



PATIENT

Layla Elahi

SPECIES

Feline

PRESENTING CLINICAL SIGNS

- Anorexia, Weight Loss
- Hx of Hyperthyroidism/Cholangiohepatitis/Pancreatitis
- Abnormal PE/Chem/CBC/UA Results: AST 102, ALT 569, ALP 779, GGTP 12, PSL - 66, Amylase - 1839 USG - 1.025

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART

BREED

DSH

SEX

MN

AGE

17

WEIGHT

6.11lb

| FELINE CARDIAC PARAMETERS | BODY WEIGHT | HR (BPM) | IVSd (cm) | LVIDd (cm) | LVWd (cm) | FS (%) | EF (%) |
|---------------------------|--------------|---------------------------|----------------------|------------|-----------------|-----------------|-----------|
| NORMAL PARAMETER | ----- | 150-240 | 0.3-0.6 | 1.0-2.1 | 0.25-0.6 | 35-67 | 80-100 |
| PATIENT | 6.11lb | 170 | 0.37 | 1.7 | 0.37 | 40 | 74 |
| FELINE CARDIAC PARAMETERS | LA/AO M-Mode | LA/AO HEART BASE (Sisson) | LAD LA MAX 4 Chamber | | LVOT VEL. (m/s) | RVOT VEL. (m/s) | IVRT (m/) |
| NORMAL PARAMETER | <1.5 | 1.6 | 0.7-1.7 | | <1.6 | <1.3 | 40-60 |
| PATIENT | -- | 1.3 | 1.4 | | -- | 1.0 | NM |

Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

All Creatures Great and Small Denville

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Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size and structure. Chamber volume and blood echogenicity were normal. The cranial and caudal mitral valve leaflets presented minor irregular age-related changes that are not clinically significant at this time with adequate extension in systole and union in diastole. Mild MR present on Doppler. The left ventricle presented normal free wall and septal thicknesses with linear contour. The myocardium presented some echogenic remodeling consistent with expected age-related change. Contractility of the ventricular walls was adequate and in normal range for this breed and patient size. The left ventricular outflow tract demonstrated normal laminar flow with subjectively unremarkable structure. Subjective assessment of the right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted. Tricuspid valvular assessment demonstrated expected findings for this age patient. Minor TR present on Doppler. The right ventricle was of normal size (1/3 diameter of LV), echogenicity and thickness. Pulmonic tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No dilation due to heartworm disease, cor pulmonale, stenosis, or pulmonic hypertension was noted. No visible pericardial or free pleural fluid was noted. The mediastinum was free of masses in the visible window.

Urinary System



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The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mildly hyperechoic corticomedullary band and moderate loss of corticomedullary border demarcation. The renal medullary volume was subjectively reduced. The left kidney measured 3.5 cm in length. The right kidney measured 3.6 cm in length.

BREED

DSH

The area of the aortic trifurcation was free of pathology.

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Adrenal Glands

The bilateral adrenal glands were normal in size. Mild non-homogenous parenchyma and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.43 cm. The right adrenal gland measured 0.48 cm width.

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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.

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Liver/Gallbladder

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(Canine and Feline)

The liver presented irregular enlargement with parenchymal remodeling. Ill-defined variably sized non-homogenous intraparenchymal mass to masses exhibiting intramass to intraparenchymal hepatic cysts were present. An example of ill-defined hepatic mass measured ~ 6-7 cm in diameter.

Mild gallbladder displacement secondary to liver masses. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

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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 was empty with no signs of ileus, obstruction or foreign material.

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The small intestine presented overall intact wall layering exhibiting segmental to generalized borderline to mild thickened intestinal wall width. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. No pathology in the area of the ileocolic junction, the ileocolic junction measured 0.30 cm in width. The small intestine wall measured 0.28 cm in width.

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

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Pancreas

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The pancreas was prominent in size with capsule asymmetry and isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

BREED

Primary

DSH

- Normal cardiac structure /function with mild myocardial remodeling
- Mild MR / TR -no evidence of LA enlargement or clinical pulmonary hypertension
- Enlarged non-homogenous liver with ill-defined cystic intraparenchymal mass to masses
- Mild gallbladder debris with mild gallbladder displacement
- Chronic pancreatitis with remodeling
- Borderline mild thickened small intestine
- Chronic renal changes exhibiting mild non-specific renal medullary rim
- Mild urine sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary concern for cystic hepatic neoplasia, i.e. biliary cyst adenoma or biliary cyst adenocarcinoma is warranted with potential concurrent chronic to progressive hepatobiliary inflammation, hyperplasia with concurrent hepatic cyst or combination possible. Assuming normal clotting status, using 25ga needle, hepatic mass FNA cytology is warranted for further assessment. Chronic triaditis is possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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The mild MR / TR appears of low hemodynamic significance given lack of chamber enlargement. No indication for cardiac medication. Clinical signs consistent with heart disease are not anticipated. Recheck echo suggested in 6 months sooner if clinically indicated.

