



PATIENT

Katerina Garrett

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3 Years 2 Months

WEIGHT

8.8 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Green

HOSPITAL NAME

Healing Spirit Animal
Wellness

REFERRING VET

Dr. Sarah Green

INVOICE

14377

DATE

03/16/26

PRESENTING CLINICAL SIGNS

- presented due to acute onset vomiting and anorexia
- strictly indoor cat, no know exposure to toxins

Abnormal PE/Chem/CBC/UA Results: PE unremarkable chemistry: ALT=985 (10-100) U/L, AST=312 (12-43) U/L, TP=8.6 (5.4-8.2) g/dL, K=2.9 (3.7-5.8) mmol/L UA: usg=1.050, no pyuria or bacteriuria

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 size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary 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 with no evidence of pelvic dilation. The left kidney measured 3.3 cm in length. The right kidney measured 3.5 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 0.34 cm width.

The right adrenal gland was not definitively visualized.

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 common bile duct was not definitively visualized yet without evidence of posthepatic obstruction.

Gastrointestinal

The stomach presented intact mildly thickened echogenic wall. Intact wall layering was maintained and distinct. The stomach contained a mild to moderate amount of anechoic fluid. No evidence of obstruction to pyloric outflow. The gastric body wall measured 0.45 cm wall width.



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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 without mechanical/metabolic ileus to the level of the colon. The small intestine wall measured 0.23 cm wall width.

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

Pancreas

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The area of the pancreas was sonographically normal.

Free Abdomen

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No visualized significant omental lymphadenopathy or peritoneal effusion was present. Minor perihepatic effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

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- Hepatopathy.
- Sonographically normal gallbladder and visible common bile duct.
- Mild hypomotile gastritis.
- Sonographically normal empty small intestine.
- Normal area of the pancreas.
- Minor perihepatic effusion.

WEIGHT

8.8 pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Although non-specific, the liver and gallbladder combined with elevated ALT/AST is suggestive of potentially acute hepatobiliary inflammation or cholangiohepatitis. Viral, bacterial or other infectious versus toxic etiologies are all potentials. No overt mechanical pyloric or generalized gastrointestinal obstruction.

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Further assessment may include (assuming normal clotting status and using 25-gauge needle) hepatic FNA cytology to assess for inflammatory cell type +/- GI panel to include PLI, TLI, cobalamin and folate to rule out non-structural intestinal disease or mild pancreatitis, which may present sonographically normal.

HOSPITAL NAME

Healing Spirit Animal Wellness

Hospitalization with empirical therapy for non-specific cholangiohepatitis with gastrointestinal support, clinical monitoring and sonographic reassessment if evidence of progressive hepatopathy or gastrointestinal signs is recommended.

