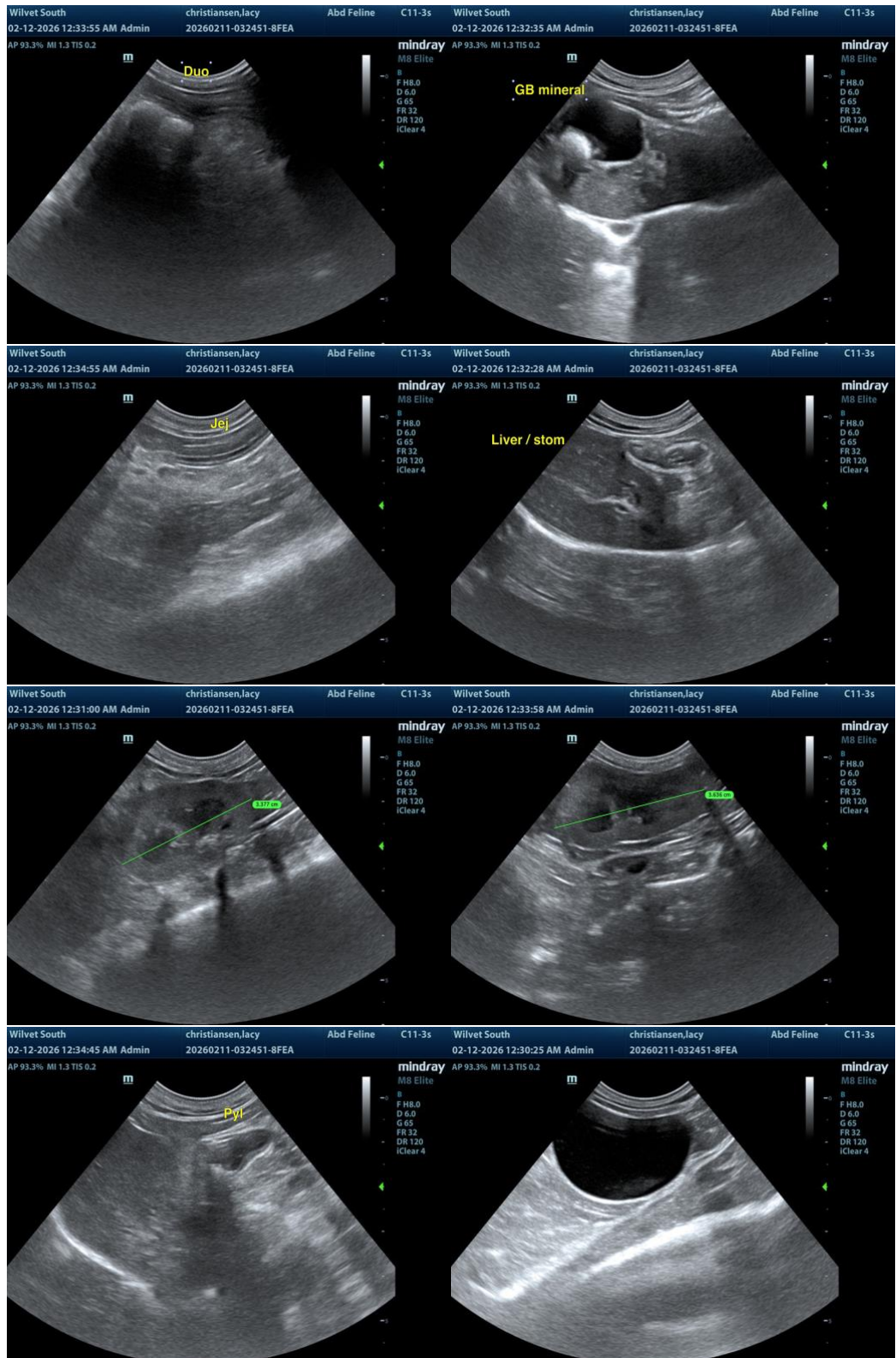
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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