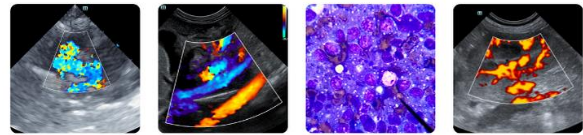

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www.animalsoundsnw.com
info@animalsoundsnw.com
541.357.9423

PATIENT

Melo McCabe

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

12 years

WEIGHT

8.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Echo Hollow Vet Hospital

REFERRING VET

Dr. Srch-Thaden

INVOICE

10758

DATE

4/2/26

PRESENTING CLINICAL SIGNS

History:

- Clinical Exam Findings: Per the doctor this patient has liver and kidney issues.
- ABNORMAL Labwork Values -Elevated ALT 197 U/L, -Elevated BUN 45/CRE 1.8
- Current Medications -Methimazole in Anh Lipoderm EZ Dose Micro Transdermal Gel 2.5 mg/0.05ml 3 ml x1. Vetcove Rx. Apply 2.5mg (0.05mL) to inner most hairless part of ear every 12 hours. Alternate ears. Also Denamarin Advanced Cats Small K9 (Blue) 30ct.

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 evidence of urine or 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.

No evidence of pathology in the area of the aortic trifurcation.

Normal margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with moderate, indistinct corticomedullary border demarcation and mild hyperechoic medullary parenchyma. No evidence of pelvic dilation was present. No evidence of pyelectasia was noted in either kidney. The left kidney was mildly subnormal in size, measuring 2.8 cm in length. The right kidney was of adequate size, measuring 3.3 cm in length.

Adrenal Glands

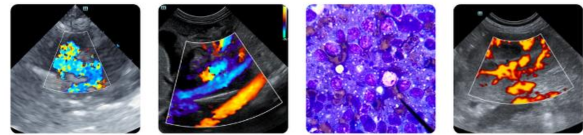
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm. No obvious pathology was noted in the area of the right adrenal gland, although not definitively visualized.

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 was normal in size with symmetrical, mildly rounded hepatic capsule contour. Mild heterogeneous increased hepatic parenchyma echogenicity was noted compared to the spleen. There were no visualized hepatic masses or nodules. The gallbladder was non-distended in size containing



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primarily anechoic content with minor gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

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 small intestinal wall width measured 0.21 cm wall width.

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

Pancreas

The pancreas was prominent in size with capsule asymmetry and variable heterogeneous remodeled parenchyma with prominent pancreatic duct.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Moderate chronic renal changes
- Chronic pancreatitis with parenchymal remodeling
- Benign hepatopathy pattern
- Mild gallbladder debris (non mucocele)
- Sonographically normal gastrointestinal tract

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary workup including urinalysis, C/S, and baseline UPC level for renal staging is recommended. Assuming normal clotting status and using a 25-gauge needle, hepatic FNA cytology could be considered primarily to assess for mild inflammatory criteria, which may suggest mild cholangiohepatitis in conjunction with mild gallbladder debris. Secondary reactive hepatopathy in conjunction with chronic pancreatitis or associated with hyperthyroidism is possible. There is no evidence of abdominal neoplastic criteria.

If the patient is nonclinical, continued CKD therapy with concurrent hepatosupportive medications and empirical therapy for chronic pancreatitis, if gastrointestinal signs arise, would be reasonable.

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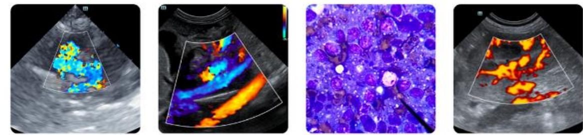

Clinical Sonography & Telecytology

Educational Teleconsultation Services™

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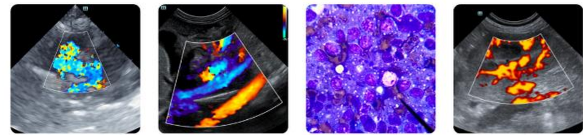

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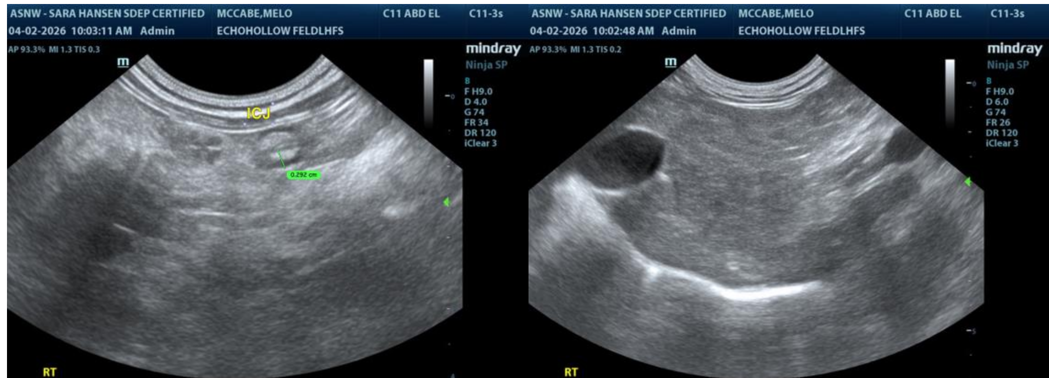

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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