

PATIENT

Oliver Passaro

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

2012

WEIGHT

11

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT,
 ARDMS/RVT

HOSPITAL NAME

Mt. Airy AH

REFERRING VET

Riley

INVOICE

13289

DATE

3/17/26

PRESENTING CLINICAL SIGNS

History:

- Progressive liver elevations
- Weight loss
- Medication: Veraflox, Denamarin, mirtaz, Cerenia, prednisolone, d/d rx diet

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. Primarily anechoic urine was present in the lumen. Mild, echogenic to particulate non-dependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. Mildly thickened hyperechoic cortex with mildly enhanced corticomedullary border demarcation. Adequate medullary volume present. No evidence of pyelectasia noted. The left kidney measured 4.4 cm in length. The right kidney measured 4.7 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 0.46 cm The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm.

Spleen

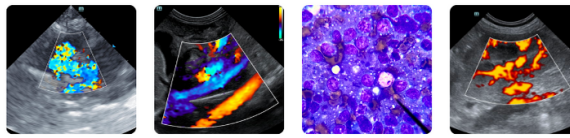
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.75 cm width level of the mid spleen.

Liver

The liver was enlarged in size with mildly swollen, primarily symmetrical hepatic capsule contour and mild non-homogeneous parenchyma. Intermittent, discrete, non-homogeneous, hypoechoic intraparenchymal nodules were present. Subjective right liver lobar swelling vs isoechoic mass measuring ~4.0 cm in diameter. 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 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 ileus, obstruction or foreign material. Duodenum wall measured 0.21 cm, jejunum wall measured 0.20 cm, and ileocolic wall measured 0.31 cm.

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

Pancreas

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The pancreas was prominent in size with capsule asymmetry and mildly non-homogeneous, hypoechoic parenchymal exhibiting mildly prominent pancreatic duct.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

AGE

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- Mildly enlarged non-homogeneous liver exhibiting discrete intraparenchymal nodules and right liver lobar swelling vs indistinct mass
- Normal gallbladder/common bile duct
- Sonographically normal gastrointestinal tract
- Chronic/chronic active pancreatitis
- Bilateral chronic renal changes
- Mild urine sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Although sampling is required for clarification, primary concern for hepatic neoplastic criteria is warranted with vacuolar, inflammatory, hyperplastic cholestatic or combination possible. Assuming normal clotting status and using 25-gauge needle, hepatic parenchyma and right liver lobar swelling vs mass vs indistinct mass FNA cytology recommended for further clarification. A GI panel to include PLI/TLI/Cobalamin/Folate and 3-view chest radiographs recommended to correlate with pancreas and assess for non-structural intestinal or thoracic pathology as a contributing factor to the weight loss. Potential suppression of pathology owing to Prednisone possible.

