



PATIENT

Finn Orr

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

8y

WEIGHT

17.25 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Corvallis VH

REFERRING VET

Dr. Gross

INVOICE

13347

DATE

3/31/26

PRESENTING CLINICAL SIGNS

History: Pet presented for lethargy, decreased appetite and dark tea colored urine. Owner lost another cat recently and Finn might be acting odd since. There was at least one episode of vomiting bile yesterday. Pet temp was wnl, HR was 200. Pet is overweight with grade 8/9 BCS. Pet has normal water consumption. Pet coughs periodically and was treated for an idiopathic chyolous effusion long ago. Pet tested felv/fiv neg in 2023. Scelera are icteric and tips of ears are yellow. Pet has flea dirt.

ABNORMAL Lab work Values: Chem: alk phos 373, GGT 33, T. bili 8.2, creatinine 2.3, SDMA 17.7, Mg 2.8, low sodium 138, low chloride 103, high PSL and triglycerides 178, CBC platelets clumps and 118, adequate, neutrophilia lymphopenia 1053 U/L, monocystosis, T4 wnl at 0.8, UA pending but looks darker

Current Medications: Gave one dose of Elura, switched to mirtazipine 3.75 mg po EOD, 225 SQ LRS, started vitamin B12 250 ug, pradofloxacin 7.5 mg /kg

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. 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 3.9 cm in length. The right kidney measured 4.0 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 0.32 cm. No pathology in the area of the right adrenal gland, although 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 0.8 cm width level of the mid spleen.

Liver

The liver exhibited generalized hepatomegaly with symmetrical rounded to swollen hepatic capsule contour. Mild non-homogeneous increased hepatic parenchyma echogenicity compared to the spleen and exhibiting mild to coarse echotexture. No mass or nodules visualized and normal vascular volume. The gallbladder was non distended in size with moderate, non-organized, echogenic, nonmineralized



PATIENT

biliary sludge. No evidence of wall edema or overt inflammation. The common bile duct was not visualized.

Finn Orr

Gastrointestinal

SPECIES

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.

Feline

BREED

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. Jejunum wall measured 0.23 cm and duodenum wall measured 0.25 cm.

DSH

SEX

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

Male Neutered

Pancreas

AGE

The left pancreas was normal in size with capsule asymmetry and non-homogeneous hypoechoic parenchyma. Normal peripancreatic omentum without overt inflammation.

8y

Free Abdomen

WEIGHT

No overt lymphadenopathy or peritoneal effusion was present.

17.25 lbs

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

- Hepatopathy exhibiting mild non-homogeneous hyperechoic parenchyma
- Nondistended gallbladder with gallbladder debris
- Suspect mild left limb pancreatitis
- Sonographically unremarkable empty gastrointestinal tract
- Normal kidneys and urinary bladder

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Hepatic lipidosis, inflammation, non-obstructive cholestasis or occult hepatic neoplasia, all potentials. Assuming normal clotting status and using 25-gauge needle as well as vitamin K pre-treatment, hepatic FNA cytology recommended for further clarification. Although non evidence of gastrointestinal pathology and if inflammation is present on hepatic cytology, emerging triaditis could be a consideration in this patient. Screening GI panel to include PLI/TLI/Cobalamin/Folate pending hepatic cytology could be considered. Hepato-gastrointestinal support with consideration for feeding tube placement indicated if evidence of concern or diagnosis of hepatic lipidosis.

