



## PATIENT

Charlotte Seals

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

6 Years 7 Months

## WEIGHT

8.3

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jessican Green

## HOSPITAL NAME

Stanglein Veterinary  
Clinic

## REFERRING VET

Dr. Daniel Hoffman

## INVOICE

15198

## DATE

04/17/26

## PRESENTING CLINICAL SIGNS

Since introducing a new kitten to the home in October 2025, the Owner believes that the patient is "less healthy." The patient has lost 0.4 pounds since the previous visit in July 2025, although the Owner reports that her appetite has been increased. Her activity level has also decreased, and she is sleeping more at home. The Owner also notes that her fur appears to be less shiny and somewhat unkempt. No coughing/sneezing or diarrhea/vomiting is reported.

CBC: relatively mild lymphocytosis (LYMPHS = 7.575 K/uL), but the hematology was otherwise unremarkable Chemistry: mild to moderate elevations of the patient's liver enzymes and bilirubin (ALT = 518 U/L, ALKP = 141 U/L, AST = 202 U/L, TBIL = 0.8 mg/dL; GGT remains WNL); mild hyperkalemia (Potassium = 5.4 mmol/L); and mild to moderate hyperglobulinemia (GLOB = 6.4 g/dL, TP = 9.4 g/dL) T4 = 2.9 ug/dL, free T4 = 2.8 ng/dL (NORMAL)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild 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 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 with no evidence of pelvic dilation. The left kidney measured 3.8 cm in length. The right kidney measured 4.3 cm in length.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm.

### Spleen

The spleen presented borderline enlarged with symmetrical contour and subtle parenchyma heterogeneity. No mass or nodules were evident. The spleen measured 1.0 cm width level of the mid spleen.

### Liver & Gallbladder

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### **Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained anechoic pyloric fluid was present.

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. The duodenum wall measured 0.25 cm wall width. The jejunum wall measured 0.20 cm wall width.

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

### **Pancreas**

The pancreas was normal in size with asymmetrical contour and isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mildly prominent left limb pancreatic duct.

### **Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

### **ULTRASONOGRAPHIC FINDINGS**

- Nonspecific hepatopathy with mild gallbladder debris- suspect nonspecific inflammatory disease in conjunction with primarily elevated ALT/AST combination.
- Possible mild left limb pancreatitis.
- Sonographically unremarkable gastrointestinal tract with mild retained pyloric fluid.
- Mild urine sediment.
- Borderline splenomegaly- hyperplasia, hematopoiesis, inflammation, sedation if clinically applicable, occult to emerging splenic neoplasia thought less likely.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status and using a 25-gauge needle, hepatosplenic FNA cytology is warranted for further assessment, primarily to assess for hepatic inflammatory criteria and if patient is non-sedated. A spec fPL or full GI panel to include PLI, TLI, cobalamin and folate is recommended given minor weight loss. Empirical therapy for suspect cholangiohepatitis/mild pancreatitis with clinical and sonographic monitoring if evidence of progressive hepatopathy or weight loss would be reasonable.



