



PATIENT

Titan Middleton

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

7yr

WEIGHT

6.7

PRESENTING CLINICAL SIGNS

Reduced appetite and anorexia for unknown amount of time. Has lost 4lbs in unknown amount of time.

Abnormal PE/Chem/CBC/UA Results: Obese on PE. Very aggressive CBC: WNL Chem: ALT 176, hyperbilirubinemia (3.6) cPL: WNL Radiographs: Thorax appears unremarkable with no signs of pneumonia, pleural fluid or neoplasia, Moderate gastric distension with fluid/gas with odd round radiopaque object only seen on right lateral, possible amorphous soft tissue opaque gastric material, mild diffuse gas fill intestines with no signs of obstruction

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. 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.

Normal size and margination were 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. Mild bilateral pyelectasia was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

No obvious 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 0.30 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 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 to mildly rounded 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-dependent debris. The cystic and common bile ducts were normal.

Gastrointestinal

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassidy Smith

HOSPITAL NAME

Viking Veterinary
Hospital

REFERRING VET

Dr Hayley Dixon

INVOICE

24472

DATE

04/12/2026



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic progressively shadowing ingesta sonographically suggestive of food echogenicity and lumen gas with no signs of obstruction or foreign material.

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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 mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.25 cm in width.

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

BREED

Pancreas

DLH

The area of the pancreas was sonographically normal.

SEX

Free Abdomen

MN

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

AGE

7yr

Primary

- Enlarged mild hyperechoic liver - hyperplasia, inflammation, nonobstructive cholestasis, vacuolar / reactive, lipidosis, occult neoplasia possible
- Gallbladder debris
- Gastric ingesta
- Sonographically normal small intestine / pancreas
- Mild bilateral pyelectasia

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, using 25 ga needle and suggested Vitamin K pretreatment, hepatic FNA cytology is recommended. The gastric ingesta is nonspecific not overly shadowing which may suggest retained food echogenicity and metabolic gastric ileus / delayed gastric emptying without visible obstruction. Documented 12 hour-18 hour fast and monitoring of gastric emptying is suggested. If persistent gastric ingesta despite fasting, exploratory laparotomy with gastric evacuation and gross inspection with GI / liver biopsies may be considered. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs, neurological / musculoskeletal examination are recommended to assess for or rule out occult disease or contributing factors which may cause weight loss. U/A +/- urine C/S is suggested given pyelectasia.