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No overt cardiac anesthetic contraindications. Suggested anesthetic protocol may include opioid or Benzodiazepine pre-med, induction with Propofol or Alfaxalone, and appropriate gas anesthesia with avoidance of alpha 2 agonists.

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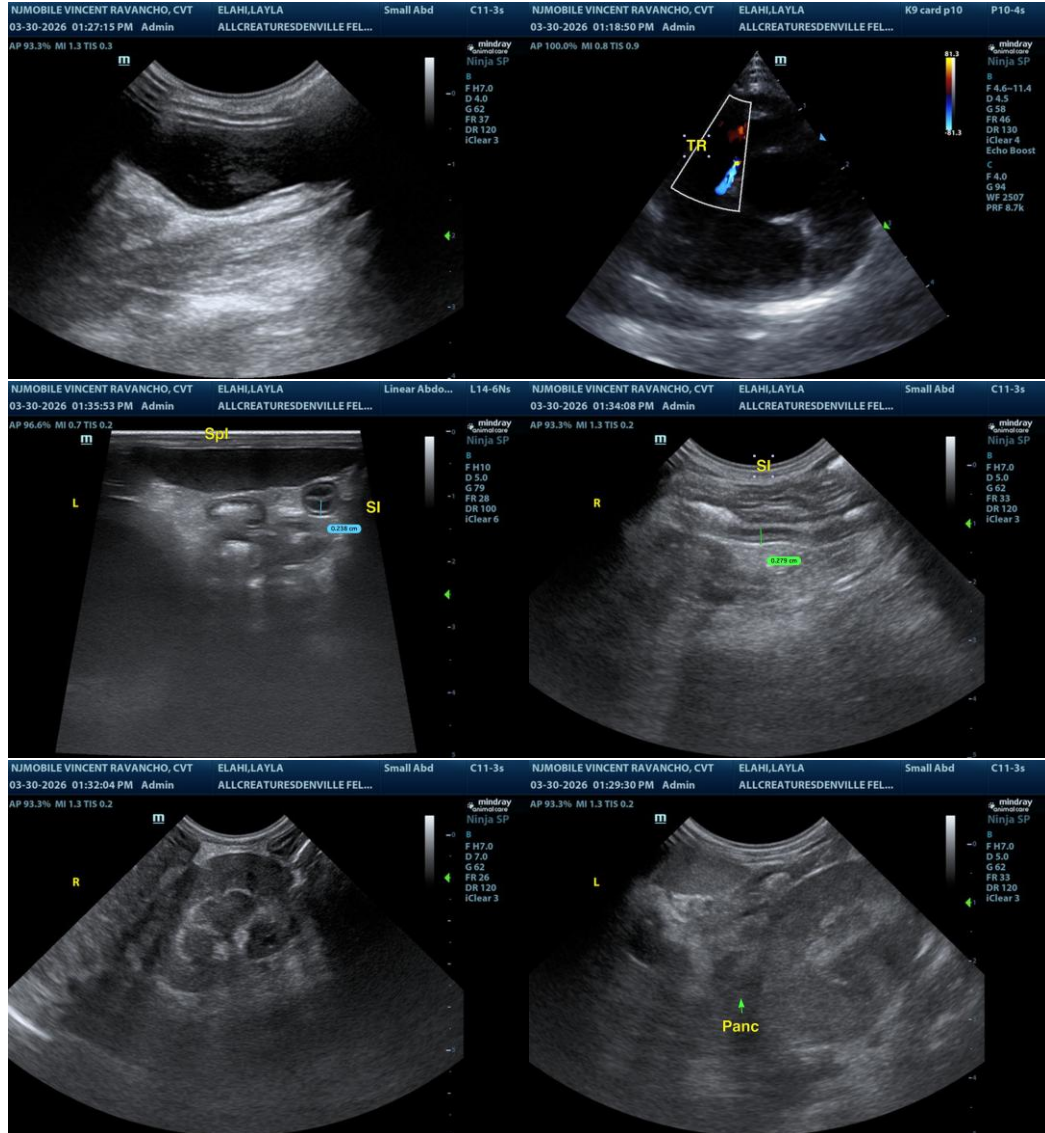
Dr Silas

