



**PATIENT**

Booker Liuk

**SPECIES**

Feline

**BREED**

Russian Blue

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

8.7 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe CVT

**HOSPITAL NAME**

Banister Animal  
 Hospital

**REFERRING VET**

Dr. Banister

**INVOICE**

14558

**DATE**

03/24/26

**PRESENTING CLINICAL SIGNS**

- icteric
- new patient
- hills c/d multi

Abnormal PE/Chem/CBC/UA Results: Lab work pending

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent moderate 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.

Both kidneys presented enlarged in size with 1:3 cortex / medulla ratio overall maintained with hyperechoic cortex echogenicity and mildly enhanced corticomedullary border demarcation. No evidence of pyelectasia. The left kidney measured 5.0 cm in length. The right kidney measured 6.0 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 0.38 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 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 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 minor nonorganized debris. The proximal common bile duct was dilated and mild tortuous without overt post hepatic obstruction.

*Gastrointestinal*

The stomach presented normal intact visible wall. The stomach exhibited moderate to significant distention with retained primarily anechoic fluid and mild echogenic non-shadowing ingesta/chyme. No definitive visualized evidence of obstruction to pyloric outflow.



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The small intestine presented intact wall layering exhibiting segmental borderline thickened jejunum wall and prominent jejunal muscularis layer. The duodenum wall measured 0.23 cm wall width. The jejunum wall measured 0.27 cm wall width. The ileocolic wall measured 0.33 cm wall width. Mild segmental jejunal ileus.

Normal visible colon wall layers were present with formed fecal matter.

***Pancreas***

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy.
- Nondistended gallbladder with mild gallbladder debris, mild proximal common bile duct dilation- no definitive evidence of posthepatic obstruction.
- Moderate to significant gastric ileus with retained fluid and nonshadowing ingesta/chyme.
- Possible nonspecific enteropathy exhibiting mild segmental jejunal ileus.
- Normal area of the pancreas.
- Bilateral renomegaly.
- Urine sediment.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The moderate to significant gastric ileus is nonspecific without overt or definitive evidence of pyloric or upper intestinal mechanical obstructive criteria. This may suggest metabolic or functional gastric stasis secondary to hepatopathy. Correlation with lab work is recommended.

Assuming normal clotting status, further assessment of the liver may include FNA cytology +/- leptospirosis titers/PCR, given potential for concurrent nephropathy and bile acid profile. Concurrent GI panel to include PLI, TLI, cobalamin and folate may be considered for further assessment of the potential enteropathy as well as for evidence of mild pancreatitis which may present sonographically normal. Occult to emerging renal, intestinal or potential hepatic neoplasia i.e. lymphoma is thought less likely yet not definitively excluded.

Pending lab work or hepatic sampling if elected. Concurrent renal cortex FNA cytology may be indicated for further assessment. Hospitalization with hepatogastrointestinal support with monitoring for evidence of resolving or persistent gastrointestinal ileus is recommended.



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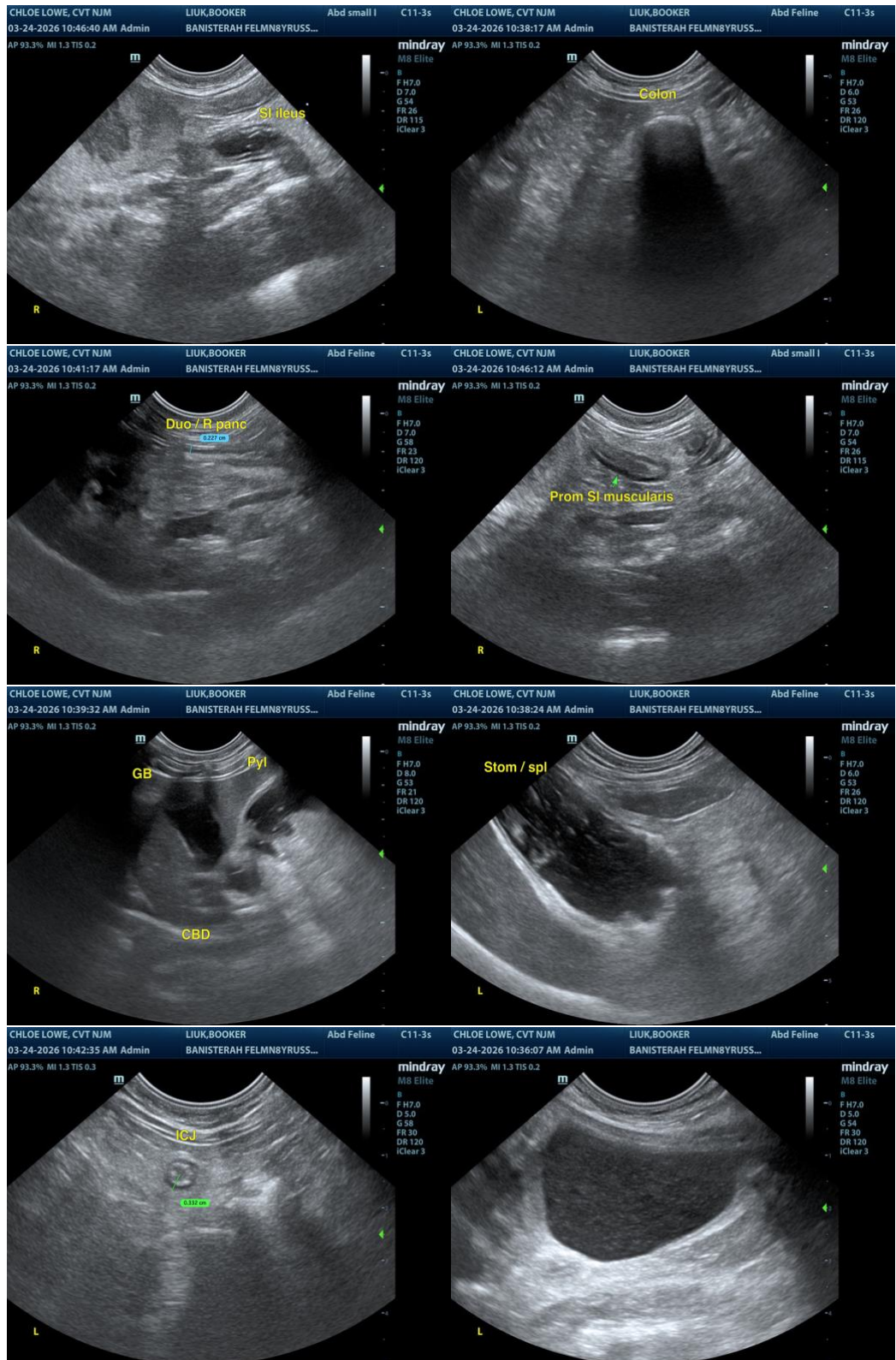
Dr. Banister