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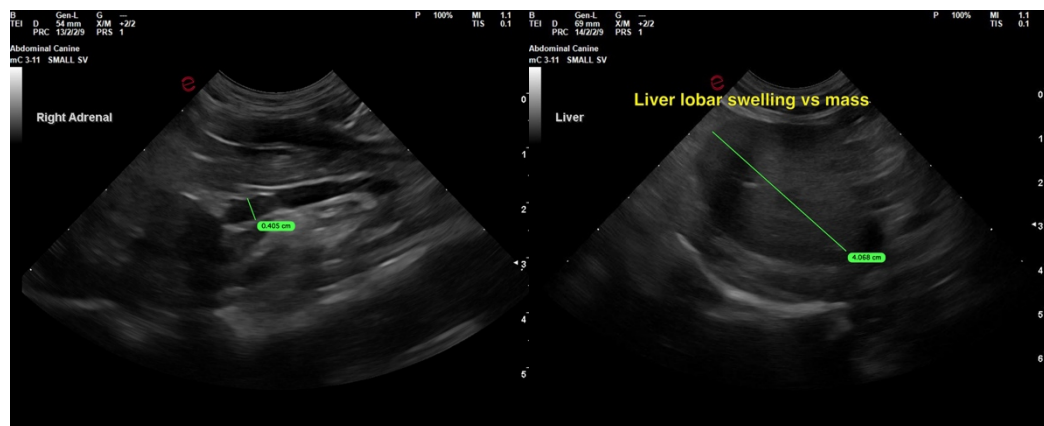
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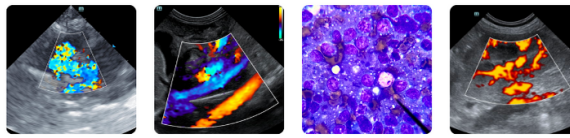
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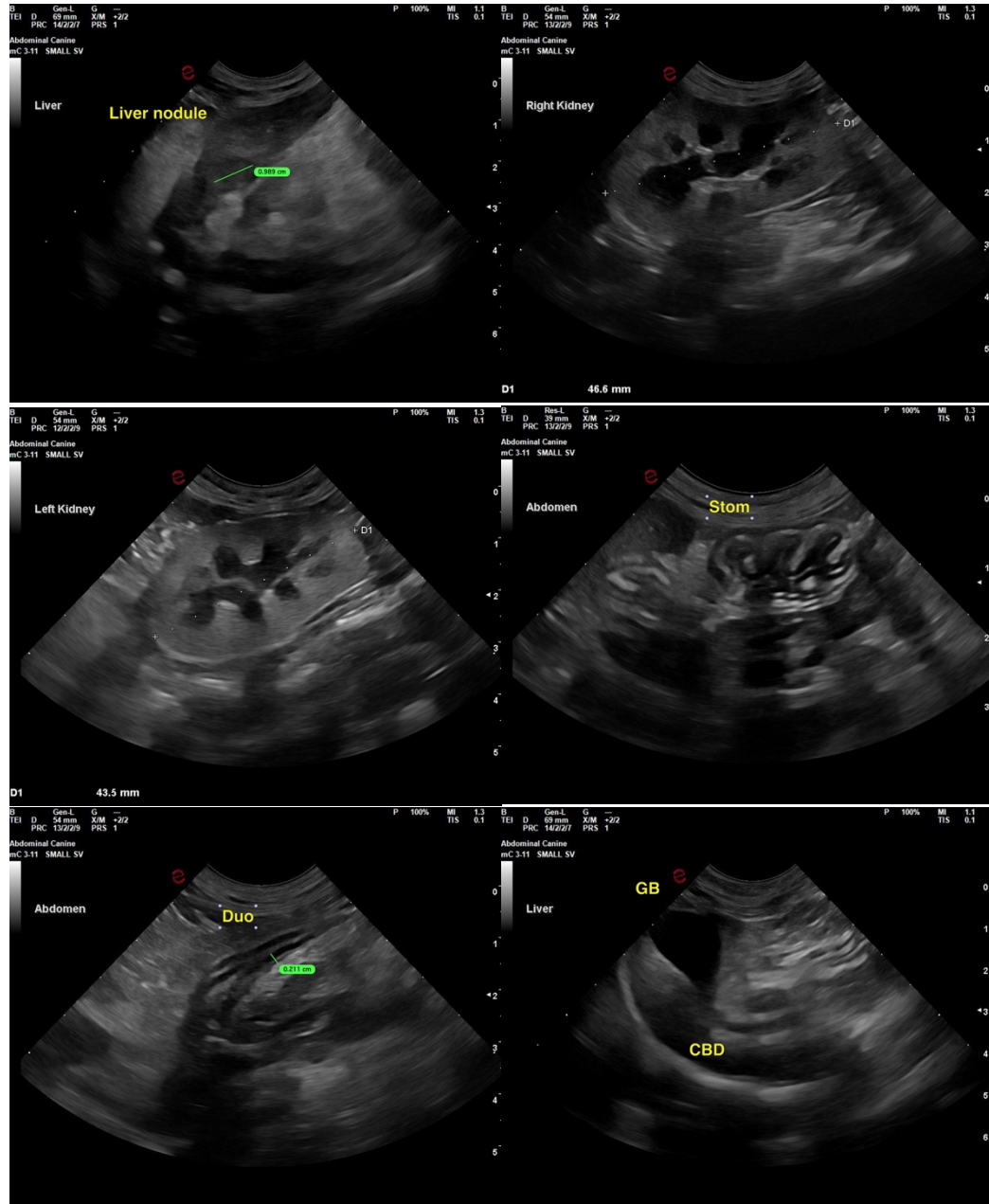
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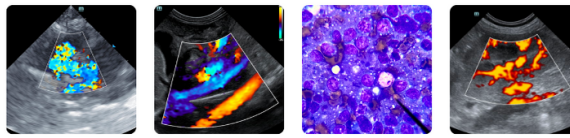
