



PATIENT

Charlie Girl Parl Park

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

12

WEIGHT

12.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Union Vet AH

REFERRING VET

Dr. Parthenia

INVOICE

13256

DATE

3/6/26

PRESENTING CLINICAL SIGNS

History:

- constipation, loss of appetite

Abnormal PE/Chem/CBC/UA Results: Bw-Elevated liver enzymes (ALT, AST, GGT) Constipation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, echogenic to particulate non-dependent 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 kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney exhibited a cortical infarct. The right kidney measured 3.8 cm in length.

Adrenal Glands

The left and right adrenal glands were 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.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mild, nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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.

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. Small intestine wall measured 0.25 cm.



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

Pancreas

The left pancreas was normal in size and contour with mild non-homogeneous, mildly hypoechoic parenchyma. Mild peripancreatic hyperechoic omentum.

Free Abdomen

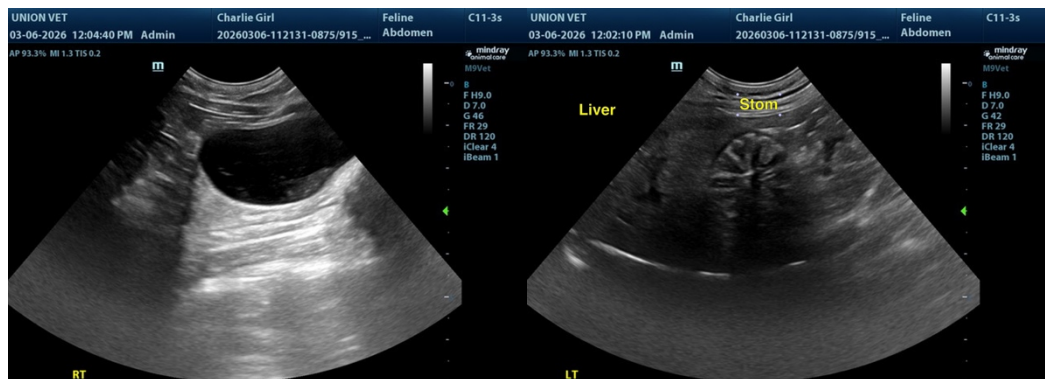
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy – suspect inflammatory disease, i.e. cholangiohepatitis or similar with non-obstructive cholestasis given hepatic enzyme elevations
- Non-distended gallbladder
- Sonographically unremarkable gastrointestinal tract/colon
- Suspect mild chronic pancreatitis
- Chronic renal changes with right kidney cortical infarct
- Mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further assessment may include, assuming normal clotting status and using 25-gauge needle, hepatic FNA cytology to assess for inflammatory cell type in combination with a GI panel to include PLI/TLI/Cobalamin/Folate. No overt evidence of neoplastic criteria. Hepato-gastrointestinal support and empirical therapy for suspect mild chronic pancreatitis and constipation if clinically indicated with monitoring is recommended. Sonographic reassessment of progressive gastrointestinal signs or hepatopathy is recommended. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.





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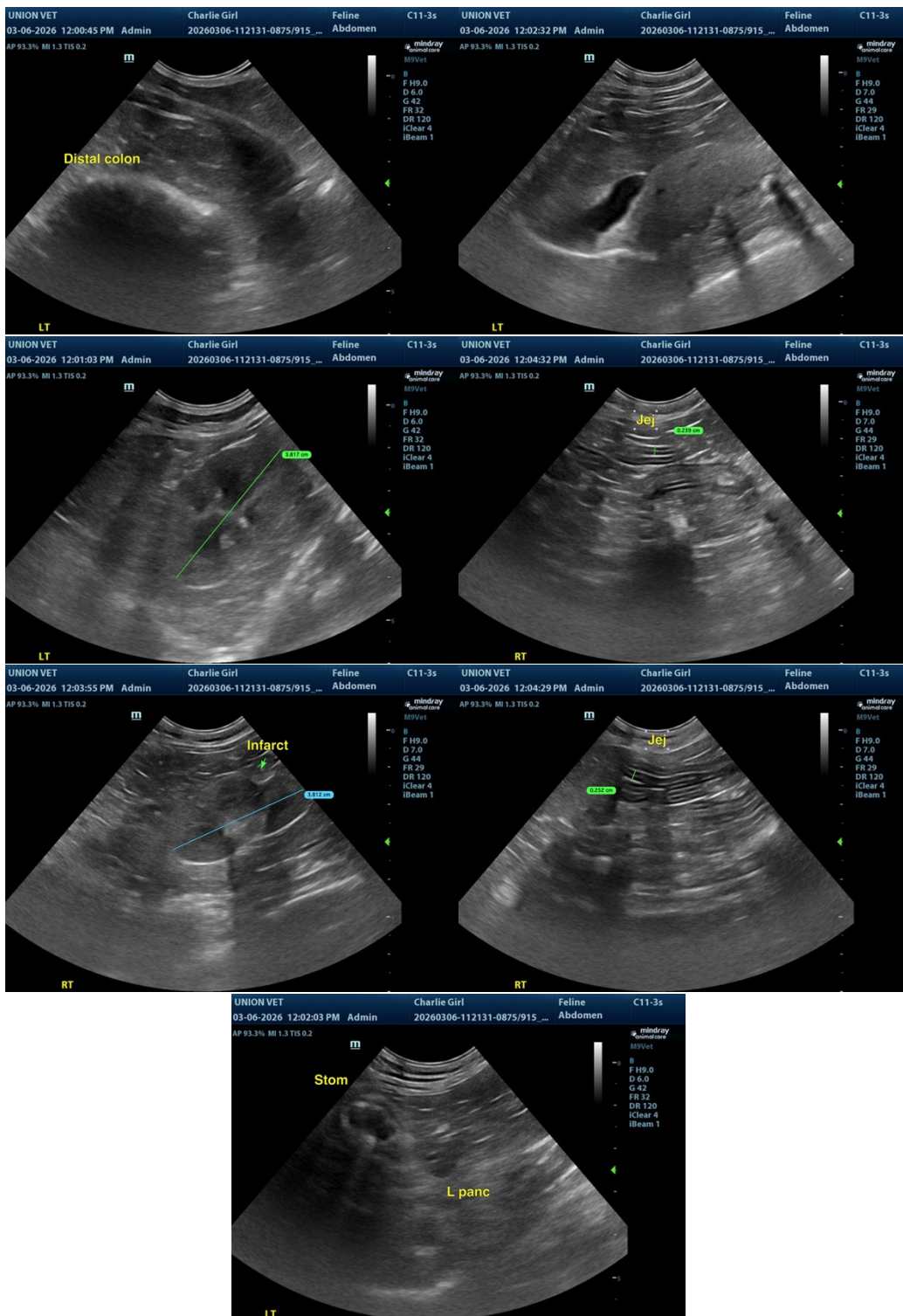
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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