

## PATIENT

Harley Baker

## SPECIES

Feline

## BREED

DLH

## SEX

Male Neutered

## AGE

16y 4m

## WEIGHT

10.4

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Sarah Green

## HOSPITAL NAME

Healing Spirit Animal  
Wellness

## REFERRING VET

Sarah Green

## INVOICE

13222

## DATE

2/24/26

## PRESENTING CLINICAL SIGNS

History:

- presented due to recent hyporexia and vomiting, pu/pd noticed over the past few months

Abnormal PE/Chem/CBC/UA Results: Reactive on abdominal palpation. CBC showed borderline anemia. chemistry: ALT=314 (20-100) U/L, mild azotemia, hypophosphatemia, fPL >50 (<3.5) ng/mL

## 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. Primarily anechoic urine was present in the lumen. Mild, echogenic to particulate non-dependent 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.

The area of the aortic trifurcation was free of pathology.

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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. The left kidney exhibited mild pyelectasia. The left kidney measured 3.6 cm in length. The right kidney exhibited a small cortical cyst. The right kidney measured 4.0 cm in length.

### Adrenal Glands

The left and right adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.44 cm. The right subjectively measured 0.49 cm.

### Spleen

The spleen was normal in size exhibited primarily finely textured and non-homogenous remodeled parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, multiple, well-defined, non-capsule deforming symmetrical, hyperechoic nodules were present with an example measuring 0.65 cm in diameter. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

### Liver

The liver was mildly enlarged in size. 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. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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## 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 ileus, obstruction or foreign material. Small intestine wall measured 0.23 cm width.

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

## Pancreas

The pancreas was mildly prominent in size with non-homogeneous remodeled parenchyma and mildly prominent pancreatic duct. Mild peripancreatic hyperechoic omentum.

## Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Mild urine sediment
- Chronic renal changes exhibiting mild left kidney pyelectasia and small right kidney cortical cyst
- Chronic/chronic active pancreatitis with remodeling
- Hepatopathy with mild gallbladder debris
- Sonographically unremarkable gastrointestinal tract
- Hyperechoic nodules – suspect benign criteria, myelolipomas or nodular hyperplasia, mild potential for splenic neoplastic nodules

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with urinalysis and suggested C/S or UPC level for renal staging is recommended. Although nonspecific, inflammatory hepatobiliary disease, i.e. cholangiohepatitis favored given ALT elevation and mild gallbladder debris. Further assessment may include, assuming normal clotting status and using 25-gauge needle, renal hepatic FNA cytology with consideration for concurrent GI panel to include PLI/TLI/Cobalamin/Folate given gastrointestinal signs or assessment for possible emerging triad disease. No overt suspicion of abdominal neoplastic criteria. Gastrointestinal support, empirical therapy for chronic/chronic active pancreatitis and cholangiohepatitis with clinical monitoring may prove beneficial. Sonographic reassessment of progressive hepatopathy, gastrointestinal signs or azotemia.



