



PATIENT

Grey Taylor

PRESENTING CLINICAL SIGNS

CBC normal Chem ALT 1323 H, AST 260 H, ALP 102 H, T Bili 5.3 H, Bili Conj 4.2 H, Lipase 361
R/O primary liver dz, fatty liver dz, gall bladder, vs. inflammatory vs. neoplasia

SPECIES

Feline

Current Medications Mirataz gel and Maropitant

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

The urinary bladder was normal in size and tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild dependent lumen, potentially adhered ventroapical lumen sand. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

SEX

FS

The left kidney was mildly enlarged with subnormal right kidney size. Asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.7 cm in length. The right kidney measured 2.7 cm in length.

AGE

12yr

WEIGHT

12lb

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width. The right adrenal gland was indistinctly 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 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 0.92 cm in width at the level of the mid spleen.

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie Animal
Clinic

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate 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 mild non-organized debris. The proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction.

REFERRING VET

Dr Brandt

Gastrointestinal

INVOICE
24496

DATE

04/13/2026



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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.

SPECIES

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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 duodenum wall measured 0.24 cm width. The jejunum wall measured 0.20 cm width.

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

BREED

DSH

Pancreas

Generalized enlarged pancreas primarily owing to a fluid dilated lesion occupying both the left and right pancreatic limbs. Mild surrounding hyperechoic peripancreatic omentum. The left pancreatic lesion measured ~ 4.5 cm x 2.8 cm, the right pancreatic lesion measured ~ 4.8 cm x 2.8 cm.

SEX

FS

Free Abdomen

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

AGE

12yr

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy
- Non-distended gallbladder with mild bile sediment and proximal common bile duct dilation
- Enlarged pancreas with diffuse left and right pancreatic fluid filled lesion, peripancreatic hyperechoic omentum
- Sonographically unremarkable gastrointestinal tract
- Chronic renal changes with subnormal right kidney size and left kidney compensatory hypertrophy
- Mild urinary bladder sand

WEIGHT

12lb

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic / chronic active pancreatitis with significant pancreatic cyst, abscess, necrosis, fluid-filled pancreatic tumor, severe pancreatic duct dilation, all potentials. Hepatobiliary inflammation favored with occult hepatic neoplasia thought less likely. Assuming normal clotting status and using 25ga needle, hepatic parenchyma and pancreatic fluid filled lesion centesis for cytology, fluid analysis and C/S could be considered. No overt evidence of current post-hepatic obstruction, yet sonographic monitoring indicated if progressive hepatopathy.

IMAGING PERFORMED BY

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A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirical therapy for cholangiohepatitis, and chronic/ chronic active pancreatitis with serial sonographic monitoring may be considered. Abdominal CT would be ideal for further clarification. A UA is recommended if not done.

