



PATIENT

Ollie Forrest

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

7yr

WEIGHT

25lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Aaron Lucas DVM

HOSPITAL NAME

Taylorville Veterinary
Clinic

REFERRING VET

Aaron Lucas DVM

INVOICE

24317

DATE

03/27/2026

PRESENTING CLINICAL SIGNS

- Presented to ER on 2/12/26 for Nystagmus and balance issues
- Diagnosed with Vestibular syndrome, but also had a moderate regenerative anemia HCT 22% at this time.
- Abdominal ultrasound unremarkable at this time other than what was decided to be trivial splenic nodules
- Combs positive (1:32)
- Patient treated with Clindamycin (Toxoplasma) and started on Prednisolone at 10 mg BID
- PCV rebounded to 34% on 2/19/26
- PCV remained stable at 38% on 3/5/26
- Prednisolone tapered to 10 mg PO AM and 5 mg PO PM
- Patient presented this morning with acute vestibular signs vomiting and difficulty walking.
- HCT today is 27.5% with little to no signs of regeneration (Reticulocyte count slightly elevated, but little to no polychromasia on blood film)
- Liver values (ALT and ALP) both normal at ER on 2/11/26, but markedly elevated today at 2835 (ALT) and 236 (ALP)
- Abnormal PE/Chem/CBC/UA Results: BCS 10/9 Anemia (assumed to be IMHA rebounding with prednisolone) HCT 27.5 today (little regenerative response) Vestibular Syndrome (Relapsing today and also event on 2/11/26) Markedly Elevated ALT (2835)

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 no evidence of urine/lumen sediment, mineral, or calculi. 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. The left kidney measured 5.2 cm in length. The right kidney measured 5.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was not definitively visualized, likely owing to steroid therapy with no obvious pathology. The right adrenal gland was overtly normal in size, position, and shape. The right adrenal gland measured 0.42 cm width.

Spleen

The spleen exhibited mild enlargement with a primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Focal intermittent discrete hypoechoic non-capsule deforming splenic nodules were present; an example measured 0.45 cm in diameter. 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



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inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 1.4 cm in width at the level of the mid spleen.

Liver/Gallbladder

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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 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. The gallbladder was non-distended in size with primarily anechoic luminal content. The proximal common bile duct was dilated and mildly tortuous without overt post hepatic obstruction.

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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained fluid with no signs of obstruction or foreign material.

MN

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.

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

Pancreas

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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

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No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy
- Mild non-obstructive common bile duct dilation
- Normal gastrointestinal tract with mild non-obstructive hypomotile stomach
- Mild splenomegaly with discrete splenic nodules

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatobiliary and splenic presentation are non-specific with considerations including inflammatory or infectious disease with potential for occult hepatosplenic neoplasia. Assuming normal clotting status and using 25ga needle, hepatosplenic FNA cytology is warranted for further clarification. Correlation with CBC pathology review +/- infectious disease serology and neurological exam is recommended. Empirical therapy for potential cholangiohepatitis with gastrointestinal support pending additional diagnostics would be reasonable.