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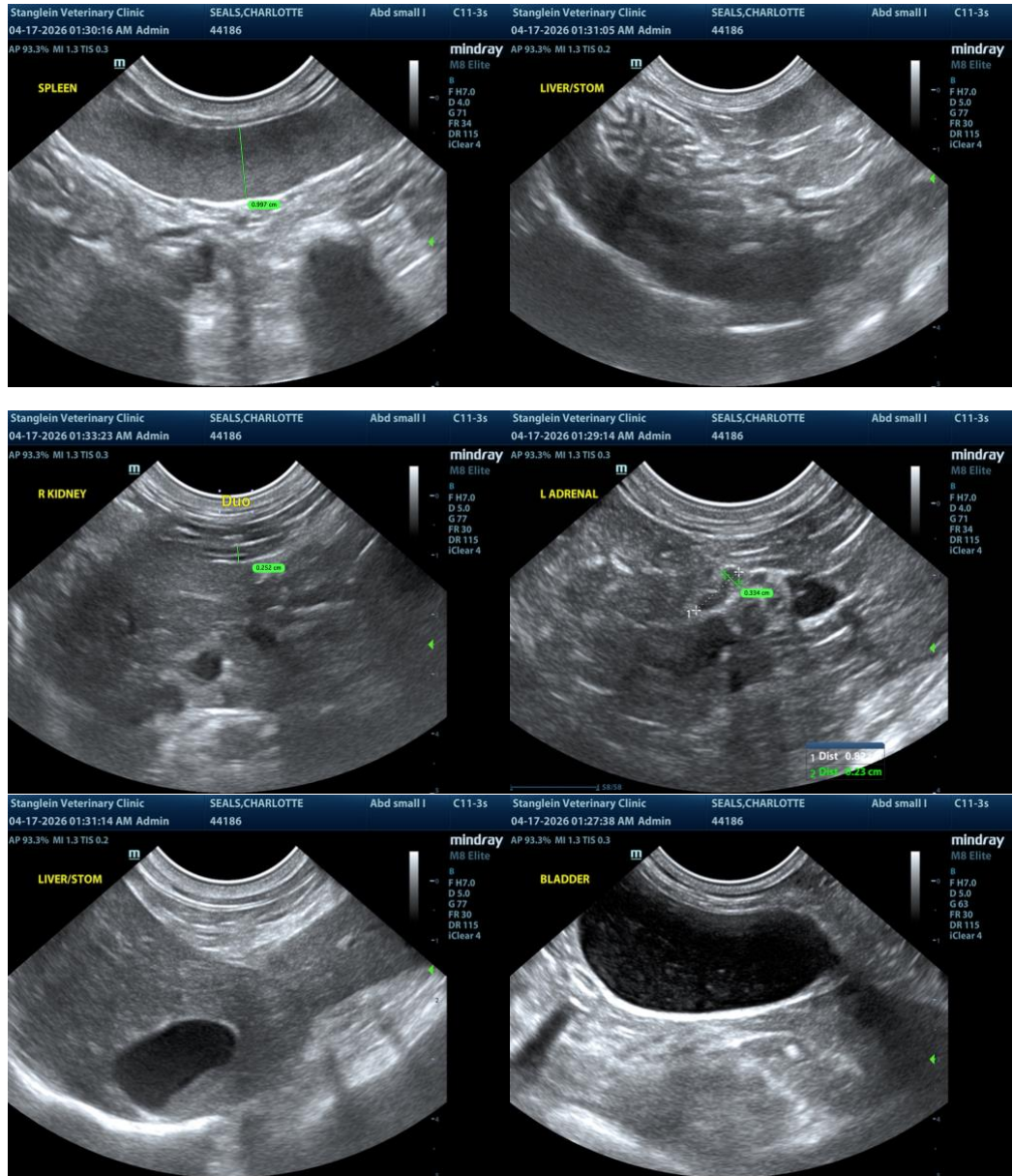
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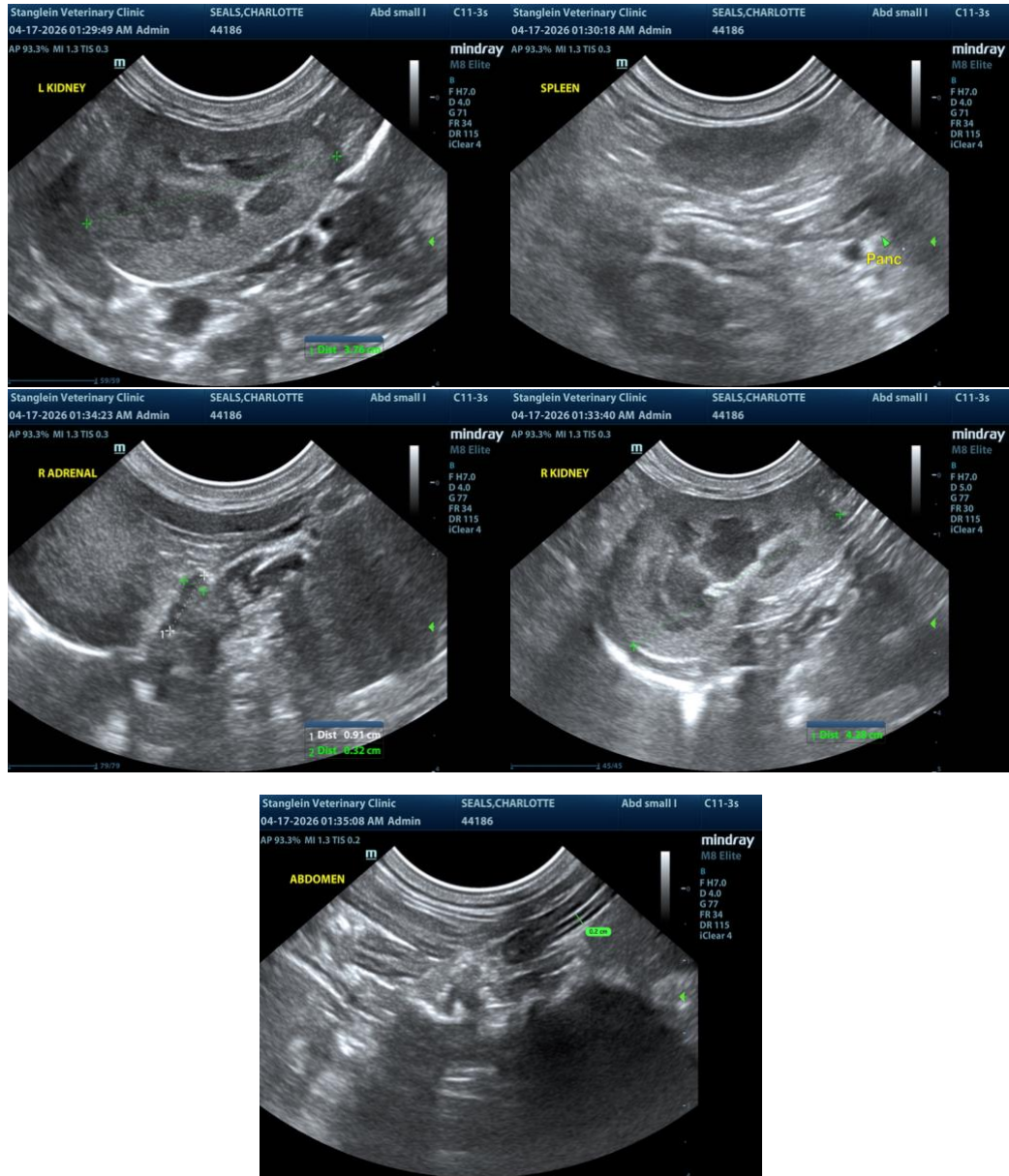
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)