



**PATIENT**

Chuckie Stalter

**PRESENTING CLINICAL SIGNS**

severe pancreatitis presented 1/31 in hypovolemic shock neutropenia PL 22 QAR today PL > 50 moderate improvement with pancreatitis treatment hyperthyroid abnormal ProBnp T bili 3.7

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART**

**BREED**

DSH

**SEX**

MN

**AGE**

15

**WEIGHT**

11

FELINE CARDIAC PARAMETERS	BODY WEIGHT	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	11	NM	0.43	1.7	0.43	45	78
FELINE CARDIAC PARAMETERS	LA/AO M-Mode	LA/AO HEART BASE (Sisson)	LAD LA MAX 4 Chamber		LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	--	1.4	1.4		--	0.9	NM

Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705

**INTERPRETED BY**

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

**Cardiac Presentation**

The echocardiogram in this patient demonstrated normal left atrial size based on 2 separate LA measurements. The cranial and caudal mitral valve leaflets presented normal linear structure and kinetics. No overt MR present on Doppler. The left ventricle presented normal thicknesses with linear contour and was not dilated nor restricted. The myocardium presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. The contractility of the ventricular walls was adequate and in normal range for this patient, evidenced by the fractional shortening measurement and subjective evaluation of the different regions and angles of the myocardium. The left ventricular outflow tract demonstrated normal laminar flow and subjective structural integrity. The right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. Tricuspid valvular assessment demonstrated adequate linear morphology and kinetics. No overt TR present on Doppler. The right ventricle was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. Pulmonic tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). Normal measured RVOT velocity was present. No visible pericardial or free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial mediastinum and pericardial regions were free of masses in the visible window.

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway Animal Hospital

**REFERRING VET**

Dr Harrs

**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 evidence of urine/lumen

**INVOICE 23744**

**DATE**  
02/02/2026



## PATIENT

Chuckie Stalter

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

15

## WEIGHT

11

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr Harrs

## INVOICE

23744

## DATE

02/02/2026

sediment, mineral, or calculi. 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 mild increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Minor bilateral pyelectasia was present. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 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 0.48 cm width. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

### **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 common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

### **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 0.25 cm in width,

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

### **Pancreas**

The pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

### **Free Abdomen**



## PATIENT

Chuckie Stalter

No evidence of peritoneal effusion was present.

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 2.8 cm x 0.86 cm.

## SPECIES

Feline

## ULTRASONOGRAPHIC FINDINGS

### Primary

## BREED

DSH

## SEX

MN

- Normal cardiac structure/function
- Mild non-homogenous hypoechoic pancreas
- Normal empty gastrointestinal tract
- Sonographically normal liver /gallbladder
- Bilateral mild chronic renal changes with minor pyelectasia
- Intermittent static mild mesenteric lymphadenopathy suggestive of reactive hyperplasia or mild lymphadenitis

## AGE

15

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas suggests resolving to possible persistent mild active to chronic active pancreatitis. No evidence of post-hepatic obstruction. Continued supportive care for pancreatitis with concurrent gastrointestinal support and as needed clinical /sonographic monitoring is recommended.

## WEIGHT

11

The bilateral pyelectasia is non-specific and may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

## INTERPRETED BY

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

Previously noted intact mild thickened small intestinal wall was not overtly appreciated in this study. Potential for concurrent enteropathy in conjunction with pancreatitis not definitively excluded. Correlation with GI panel to include PLI/TLI/cobalamin and folate may be considered. Sonographic reassessment or monitoring recommended if recurrent clinical signs consistent with gastrointestinal disease or pancreatitis.

