



PATIENT

Princess Eckles

SPECIES

Feline

BREED

American Domestic

SEX

Spayed Female

AGE

12 Years

WEIGHT

7.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Quinn Robinson RVT

HOSPITAL NAME

Hess Ridge Animal
Hospital

REFERRING VET

Dr. Michael Skarie
DVM

INVOICE

14996

DATE

04/10/26

PRESENTING CLINICAL SIGNS

12 y/o FS DSH presenting for progressive weight loss, hyporexia, vomiting, and acute liquid diarrhea x ~3 days. Currently only eating small amounts of broth/chicken. No known foreign body exposure. Evaluate. GI tract and hepatobiliary system for cause of clinical signs

PE: 2lbs of weight loss CBC: Neutropenia (Neutrophils 1.69 K/ μ L), monocytopenia (Monocytes 0.04 K/ μ L) Chemistry: ALT 247 U/L, Total bilirubin 2.8 mg/dL, Total protein 9.2 g/dL, Globulin 5.3 g/dL UA: Not performed

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. 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 change 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 3.3 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

No evidence of pathology in the area of the left adrenal gland.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width.

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 normal in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nondependent biliary sludge. The common bile duct was not visualized without evidence of posthepatic obstruction.

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 anechoic fluid with possible small nonobstructive hyperechoic nonshadowing hairball type density in the pylorus. No evidence of obstructive pyloric mural pathology.

The small intestine presented intact wall layering with maintained wall layer ratio. The small intestine wall measured 0.25 cm wall width. Segmental mild intestinal ileus to the level of the colon.

Normal visible colon wall layers were present with semi formed to soft fecal matter.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Intermittent mildly enlarged jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild perilymphatic hyperechoic omentum. An example of lymph node size was 1.2 cm x 0.50 cm. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Gastroenteropathy exhibiting mild gastric and segmental intestinal ileus, possible small nonobstructive pyloric hairball density.
- Semi formed/soft fecal matter in colon.
- Normal area of the pancreas.
- Hepatopathy exhibiting mild parenchymal hyperechogenicity.
- Gallbladder debris.
- Intermittent mild jejunocolic lymphadenopathy- suspect reactive hyperplasia or mild lymphadenitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, hepatic FNA cytology could be considered primarily to assess for evidence of inflammation, i.e. cholangiohepatitis, given ALT elevation and presence of gallbladder debris.

No definitive evidence of mechanical gastrointestinal obstruction such as foreign body, mass or stricture. Underlying chronic intestinal disease given chronic weight loss with considerations including non-structural IBD, infectious disease, dietary intolerance or discretion. Potential enterotoxin, mild pancreatitis which may present sonographically normal or possible triaditis. Occult neoplasia is thought less likely yet not definitively excluded.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Hospitalization with gastrointestinal support, empirical therapy for suspect inflammatory hepatobiliary process with clinical and as needed sonographic monitoring would be reasonable. Biopsies may be required for a definitive diagnosis.