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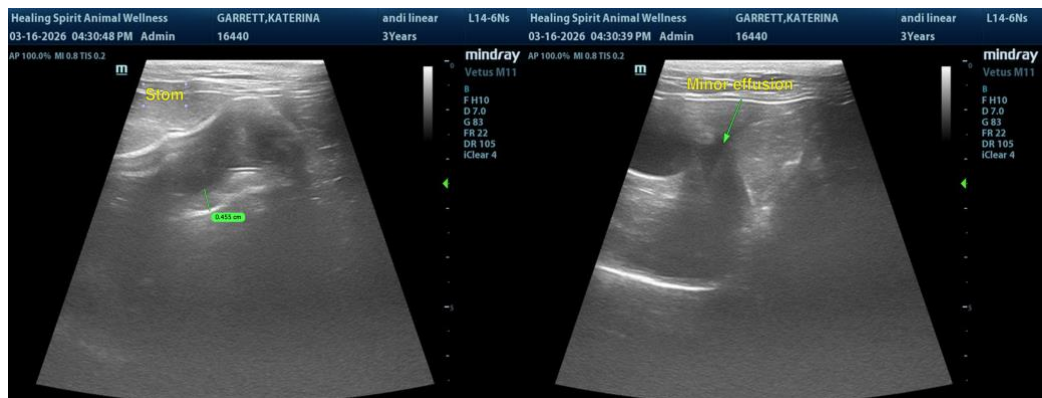
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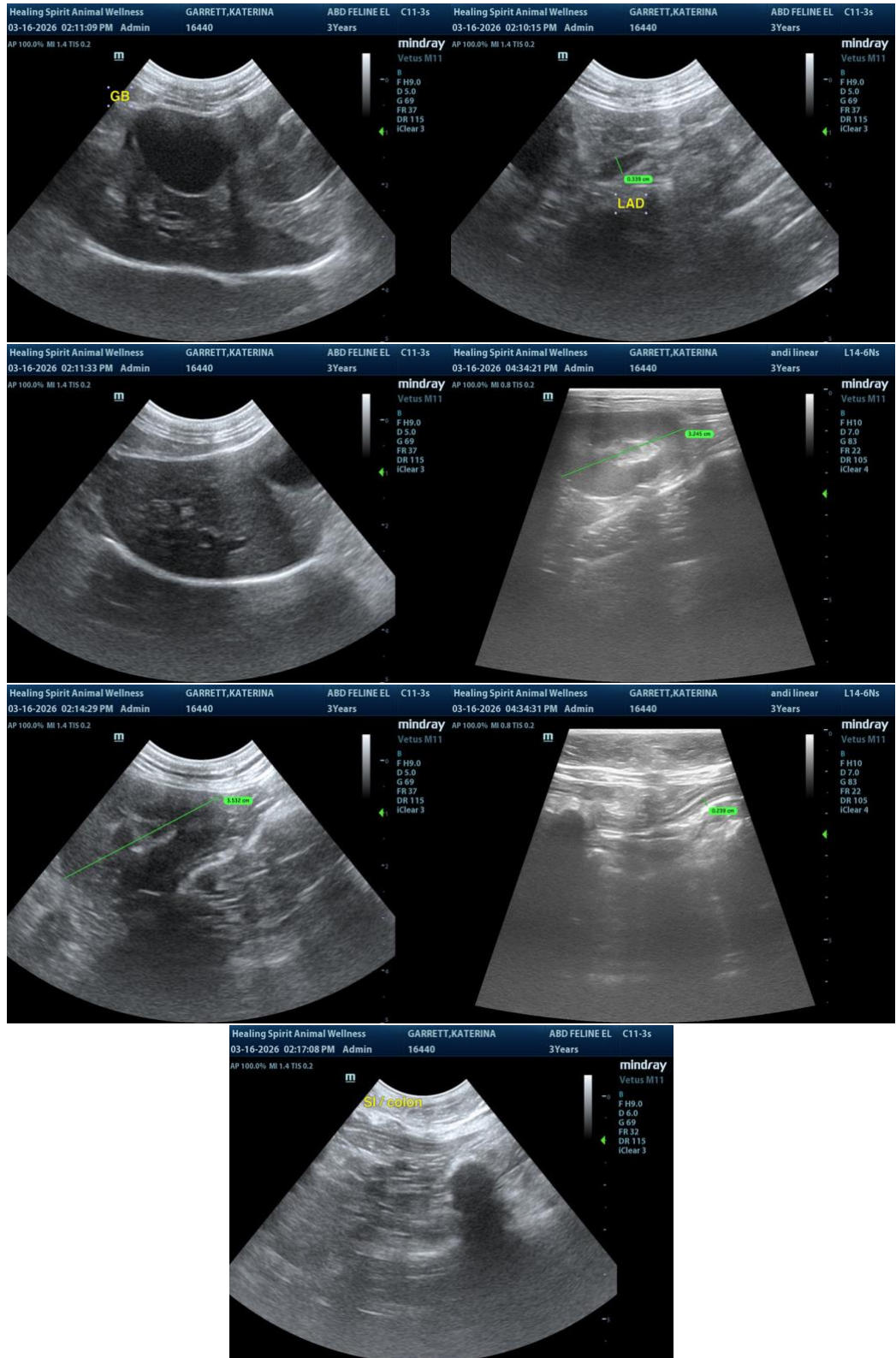
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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