

PATIENT

Harley Bates

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

16 Years

WEIGHT

2.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Petzoic Pet Hospital

REFERRING VET

Dr. Wedin

INVOICE

13994

DATE

02/27/26

PRESENTING CLINICAL SIGNS

- History of tachypnea, open mouth breathing, ADR

Abnormal PE/Chem/CBC/UA Results: BW unremarkable BW, significant elevation of T4 143, hypoglycemia on admission (received dextrose ALT 640, ALP 170. CBC hemoconcentration

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 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. Loss of corticomedullary distinction was also present. The left kidney measured 3.8 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.47 width, and the right adrenal gland measured 0.46 width.

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.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate retained anechoic fluid with no signs of ileus, obstruction or foreign material.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. A mild nonobstructive segmental ileus pattern is present without obstruction or foreign material. Increased intestinal mucosal echogenicity. The ileocolic wall measured 0.28 cm wall width. The jejunum wall measured 0.28 cm wall width. The duodenum wall measured 0.28 cm wall width.



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

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Pancreas

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mildly prominent pancreatic duct.

Feline

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

Primary Findings

Neutered Male

- Hepatopathy.
- Nonspecific gastroenteritis pattern exhibiting nonobstructive gastric and segmental intestinal hypomotility.
- Suspect chronic pancreatitis.
- Bilateral chronic renal changes.

AGE

16 Years

Secondary Findings

WEIGHT

2.7 kg

- Pinpoint dystrophic adrenal mineralization- normal variant in a cat.

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary, secondary, inflammatory or reactive hepatopathy given ALT elevation and hyperthyroidism is probable. No overt intra-abdominal neoplastic criteria. Correlation with spec fPL or GI panel to include PLI, TLI, cobalamin and folate may be considered if gastrointestinal signs or weight loss.

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Hepatogastrointestinal support is recommended with clinical monitoring. Correlation with pending echocardiogram is recommended.

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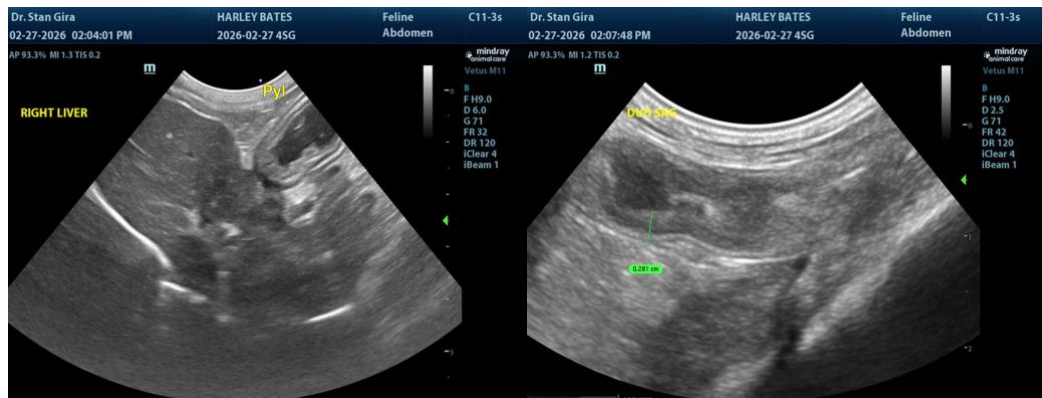
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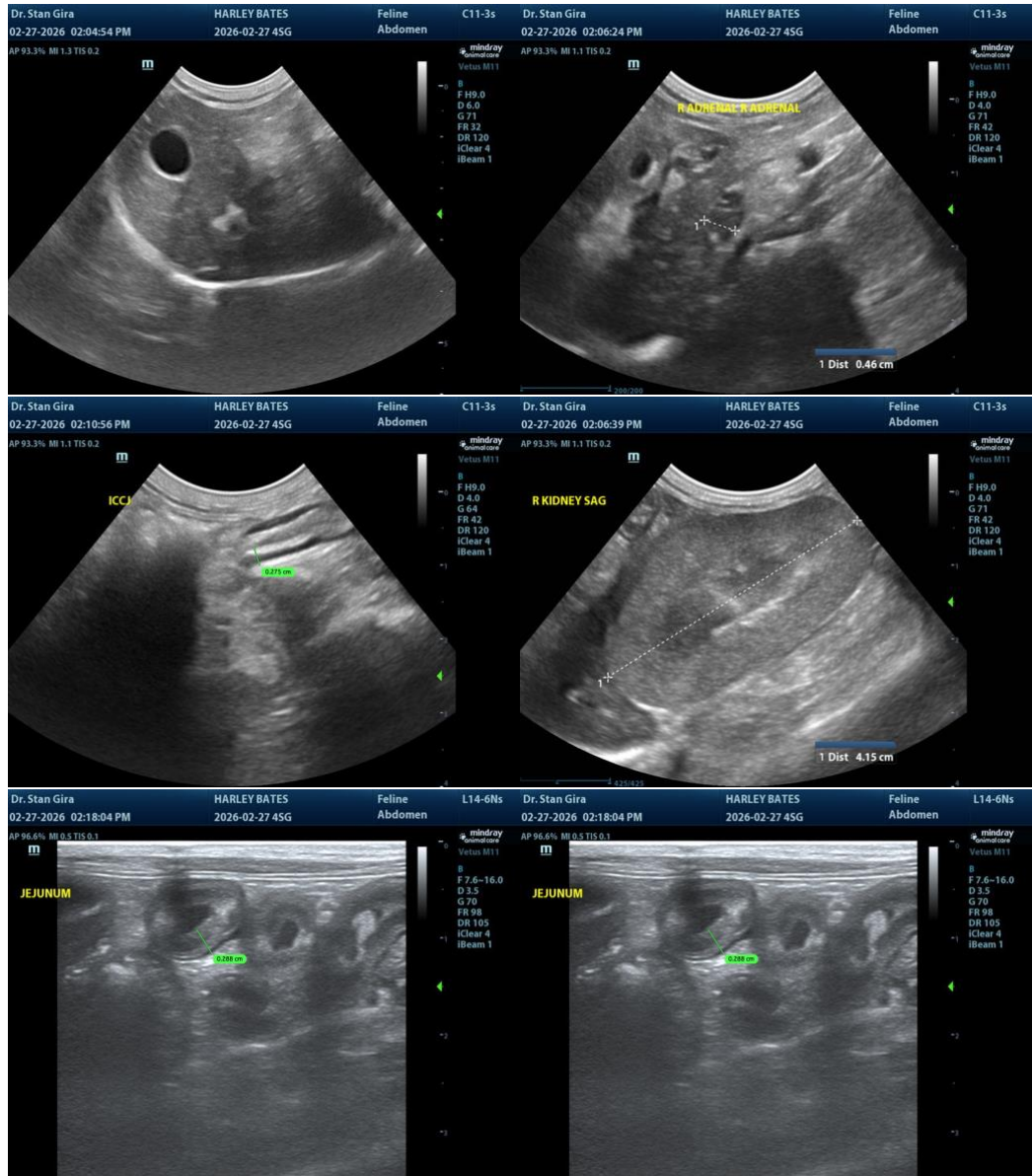
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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