



PATIENT

Whiskers Lucero

SPECIES

Feline

BREED

DMH

SEX

Male Neutered

AGE

5y

WEIGHT

11.41 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sativa Romero

HOSPITAL NAME

Petroglyph AH

REFERRING VET

Madison Pegouske

INVOICE

13302

DATE

3/20/26

PRESENTING CLINICAL SIGNS

History:

- Presented on 3/20 for anorexia, severe lethargy, and icterus. Patient had a decrease in appetite 3/14 that progressed to anorexia on 3/17. Presented to rDVM on 3/18 where they noted icterus on PE. UA unremarkable per O. Per O, rDVM reported elevated liver enzymes and mild increase in WBC. rDVM provided SQ fluids, Cerenia rx, and Elura rx. Patient ate that night but required syringe feeding the following day (3/19). On presentation with us at PAH, patient laterally recumbent, weak, severely icteric, severe dehydration.

Abnormal PE/Chem/CBC/UA Results: Repeat blood work indicated HCT 27.7% (L) suspect falsely elevated due to hemoconcentration, WBC 23.43 (H), bands present, LYM 11.63 (H), MONO 0.97 (H), CREA 8.1 after 1:10 dilution; BUN >130; PHOS 11.7 (H); Ca 6.3 (L); TP 4.0 (L); ALB 1.3 (L); GLOB 2.7 (L); ALP 127 (H); GGT 15 (H); TBIL 9.4 (H); Na 138 (L); Cl 104 (L).

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 changes 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 3.8 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left and right adrenal glands were 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. The spleen measured 0.9 cm width level of the mid spleen.

Liver

The liver was moderately enlarged in size with normal vascular volume. The liver parenchyma was mildly homogeneous and hyperechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-



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dependent, echogenic, nonmineralized biliary sludge. The gallbladder exhibited no evidence of inflammation or edema. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic to mildly echogenic fluid without obstruction to pyloric outflow.

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. Small intestine wall measured 0.21 cm.

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

Pancreas

The left limb of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation.

Free Abdomen

Generalized mild hyperechoic omentum and mild to moderate volume peritoneal effusion present. No visualized significant or swollen mesenteric lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- Enlarged hyperechoic liver
- Non-distended non-inflamed gallbladder with mild debris – no evidence of post hepatic obstruction
- Pancreatitis
- Sonographically normal gastrointestinal tract with mild non-obstructive hypomotile stomach
- Sonographically normal bilateral kidneys
- Mild to moderate volume peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The normal kidneys in conjunction with significant azotemia is consistent with acute nephropathy. Hepatic lipidosis, primary or secondary reactive or inflammatory hepatopathy potentially associated with pancreatitis or occult hepatic round cell neoplasia such as lymphoma, all potentials. Further assessment may include, assuming normal clotting status and using 25-gauge needle with vitamin K pre-treatment, hepatic FNA cytology in conjunction with effusion analysis and +/- C/S. if evidence of effusion inflammatory component. Hospitalization with renal and hepatic support, empirical therapy for pancreatitis and gastrointestinal support which may include feeding tube placement given potential for hepatic lipidosis with clinical monitoring is recommended. Sonographic reassessment indicated if progressive hepatopathy, icterus or non-responsive azotemia. Leptospirosis titer/PCR may be considered if clinically indicated.



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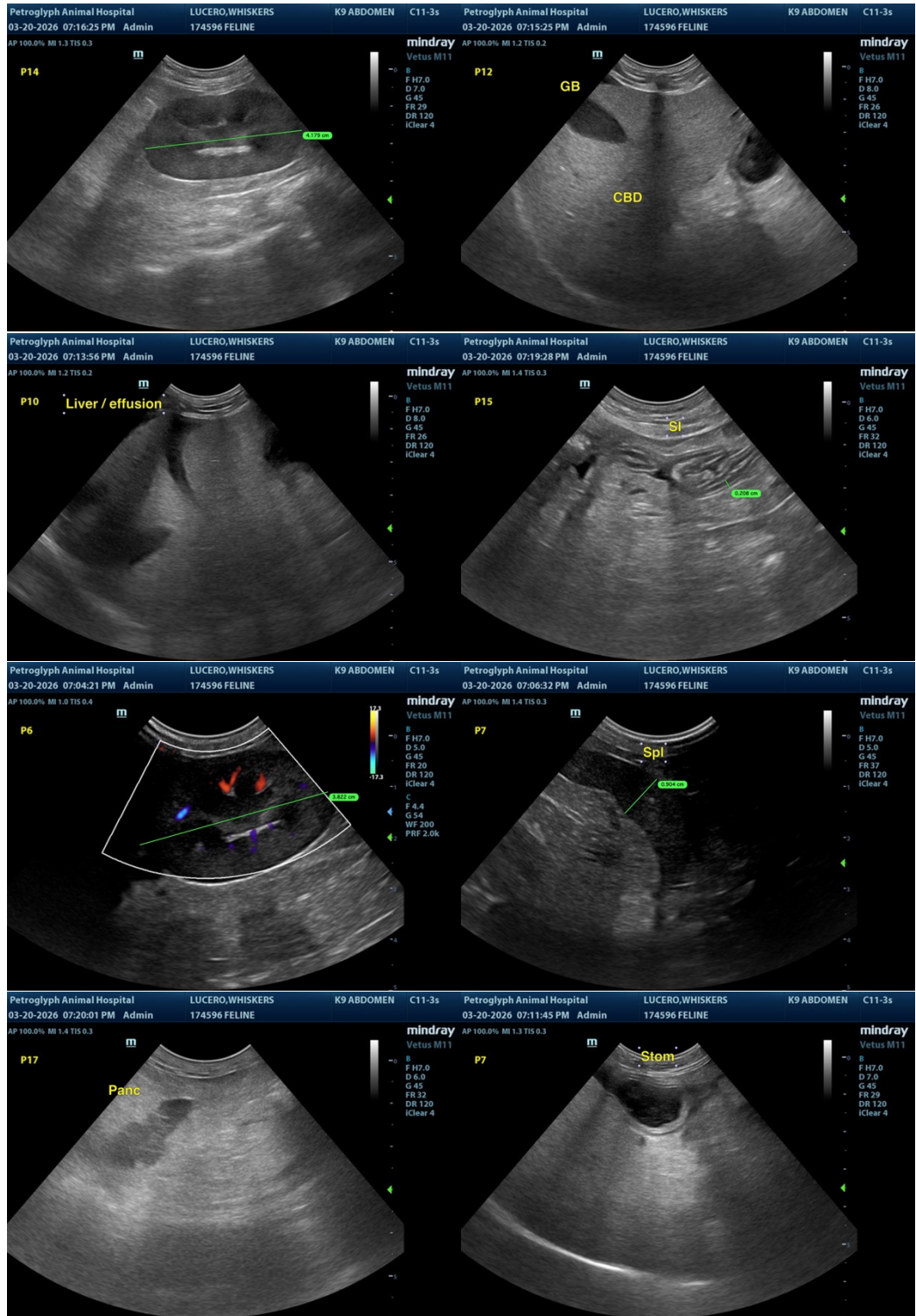
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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