

PATIENT

Theo Stock

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8yr

WEIGHT

9.28lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho

HOSPITAL NAME

Verona Animal Hospital

REFERRING VET

Dr Stock

INVOICE
23976

DATE

02/25/2026

PRESENTING CLINICAL SIGNS

- Elevated Liver enzymes
- chronic diarrhea +2 times a month
- Hyporexia + vomiting 2 times a day
- GRADE I/VI HM
- Medications- Metronidazole 50mg BID

Abnormal PE/Chem/CBC/UA Results: ALT 762 ALP 244 GGT 7 Bili 3.3 CardioBNP 40 (0-100)
12/27 Mild Cardiomegaly noted on radiographs today UA: 2+ bilirubin USG: 1.044

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with moderate, non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.7 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

No obvious pathology was present in the area of the bilateral adrenal glands.

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 mildly enlarged. 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 mildly thickened to slightly hyperechoic. The gallbladder contained moderate congealed yet non-organized debris. No evidence of pericholecystic inflammation. The cystic and common bile ducts were normal.



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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.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with mild non-shadowing ingesta and no signs of mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.24-0.25 cm width. The jejunum wall measured 0.25 cm width.

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

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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

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No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

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- Sonographically normal gastrointestinal tract /colon with current formed fecal matter
- Normal area of pancreas
- Hepatopathy
- Mild thickened gallbladder with congealed gallbladder debris
- Non-specific mild chronic renal changes
- Moderate urine sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Cholangiohepatitis hepatobiliary pattern is probable with suspect concurrent non-obstructive cholestasis. No overt hepatobiliary neoplastic criteria or current post-hepatic obstruction, which is thought less likely. Although no sonographic evidence of gastrointestinal mural changes or pancreatitis, triaditis could be a consideration in this patient given concurrent gastrointestinal signs.

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Further assessment may include assuming normal clotting status and using 25ga needle, hepatic FNA cytology. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Gastrointestinal support and empirical therapy for cholangiohepatitis could be considered with clinical monitoring. Sonographic reassessment indicated if progressive hepatopathy or non-responsive gastrointestinal signs.

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The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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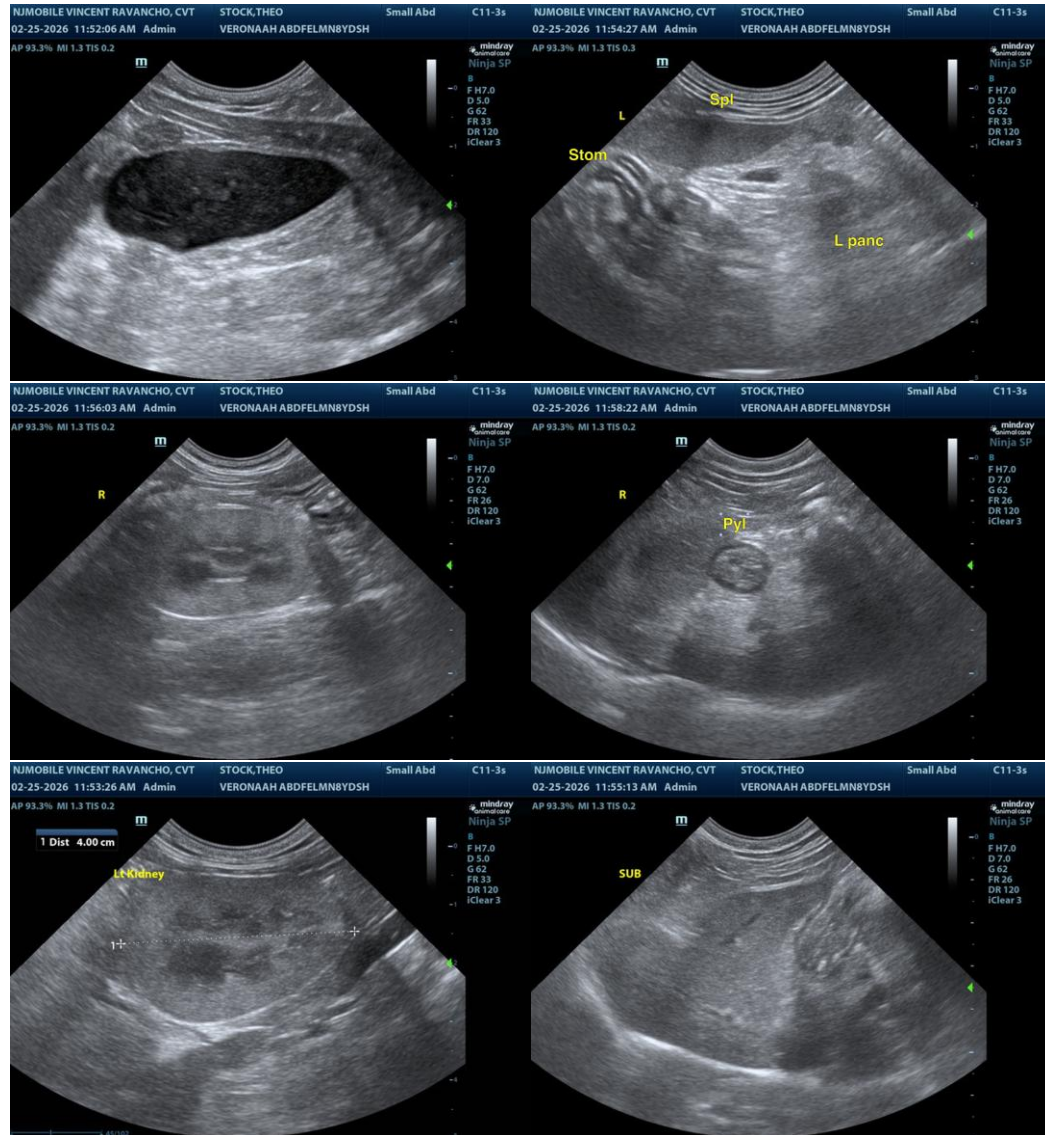
Dr Stock

