

**PATIENT**

Archie Stark

PRESENTING CLINICAL SIGNS

DKA, UTI, see previous submission report
Abnormal PE/Chem/CBC/UA Results: See previous submission

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder was mildly distended in size with normal tone. The proximal urethra was normal in structure with mild decreased tone to urine distention to a depth of 2 cm. No evidence of visualized obstructive urethral pathology. 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.

BREED

DMH

SEX

MN

The left kidney was borderline enlarged. 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. Mild bilateral pyelectasia was present. The left kidney measured 4.8 cm in length. The right kidney measured 4.3 cm in length.

AGE

6.5yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

6.25

Adrenal Glands

The left adrenal gland was mildly prominent in size with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.53 cm width. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

INTERPRETED BY

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

Spleen

The spleen exhibited mild enlargement (1.3 cm width at the mid spleen) and 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.

IMAGING PERFORMED BY

Jordan Bateman

Liver/Gallbladder

The liver presented generalized increased 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 non-organized debris. The cystic and common bile ducts were normal.

HOSPITAL NAME

Viking Veterinary
Hospital

REFERRING VET

Dr Annie Vogel

Gastrointestinal

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.

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The small intestine presented intact wall layering with overall maintained muscularis/mucosa ratio. Borderline thickened small intestinal wall was present. The jejunum wall measured 0.27 cm in width.

DATE

04/11/2026



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

Archie Stark

Pancreas

The area of the pancreas was sonographically normal.

SPECIES

Free Abdomen

Feline

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

BREED

ULTRASONOGRAPHIC FINDINGS

DMH

Primary

SEX

- Enlarged hyperechoic liver - diabetic / inflammatory hepatopathy, lipidosis, neoplasia considered less likely
- Gallbladder debris
- Normal area of pancreas
- Bilateral pyelectasia - concern for pyelonephritis
- Mild splenomegaly - hyperplasia, hematopoiesis, splenitis, sedation if applicable, neoplasia thought less likely
- Nonobstructive gastric stasis, intact borderline thickened small intestine
- Distended urinary bladder, mild concurrent distended proximal urethra
- Mild prominent left adrenal gland

MN

AGE

6.5yr

WEIGHT

6.25

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If normal clotting status, using 25 ga needle and suggested Vitamin K pretreatment, hepatosplenic FNA is recommended. Consider a GI panel (PLI, TLI, B12, Folate) to further assess for nonobvious intestinal disease or pancreatitis which may present sonographically normal and if hepatic inflammation on cytology. Correlate with urinary pattern. Empirical therapy for pyelonephritis is warranted. Adrenal workup is suggested if diabetic dysregulation.

