



PATIENT

Sadie Chiblow

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

13yr

WEIGHT

5.8kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary
Clinic

REFERRING VET

Hazem Othman

INVOICE

23804

DATE

02/05/2026

PRESENTING CLINICAL SIGNS

Patient presented for anorexia and jaundice: Not eating for 2 days and episodes of bile/foam vomiting.

Abnormal PE/Chem/CBC/UA Results: PE: Patient over-conditioned overall but with sarcopenia noticed on hind limbs. MM, sclera and skin icteric Mild abdominal sensitivity BW ALP 171 * U/L 10 - 90 High ALT 174 * U/L 20 - 100 High AMY 593 U/L 300 - 1100 TBIL 142 * umol/L 2 - 10 High

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 no evidence of urine/lumen 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 some increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.1 cm in length. The right kidney measured 3.5 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 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 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. The gallbladder was non-distended in size with mild non-organized debris. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. Mildly dilated cystic duct present. Common bile duct not visualized.

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.



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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 no signs of mechanical/metabolic ileus, obstruction or foreign material.

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

SPECIES

Pancreas

Feline

The pancreas was normal in size with capsule asymmetry and mild, non-homogenous hypoechoic parenchyma compared to adjacent non-reactive or inflamed omentum.

BREED

Free Abdomen

DSH

No overt lymphadenopathy was present.

Scant peritoneal effusion present.

SEX

ULTRASONOGRAPHIC FINDINGS

FS

Primary

AGE

13yr

- Normal empty gastrointestinal tract
- Hepatopathy
- Non-distended gallbladder with mild bile sediment
- Probable mild pancreatitis

WEIGHT

5.8kg

Secondary

- Bilateral chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatopathy is nonspecific and may indicate inflammatory disease, i.e., cholangiohepatitis without overt evidence of post-hepatic obstruction, while potential for occult hepatic neoplasia is not excluded. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment. Correlation with a GI panel to include PLI/TLI/Cobalamin/Folate is recommended given probable mild pancreatitis and assessment for non-structural intestinal disease, i.e., triaditis as a contributing factor.

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Hospitalization with empirical therapy for cholangiohepatitis with concurrent gastrointestinal support and clinical monitoring for further assessment is recommended with sonographic recheck if evidence of progressive hepatopathy, jaundice or progressive gastrointestinal signs.

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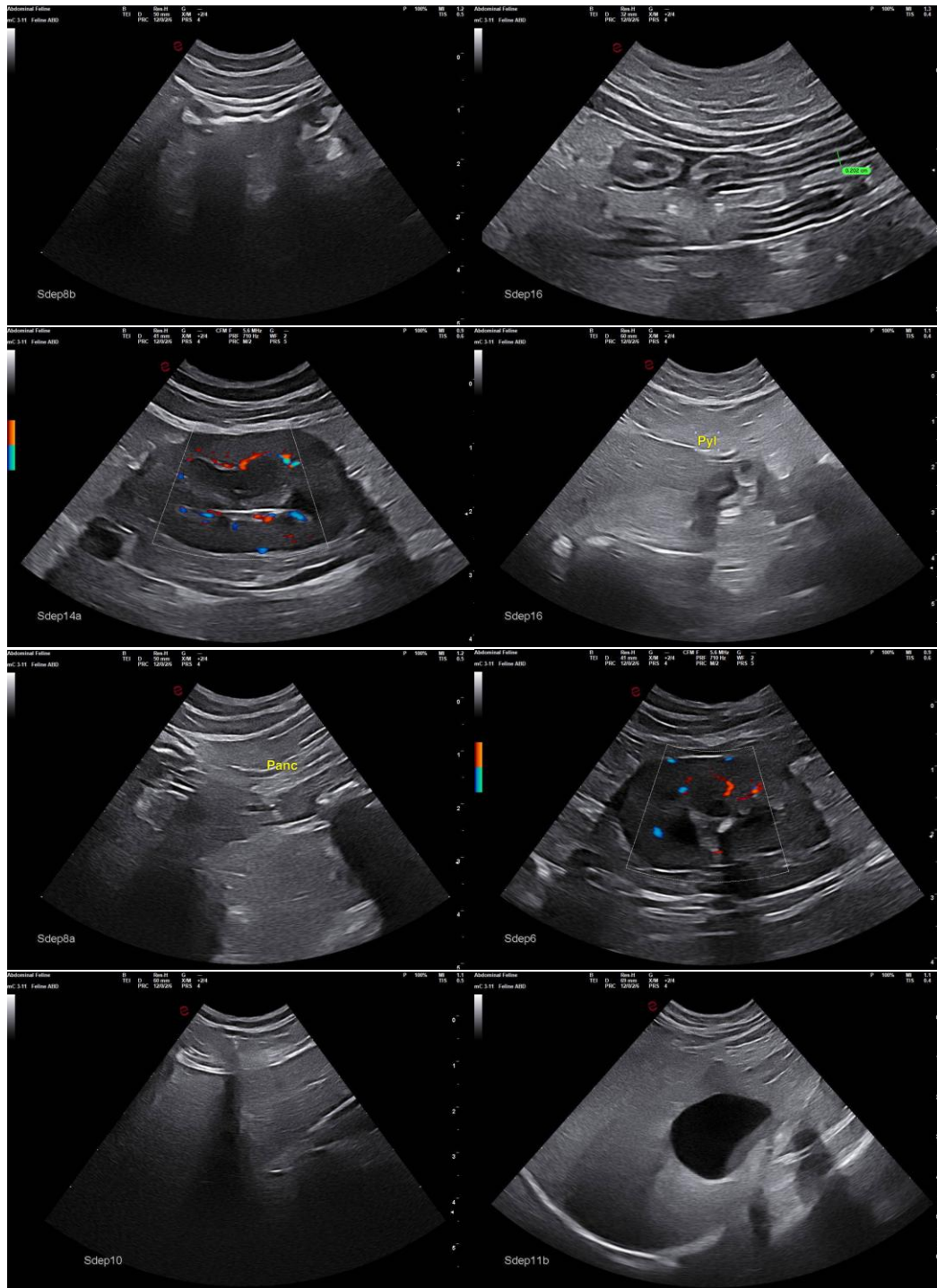
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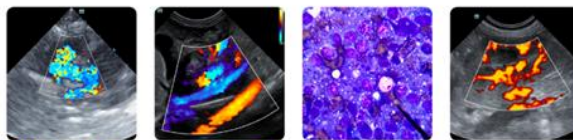
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@sonopath.com

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