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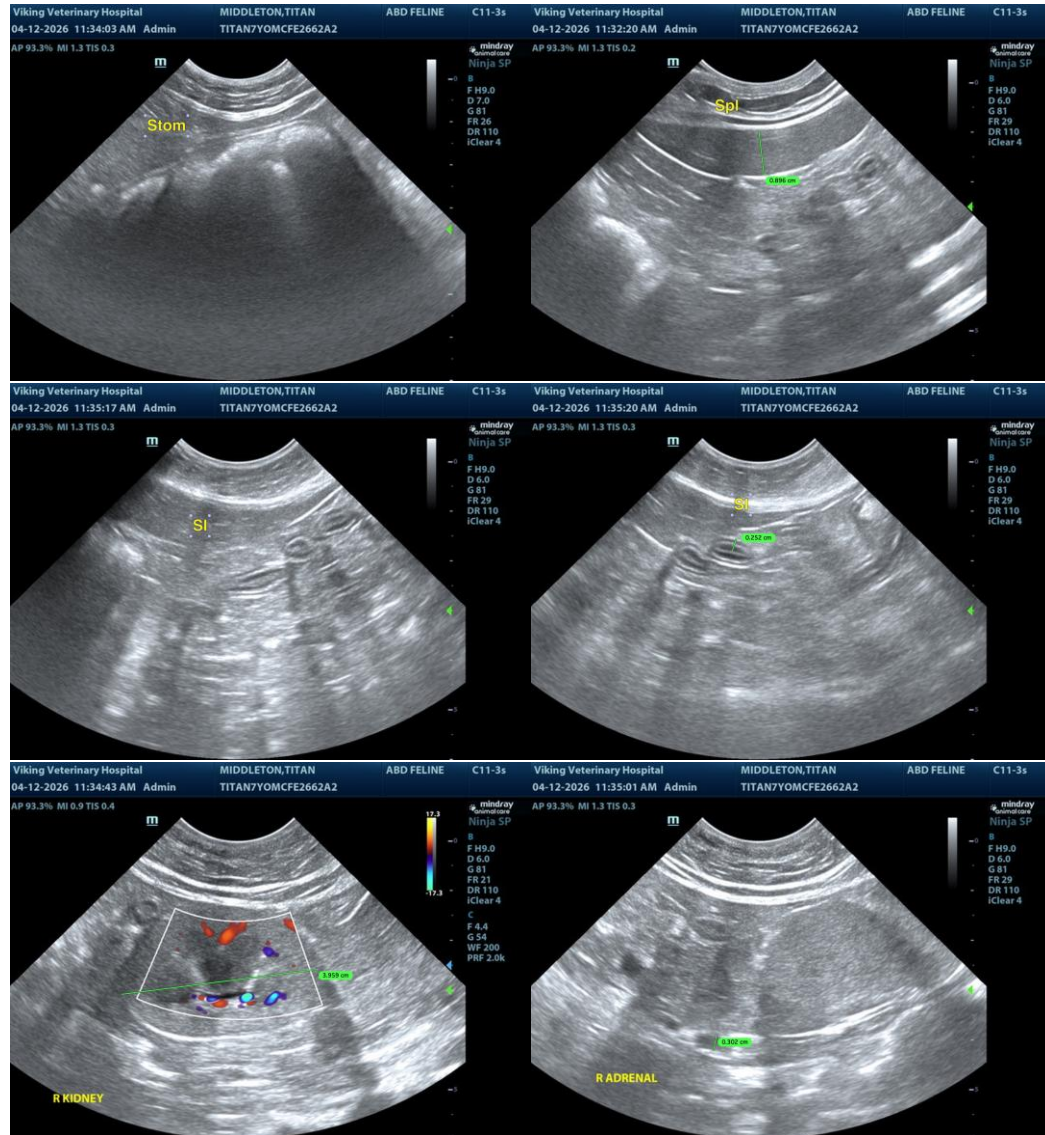
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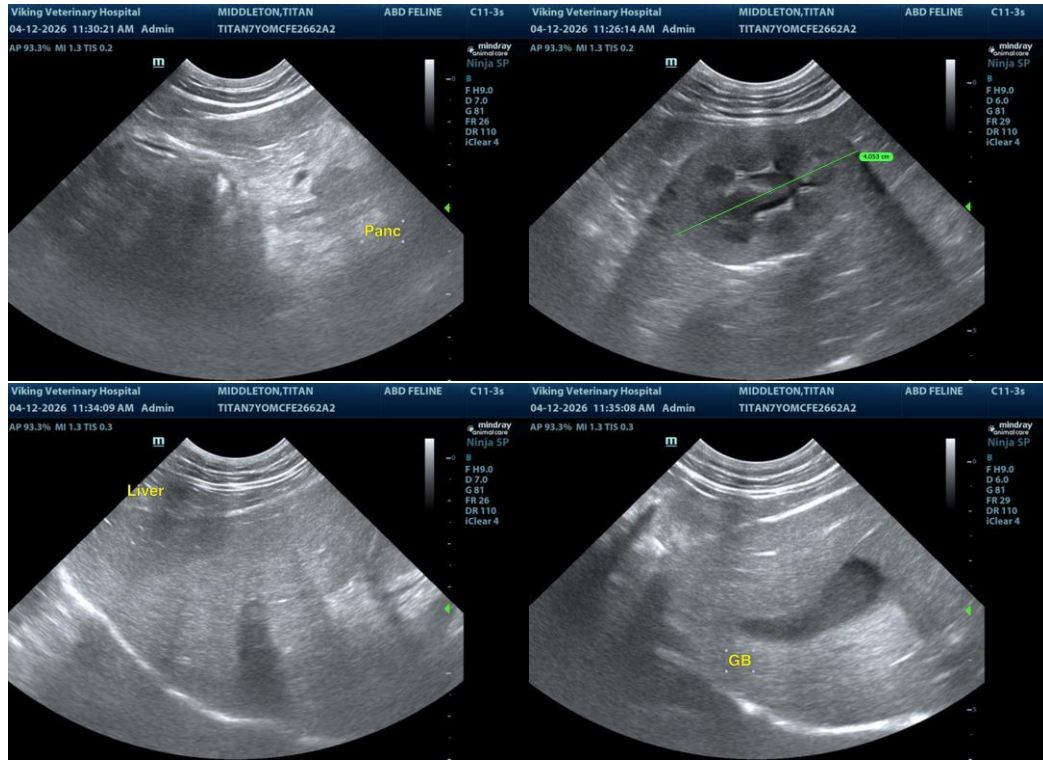
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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