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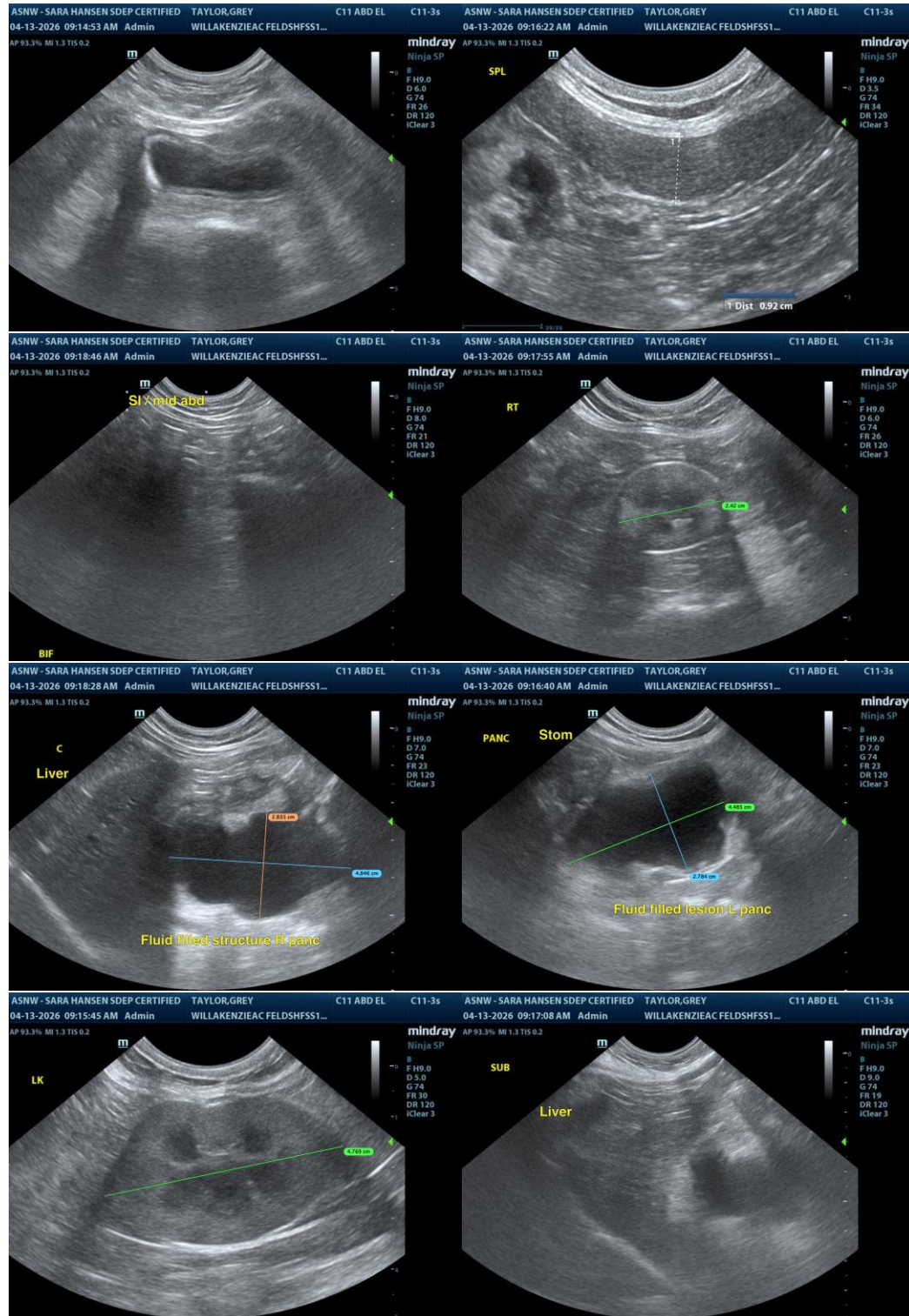
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SEX

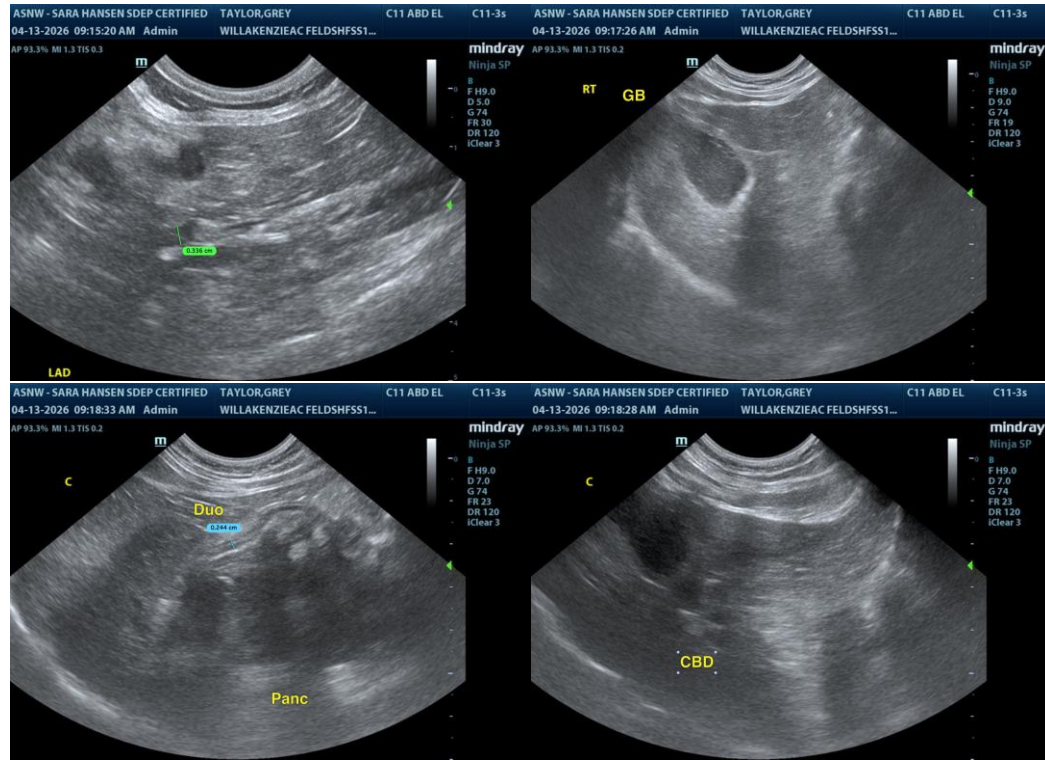
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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