



PATIENT

Macaroni Benson

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

9 Years

WEIGHT

8.3 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brittany Wolfe

HOSPITAL NAME

HomeVets

REFERRING VET

Dr. Brittany Wolfe

INVOICE

13546

DATE

02/03/26

PRESENTING CLINICAL SIGNS

- P presents for increasing liver enzymes and bilirubin despite tx for hyperthyroidism
- P presented to the ER on 12/4/25 for ADR and anorexia, was found to have elevated liver enzymes and hyperthyroidism T4 13.0
- P recovered clinically w/ supportive care and was started on methimazole
- Since then his appetite is a little low, but no other clinical signs.
- P has gained 1lb since hyperthyroidism diagnosis

Abnormal PE/Chem/CBC/UA Results: Mild generalized cachexia, BCS 4/9 Very elevat liver enzymes: ALT 962, AST 481, ALP 233 Tbili 1.9 (unconjugated 0.6, conjugated 1.3) T4 0.8 normal fPL normal

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.

The area of the iliac trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomdullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex. Areas of hyperechoic medullary parenchyma to possible emerging mineralization were present. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width.

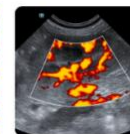
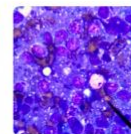
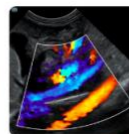
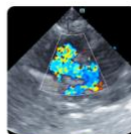
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

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 presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The proximal to mid visualized common bile duct was dilated and tortuous without overt post hepatic obstruction and not overtly extending to the level of the duodenal papilla. Pinpoint nonobstructive common bile duct mineral was present.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, progressively shadowing ingesta without signs of 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. The small intestine wall measured 0.24 cm wall width.

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

Pancreas

The pancreas presented normal in size with capsule asymmetry and mild nonhomogenous remodeled parenchyma compared to adjacent omentum. Mildly prominent pancreatic duct.

Free Abdomen

No visualized significant or swollen mesenteric lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatopathy.
- Nondistended gallbladder.
- Mild nonobstructive common bile duct dilation with minor nonobstructive common bile duct mineral.
- Normal gastrointestinal tract with gastric ingesta.
- Possible mild chronic pancreatitis.

Secondary Findings

- Normal kidneys with possible emerging renal medullary mineral.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatopathy is most consistent with benign criteria with primary consideration for inflammatory hepatobiliary disease, i.e. cholangiohepatitis. No evidence of post-hepatic obstruction. Triaditis could be a consideration given reported decreased BCS despite lack of gastrointestinal mural pathology. Further assessment may include (assuming normal clotting status and using a 25-gauge needle) hepatic FNA cytology to assess for inflammatory cell type and a GI panel to include PLI, TLI, cobalamin and folate. No overt neoplastic criteria which is thought less likely. Hepatosupportive medications and consideration for empirical cholangiohepatitis protocol with clinical monitoring may prove beneficial.

Correlation with most recent meal ingestion is recommended given progressively shadowing gastric ingesta with potential for gastric hairball density is not excluded. If documented NPO, hospitalization



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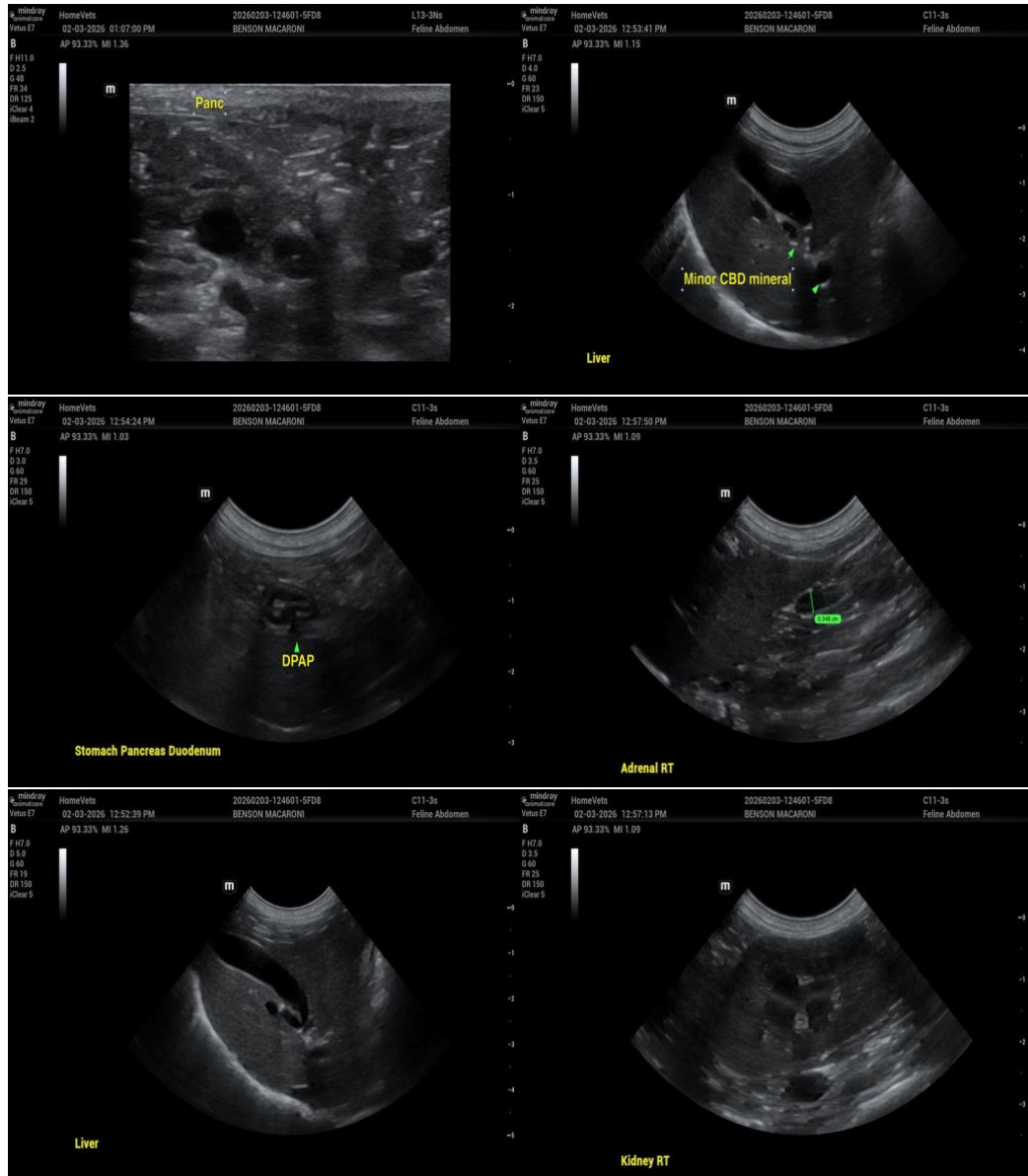
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with 12-hour fast, gastrointestinal support and sonographic monitoring of gastric emptying is recommended.