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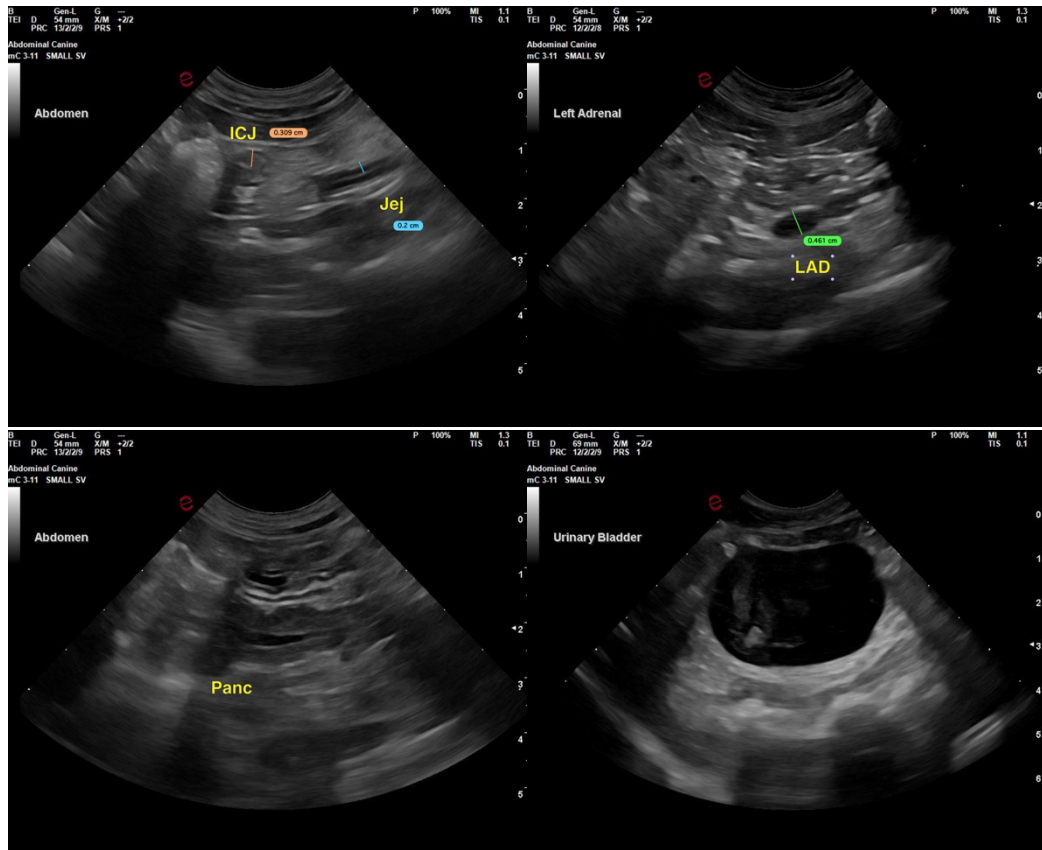
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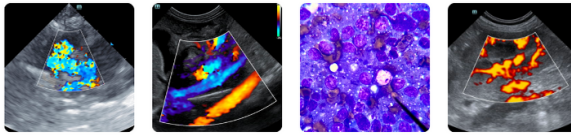


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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