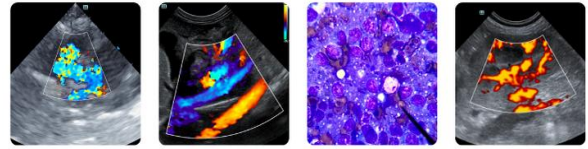
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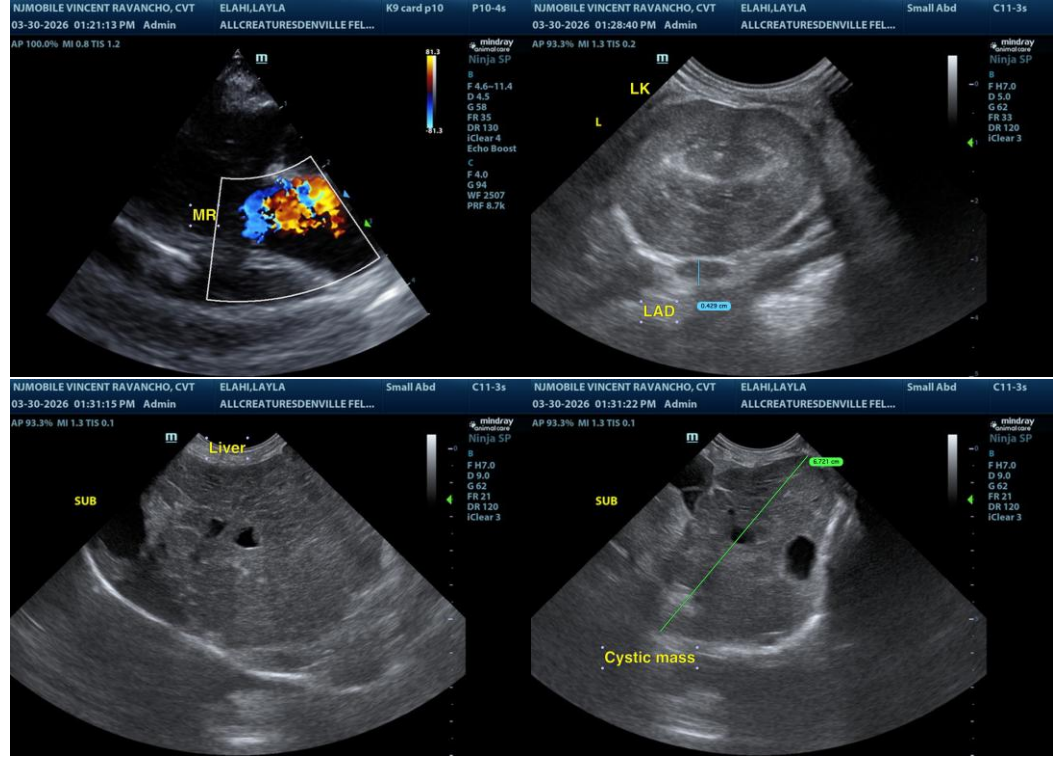
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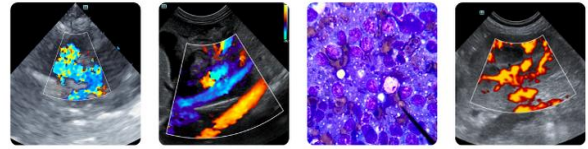
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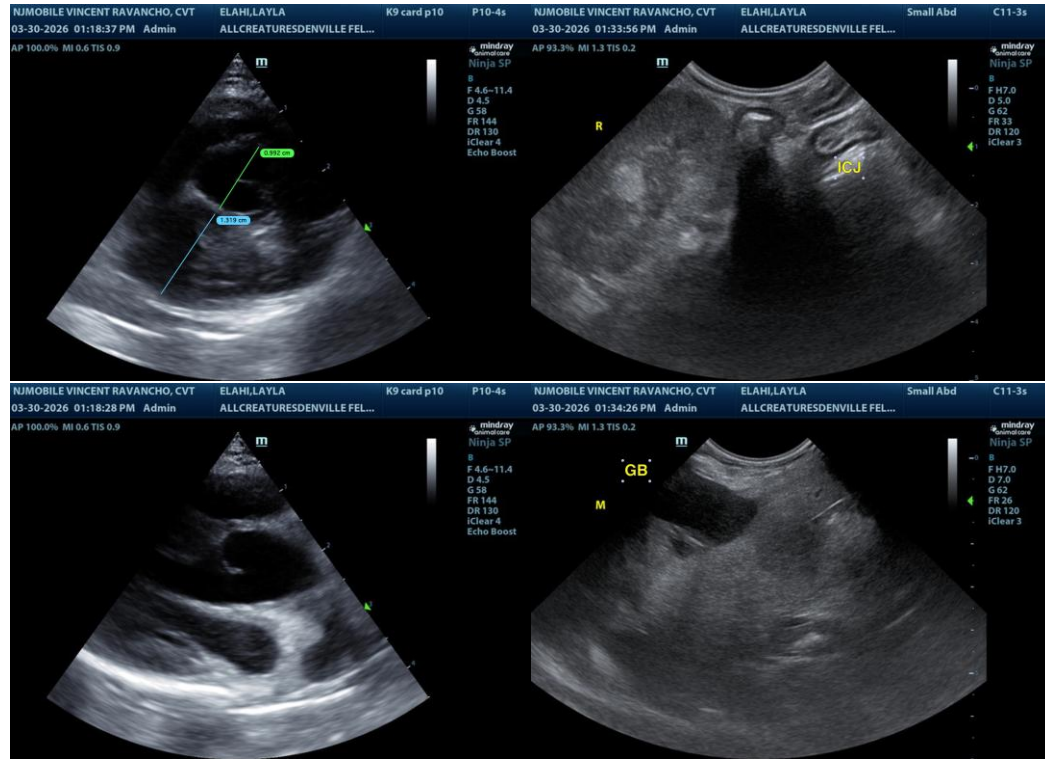
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

IMAGING PERFORMED BY

Vincent Ravancho,
 CVT

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com

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