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr Harrs

## INVOICE

23744

## DATE

02/02/2026



**PATIENT**

Chuckie Stalter

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

15

**WEIGHT**

11

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway Animal  
Hospital

**REFERRING VET**

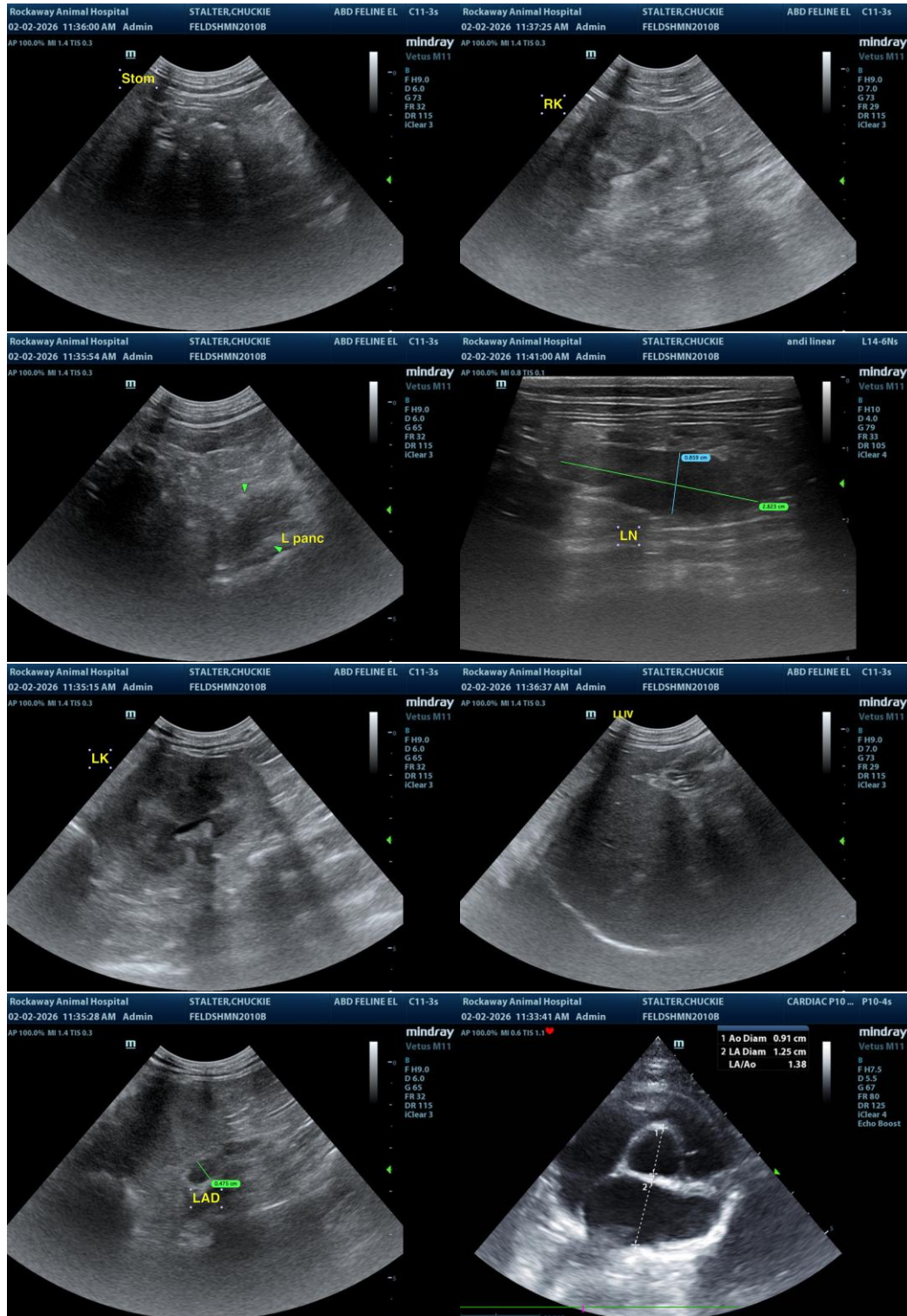
Dr Harris

**INVOICE**

23744

**DATE**

02/02/2026





**PATIENT**

Chuckie Stalter

**SPECIES**

Feline

**BREED**

DSH

**SEX**

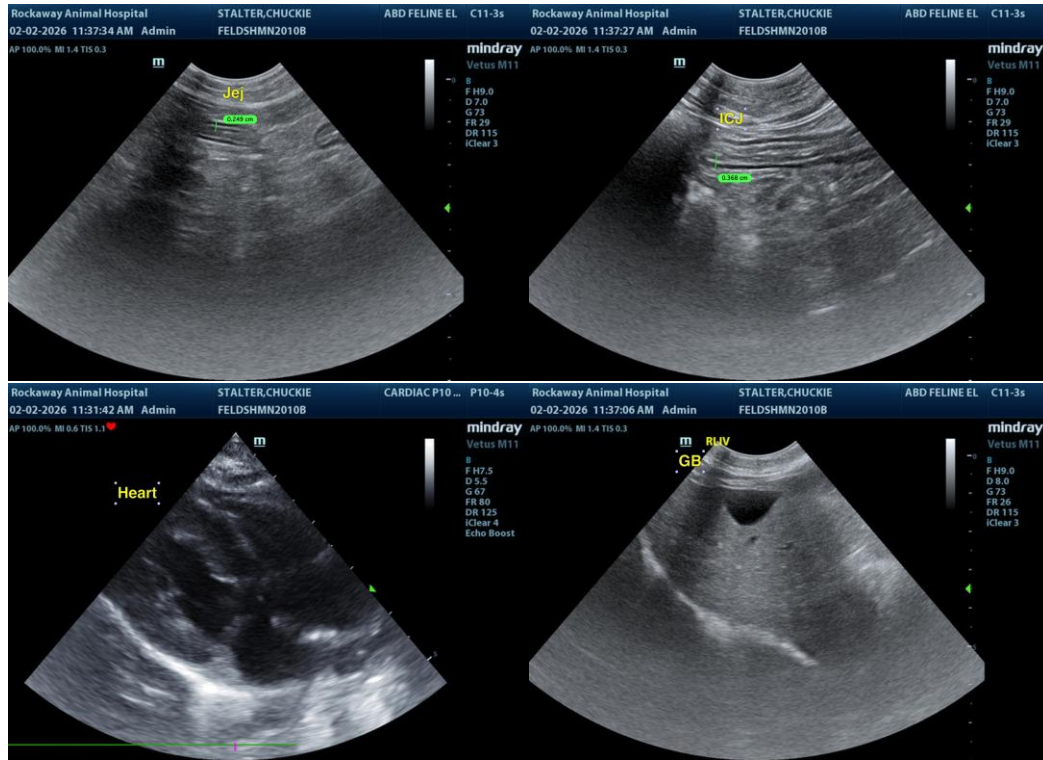
MN

**AGE**

15

**WEIGHT**

11



**INTERPRETED BY**

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

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.

**IMAGING PERFORMED BY**

Jenn

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)

**HOSPITAL NAME**

Rockaway Animal  
Hospital

**REFERRING VET**

Dr Harris

**INVOICE**  
23744

**DATE**  
02/02/2026