



PATIENT

Lester Osborne

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

5.92 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Fish Creek Pet Hospital

REFERRING VET

Dr. Laura

INVOICE

14679

DATE

03/27/26

PRESENTING CLINICAL SIGNS

- Lester presented to his regular veterinarian for an unthrifty hair coat, inconsistent appetite, and being generally unwell.
- Physical exam findings at that time included icterus, dehydration, and an unthrifty appearance.
- The owner is unsure of the cat's eating habits or potential toxin ingestion. No vomiting or diarrhea has been observed.
- Upon arrival, the patient received gabapentin and buprenorphine IV.

Abnormal PE/Chem/CBC/UA Results: Chemistry - ALT: 366 (Elevated) - Total Bilirubin: Marked elevation - AST: Elevated - ALP: Elevated - GGT: Normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

Normal size and margination was present in the left kidney. 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 4.3 cm in length.

The right kidney presented with 1:3 cortex to medulla ratio, mild increased cortex echogenicity and mild indistinct corticomedullary border demarcation. Mild asymmetrical margination was present. The right kidney measured 3.8 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 0.37 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 0.44 cm width at the caudal pole.

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 presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a



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mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained progressively shadowing moderate ingesta without overt evidence of obstruction to pyloric outflow.

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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. The duodenum wall measured 0.29 cm wall width. The jejunum wall measured 0.22 cm wall width. The ileocolic wall measured 0.30 cm wall width.

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

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Pancreas

The pancreas presented normal in size with mild capsule asymmetry and variably echogenic hypoechoic to mildly hyperechoic pancreatic parenchyma compared to adjacent noninflamed omentum.

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Free Abdomen

No visualized significant omental lymphadenopathy was present. Intermittent minor pockets of peritoneal effusion.

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ULTRASONOGRAPHIC FINDINGS

- Hepatopathy with mild gallbladder debris- suspect cholangiohepatitis or similar.
- Sonographically normal gastrointestinal tract with progressively shadowing gastric ingesta- suspect food echogenicity.
- Variably echogenic pancreas- nonspecific, potential mixed pattern, chronic/chronic active pancreatitis.
- Nonspecific mild increased right kidney corticomedullary echogenicity and asymmetrical contour.
- Mild urine sediment.
- Scant peritoneal effusion.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of post-hepatic obstruction. Assuming normal clotting status and using a 25-gauge needle and with vitamin K pre-treatment, hepatic FNA cytology primarily to assess for evidence of inflammation or potential lipidosis is recommended. Occult hepatic neoplasia is thought less likely. Correlation with a spec cPL or full GI panel to include PLI, TLI, cobalamin and folate is recommended.

Hospitalization with empirical therapy for cholangiohepatitis +/- lipidosis including gastrointestinal support and clinical monitoring would be appropriate. Correlation with urinalysis +/- culture/sensitivity if evidence of inflammatory sediment is recommended.