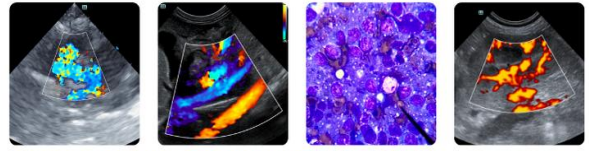
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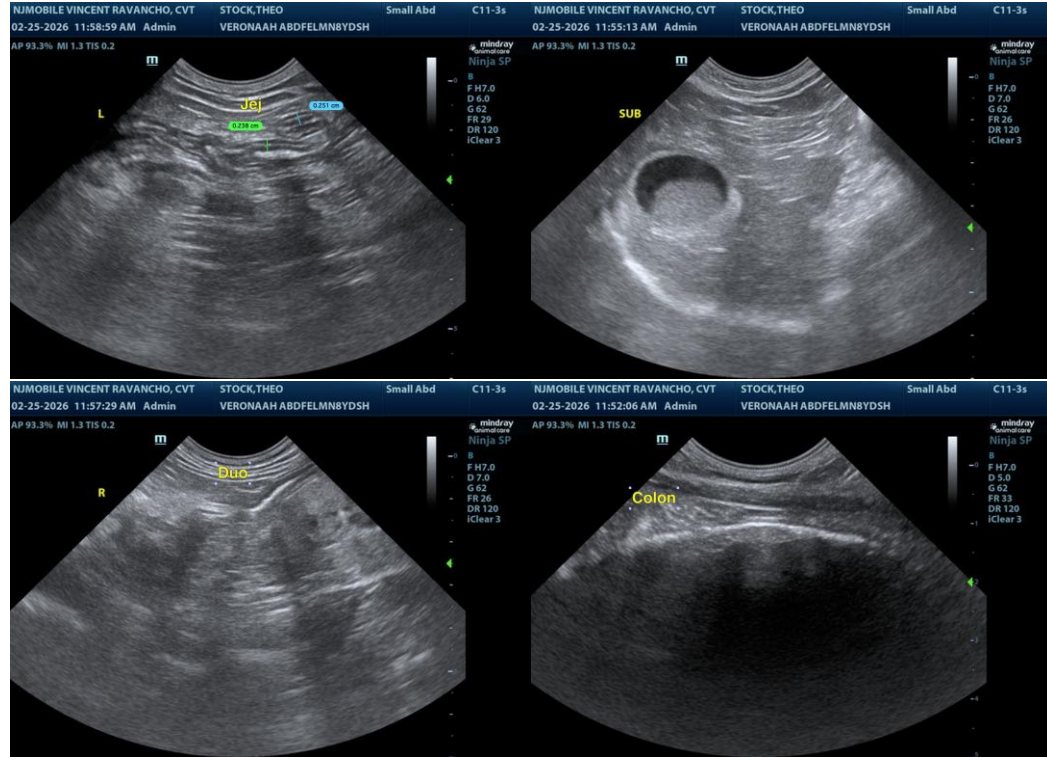
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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

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