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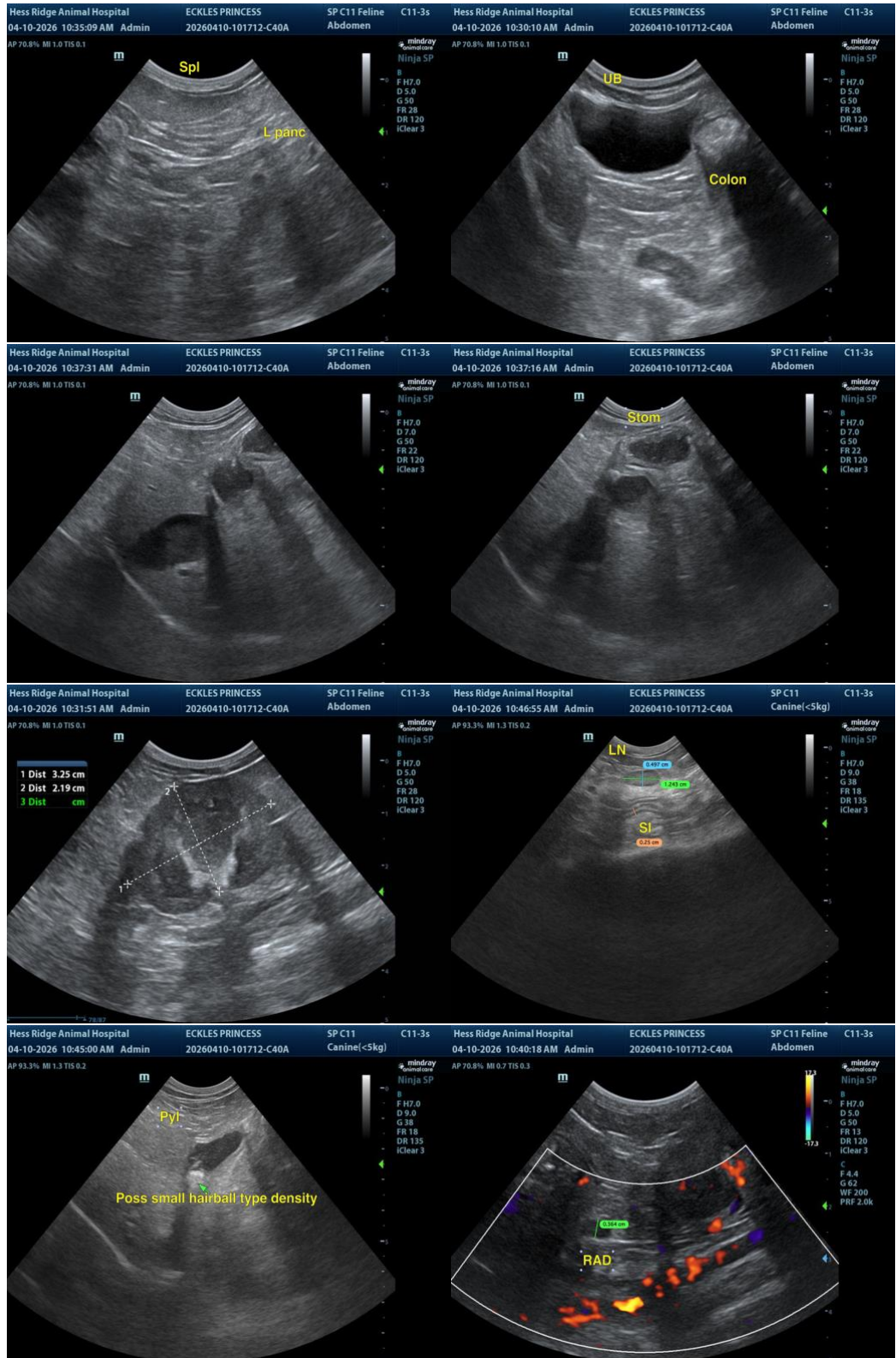
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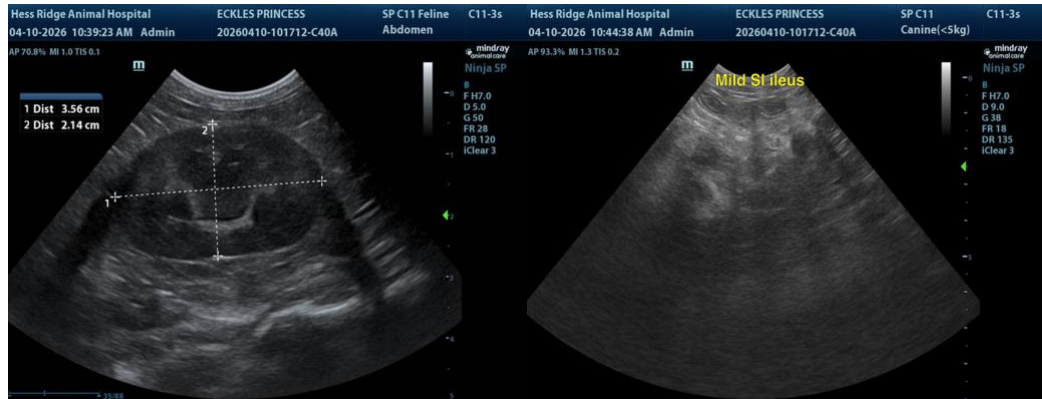
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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