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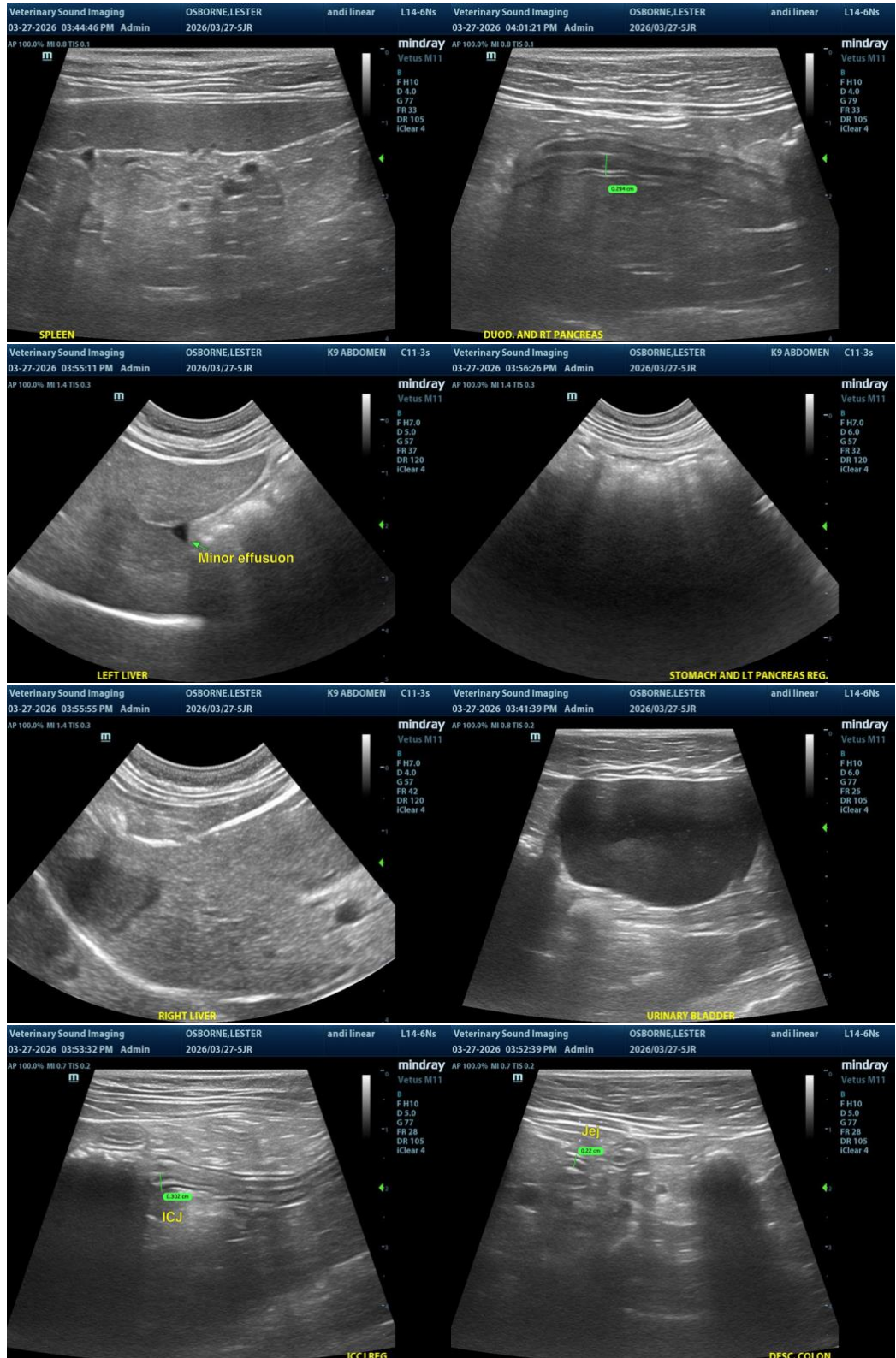
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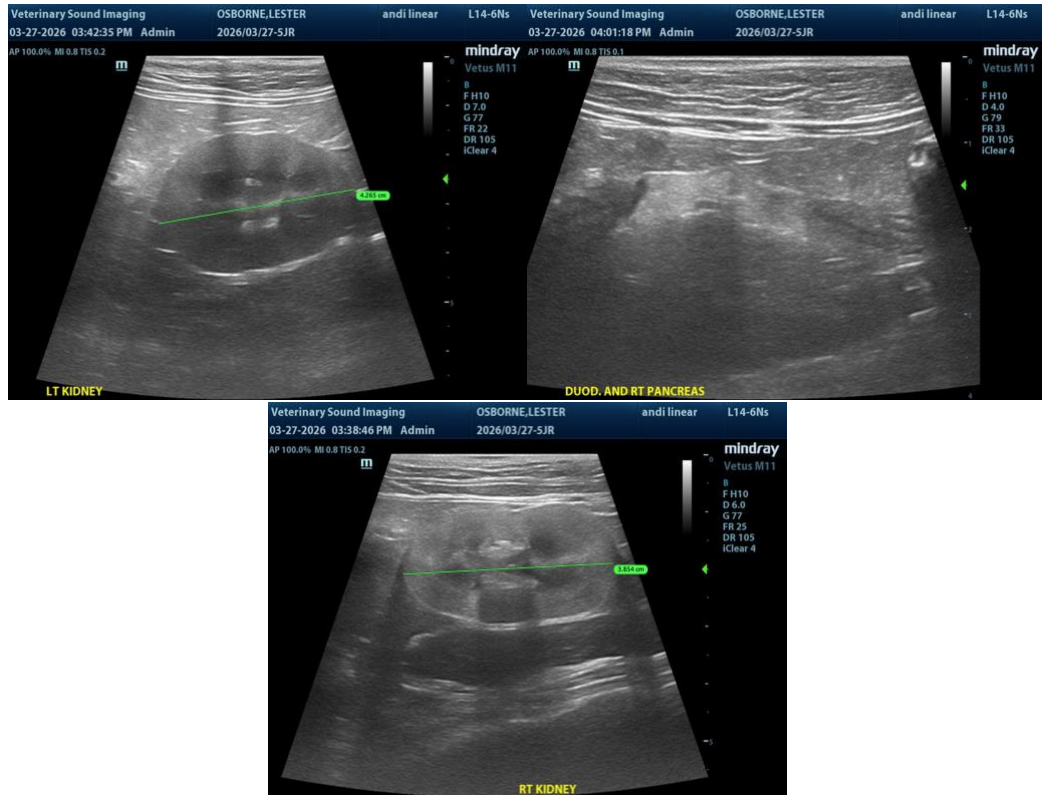
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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