



PATIENT

Oliver Banker

SPECIES

Feline

BREED

Ragdoll

SEX

MN

AGE

7yr

WEIGHT

10.26lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Melinda Persson

INVOICE 24245

DATE
03/17/2026

PRESENTING CLINICAL SIGNS

- Episode of vomiting and inappetance last Friday
- Febrile - Temp 103.1
- Neutrophilia, elevated liver enzymes and bilirubin
- Currently on Clavamox 62.5 mg twice per day
- Feeling better and eating well with no more vomiting
- Previous similar episode in August - recovery without antibiotics
- Abnormal PE/Chem/CBC/UA Results: Neutrophils 12.34 ALT 1261 ALP 35 GGT 10 Bilirubin 2.8

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 minor 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 size and margination were 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. A small caudal left kidney cortical cyst was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.4 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 0.31 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.28 cm width at the caudal pole.

Spleen

The spleen exhibited enlarged size with subjective mild splenic folding. Primarily symmetrical mildly rounded splenic contour and maintained homogenous parenchyma. Mild regional perisplenic hyperechoic omentum and scant effusion was present. The spleen measured 1.2 cm in width.

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was mildly distended in size with normal non-edematous wall and mild congealed bile sediment. Diffuse, moderately dilated common bile duct to the approximate level of the duodenal papilla. No obvious visualized duodenal papilla pathology or calculus. The common bile contained anechoic bile measuring up to 0.7 cm width.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The stomach was non-distended containing variably sized shadowing ingesta/ echoes with an example measuring 1.5 cm in diameter.

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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. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.33 cm width.

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

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Pancreas

Ragdoll

The pancreas was prominent in size with capsule asymmetry. Mild non-homogenous hypoechoic parenchyma was present. Mildly prominent pancreatic duct.

SEX

Free Abdomen

MN

No overt lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

AGE

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Primary

- Probable chronic to acute on chronic cholangiohepatitis
- Chronic active pancreatitis
- Sonographically unremarkable gastrointestinal tract with shadowing gastric ingesta/echoes
- Splenomegaly with mild splenic folding, regional perisplenic hyperechoic omentum and scant effusion- hyperplasia, hematopoiesis, sedation if clinically applicable, inflammation, neoplasia possible

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Secondary

- Small left kidney cortical cyst

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a hepatosplenic FNA for screening cytology is warranted for further assessment. Definitive evidence of post-hepatic obstruction at the level of the duodenal papilla was not obvious yet not definitively excluded. Serial clinical and sonographic monitoring indicated if evidence of progressive hepatopathy or cholestasis. Bile culture is likely ideal. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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The shadowing gastric ingesta /echoes may correlate with patient history of recent meal ingestion with dense ingesta, potential for non-obstructive gastric foreign bodies is not definitively excluded. 12 hour fast and sonographic reassessment of the stomach may be considered.