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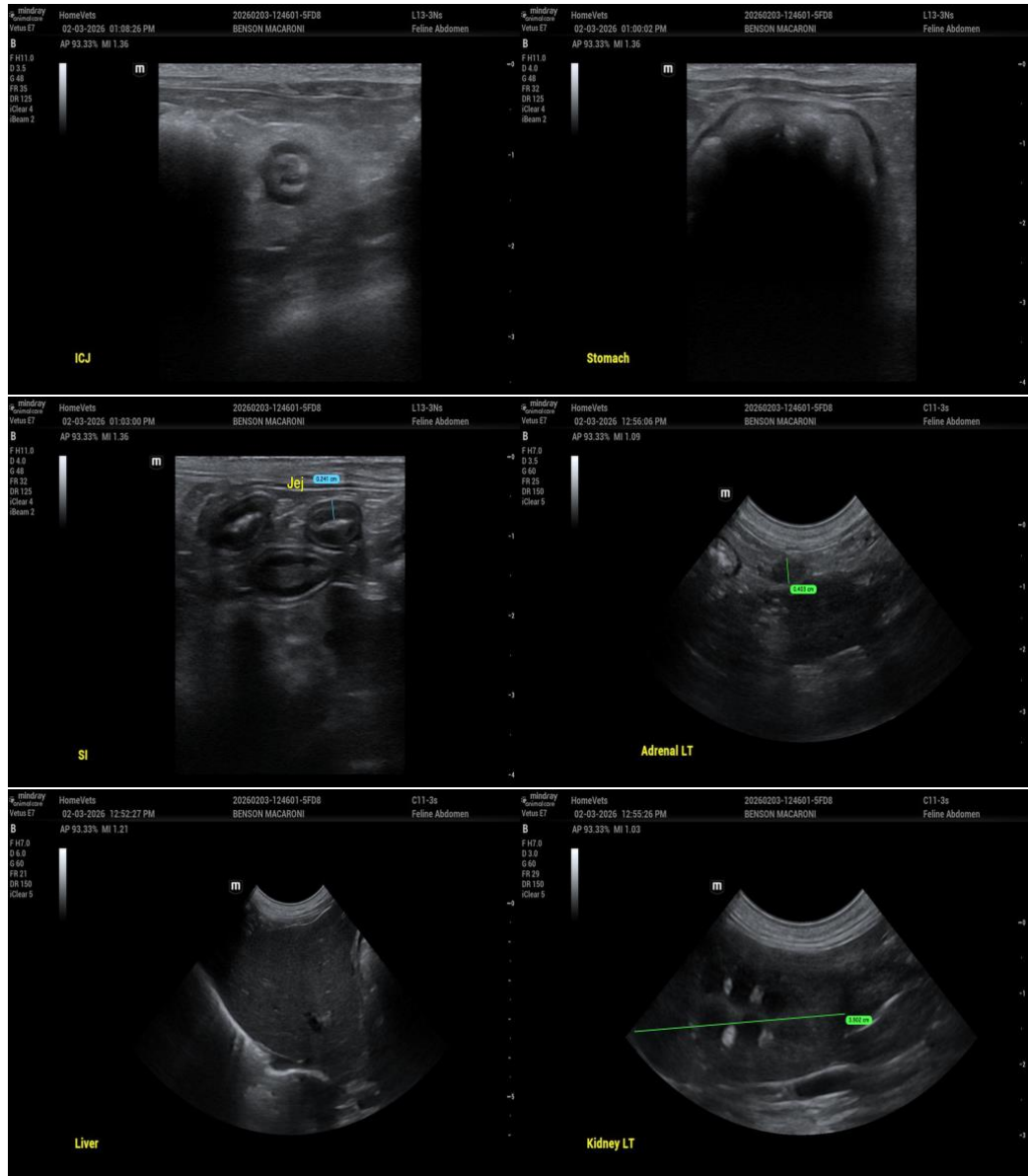
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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