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BEARS

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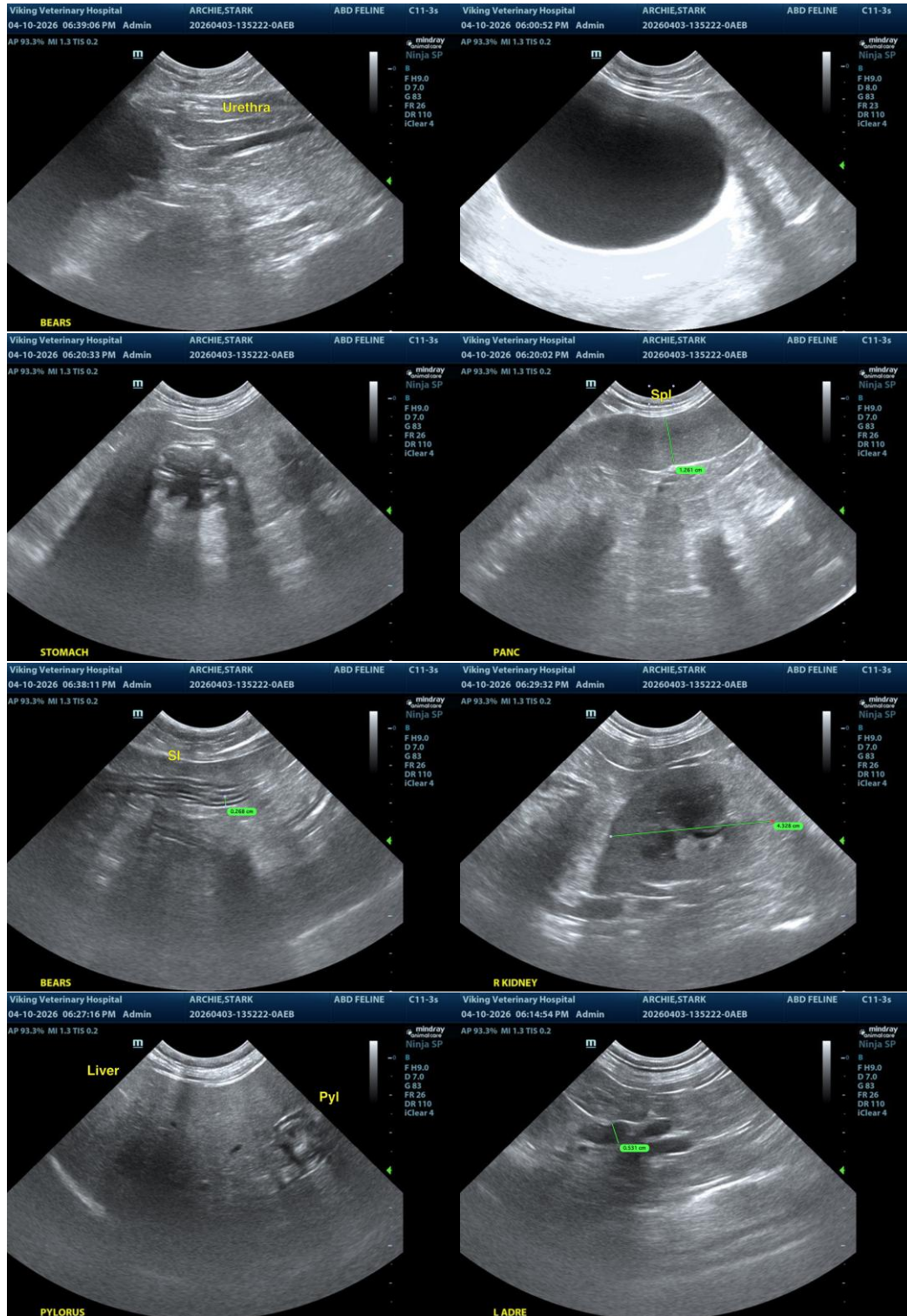
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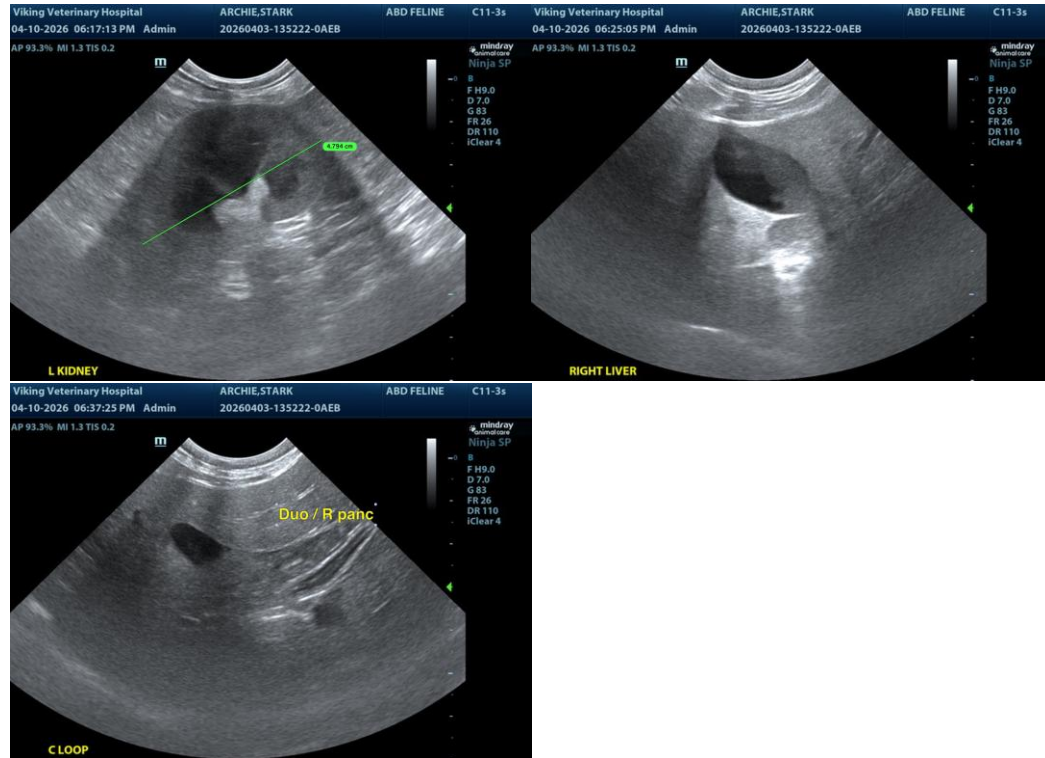
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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