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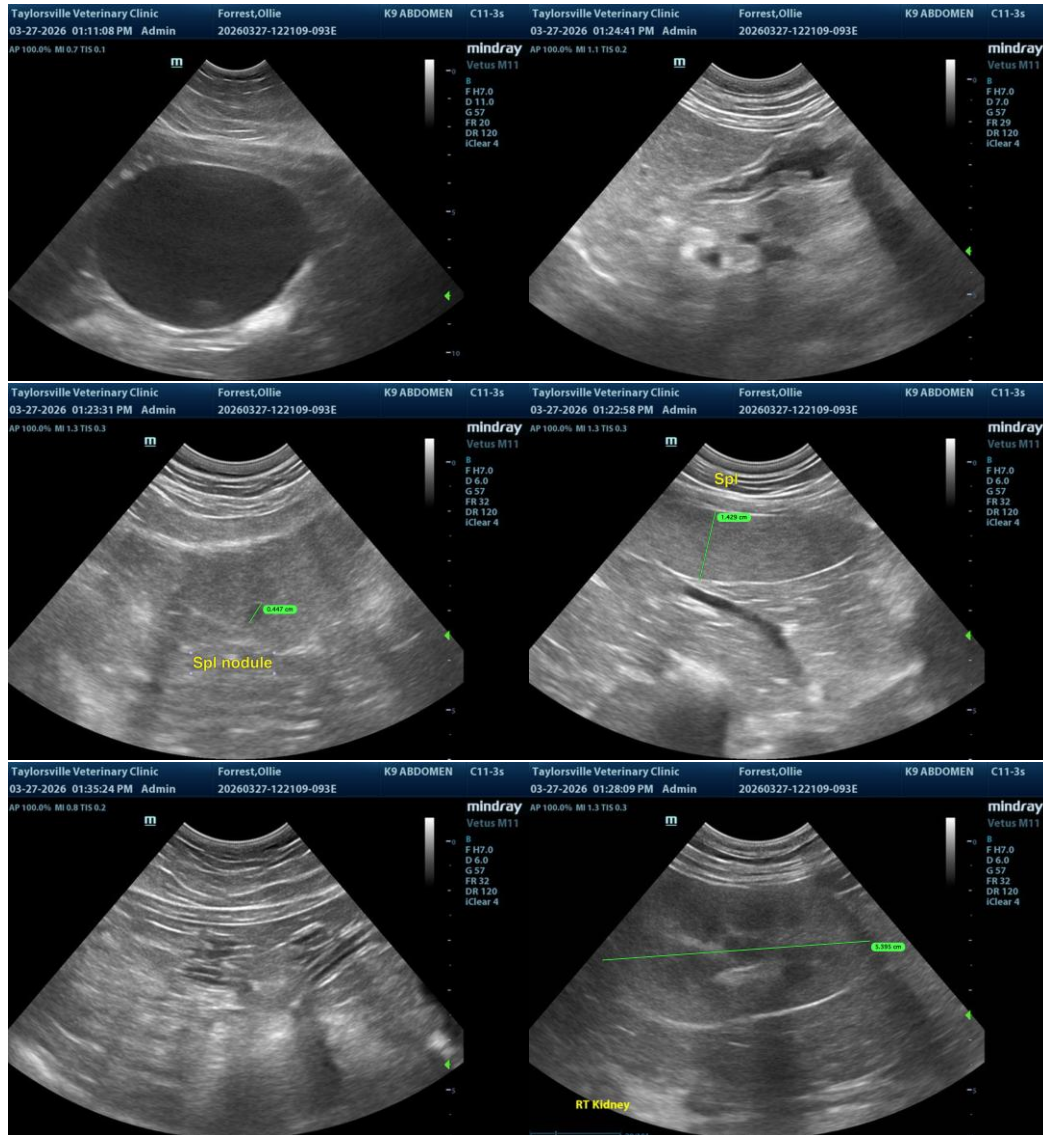
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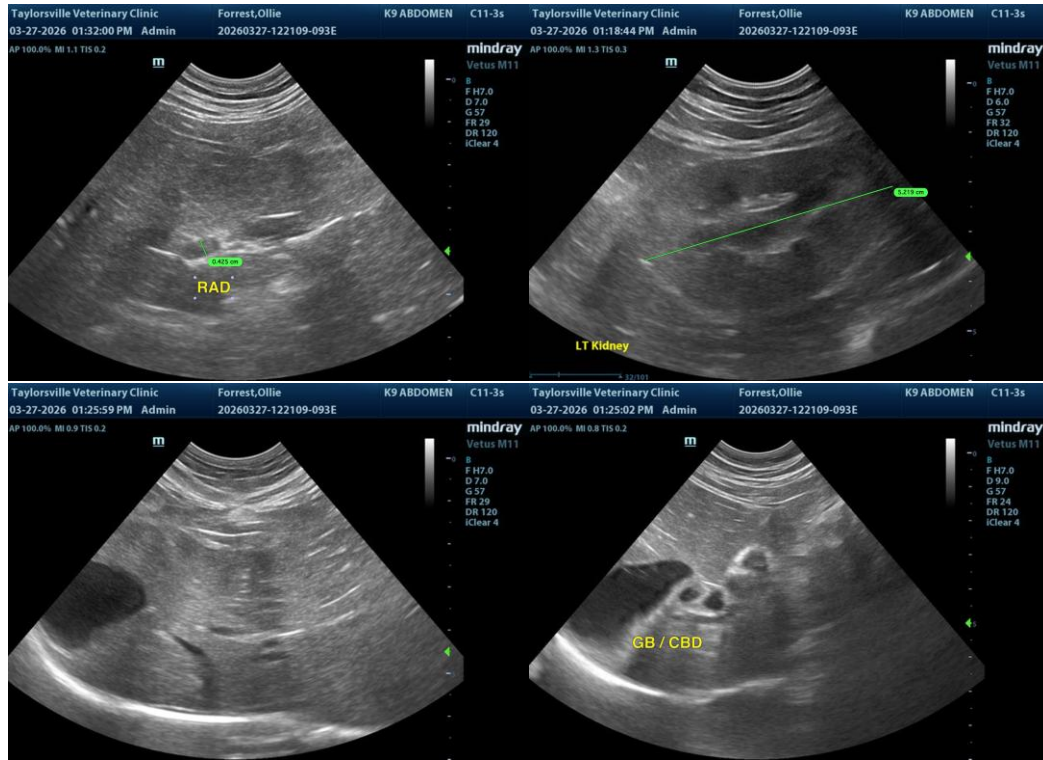
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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