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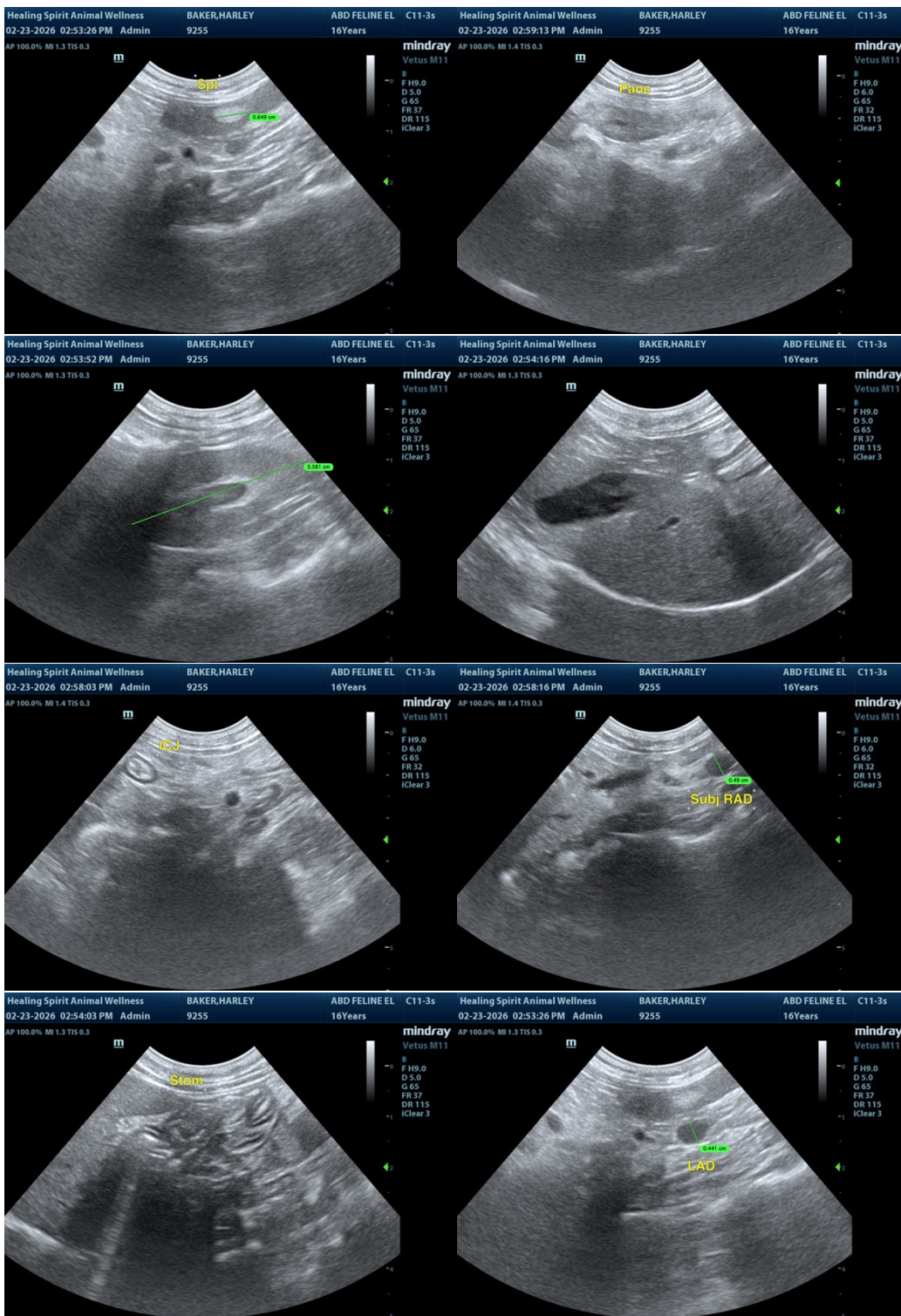
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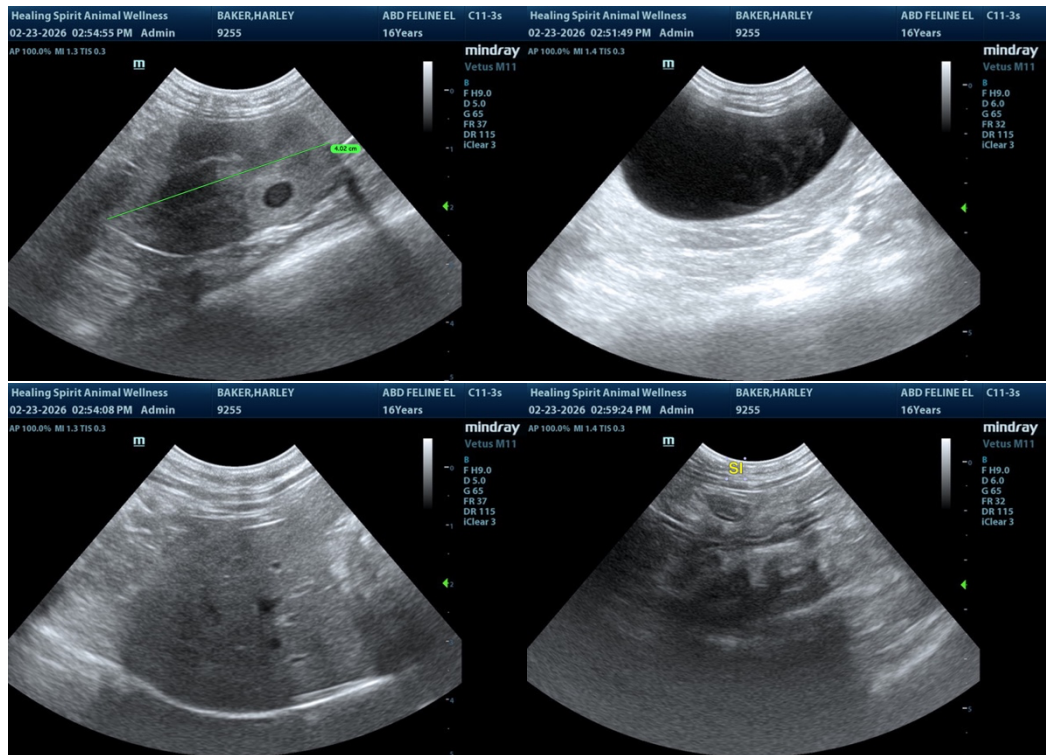
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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