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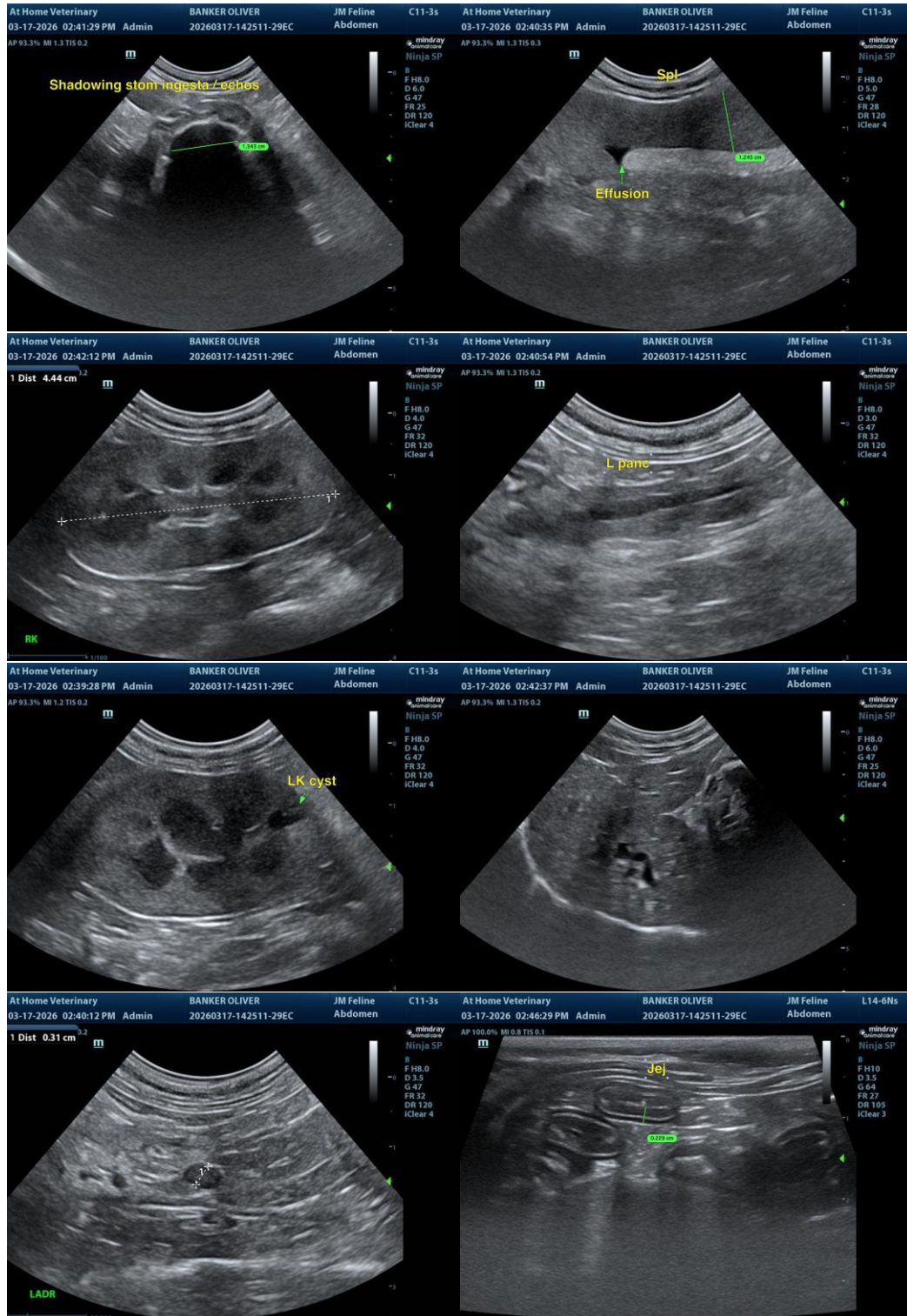
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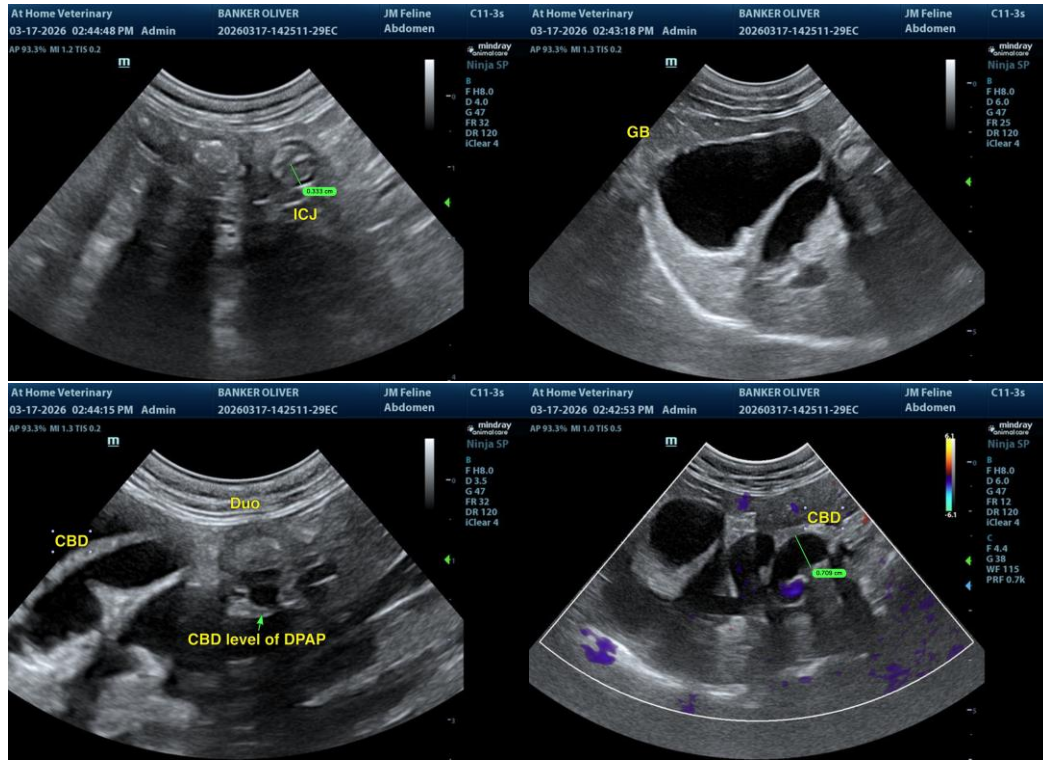
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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