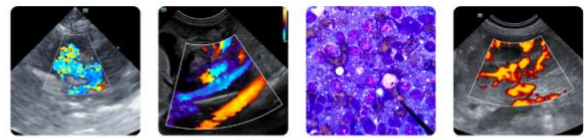
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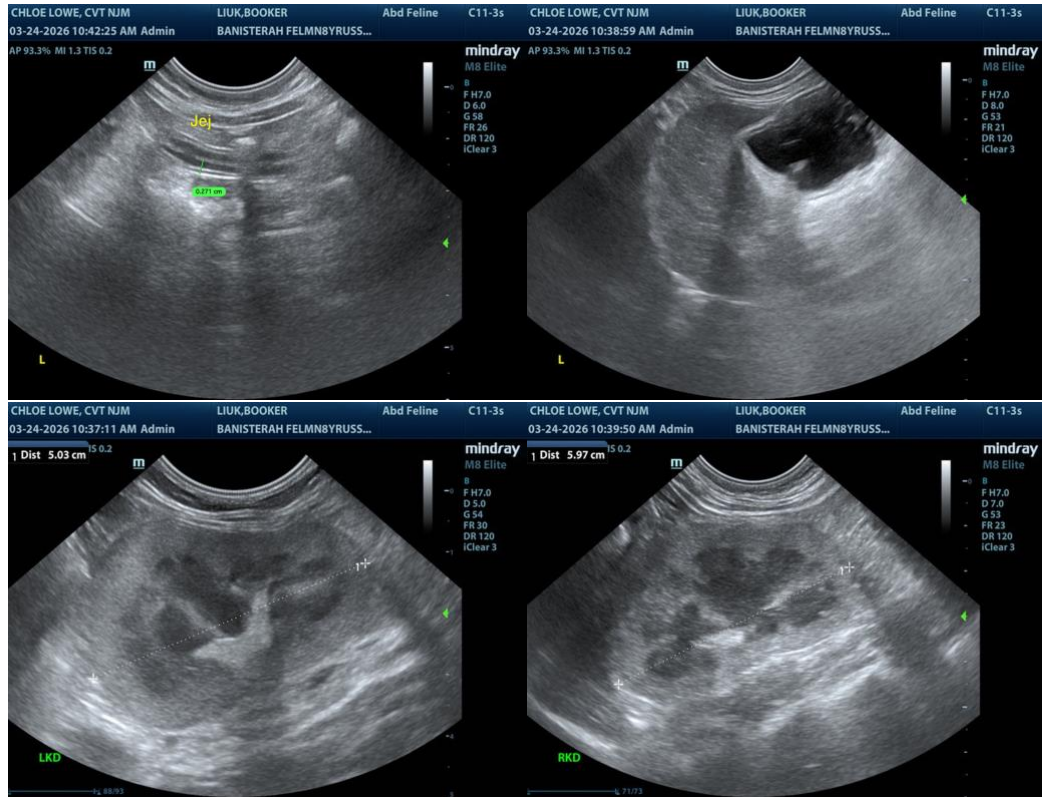
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)