Sara Hansen

HOSPITAL NAME

Corvallis VH

REFERRING VET

Dr. Gross

INVOICE

13347

DATE

3/31/26



PATIENT

Finn Orr

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

8y

WEIGHT

17.25 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Corvallis VH

REFERRING VET

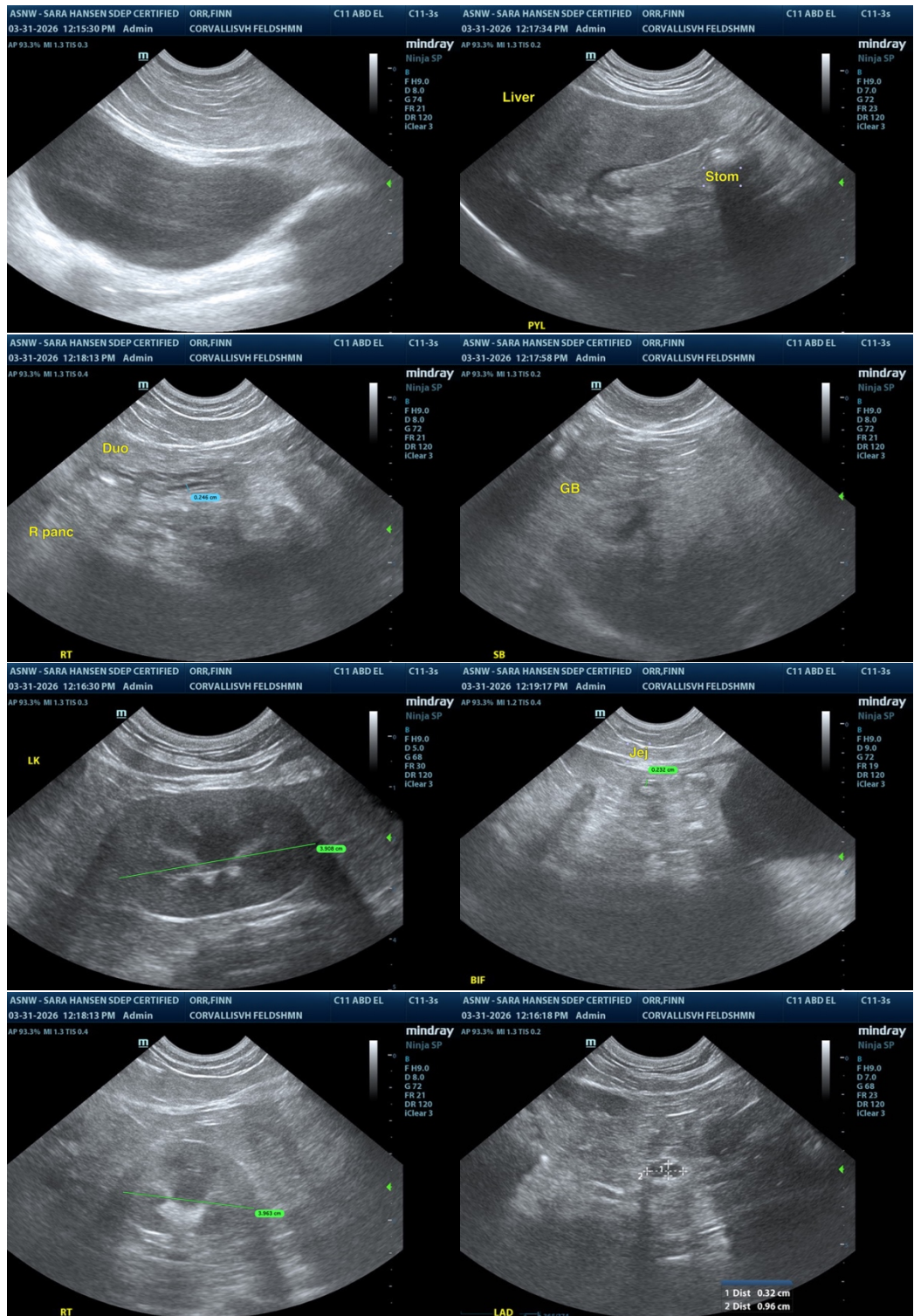
Dr. Gross

INVOICE

13347

DATE

3/31/26





PATIENT

Finn Orr

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

8y

WEIGHT

17.25 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Corvallis VH

REFERRING VET

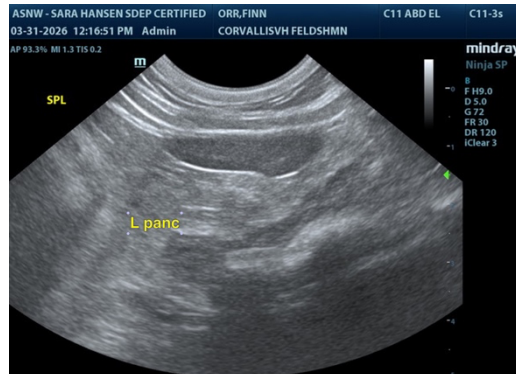
Dr. Gross

INVOICE

13347

DATE

3/31/26



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