



## PATIENT

Lily Sabo

## SPECIES

Feline

## BREED

DSH

## SEX

Female

## AGE

14 Years

## WEIGHT

6.26

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Hougentogler

## HOSPITAL NAME

K-Vet Animal Care

## REFERRING VET

Dr. Konegger

## INVOICE

13851

## DATE

02/16/26

## PRESENTING CLINICAL SIGNS

- Vomiting
- Anorexia
- Weight loss
- Lethargic
- 5 days duration

Abnormal PE/Chem/CBC/UA Results: Underweight (3/9); ALT -809; ALP - 172

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.5 cm in length.

### *Adrenal Glands*

The left and right adrenal glands were not definitively visualized.

### *Spleen*

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

### *Liver & Gallbladder*

The liver was mildly enlarged in size. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### *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 mild segmental gas and nonshadowing chyme. Duodenum wall was mildly thickened with normal jejunum wall. The duodenum wall measured 0.34 cm wall width. The jejunum wall measured 0.23 cm wall width.

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

**Pancreas**

The pancreas presented with generalized asymmetrical enlargement and nonhomogenous hypoechoic indistinctly nodular parenchyma. Peripancreatic to regional cranial abdomen mild nonuniform hypoechoic omentum.

**Free Abdomen**

No overt lymphadenopathy was present. Minor pockets of peritoneal effusion were present.

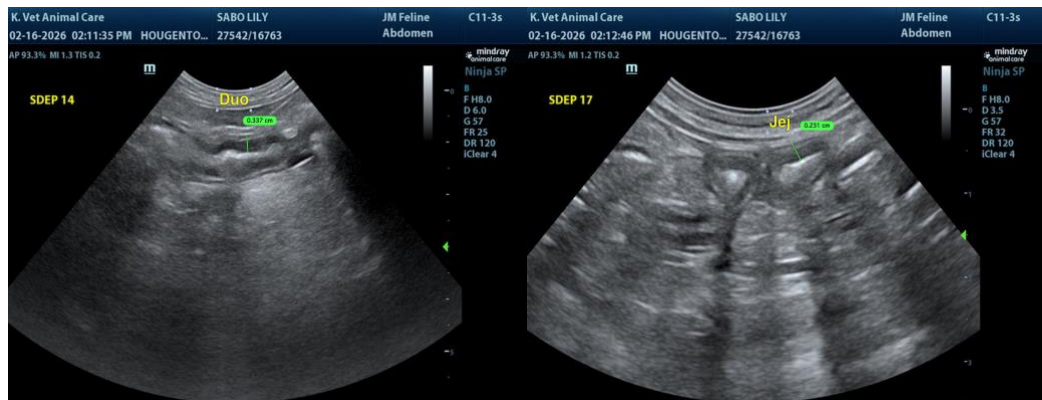
**ULTRASONOGRAPHIC FINDINGS**

- Enlarged nonhomogenous nodular pancreas with mild regional peripancreatic peritonitis-pancreatitis potential for pancreatic neoplasia.
- Hepatopathy- primary or secondary reactive or inflammatory hepatopathy, nonobstructive cholestasis or other occult hepatic neoplasia thought less likely.
- Mild gastroduodenitis pattern with empty gastrointestinal tract.
- Bilateral chronic renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status and using a 25-gauge needle, pancreatic and screening hepatic FNA cytology could be considered for further clarification. A GI panel to include PLI, TLI, cobalamin and folate is recommended.

Thoracic radiographs are recommended if not done. Hospitalization with empirical therapy for pancreatitis with hepatogastrointestinal support, clinical monitoring and as needed sonographic reassessment pending clinical status is recommended. Guarded prognosis.





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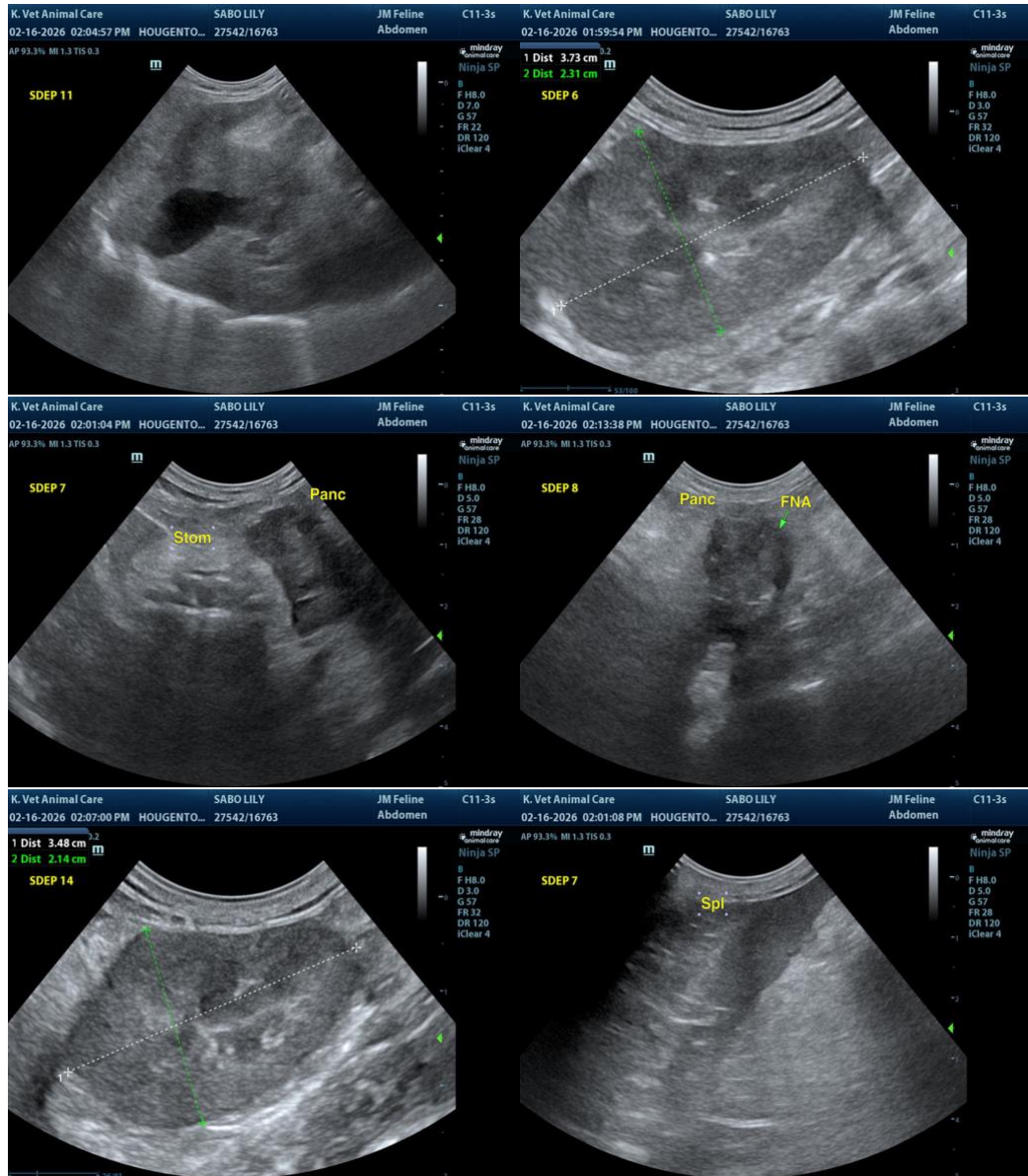
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

[info@SonoPath.com](mailto:info@SonoPath.com)