



PATIENT

Sparrow Rodriguez

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

8y

WEIGHT

4.15 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sookhoo

HOSPITAL NAME

Calusa VC

REFERRING VET

Dr. Ordonez

INVOICE

13361

DATE

4/2/26

PRESENTING CLINICAL SIGNS

History: SPARROW presents for vomiting on Monday and Tuesday. Last night patient came in became lethargic as well as not eating since Monday night. No c/s/d/ pu/pd.

Abnormal PE/Chem/CBC/UA Results: ALT 5000, ALKP 168, Tbili 6.4 FPL elevated >50

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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic 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 4.0 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen was borderline enlarged in size exhibiting 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 1.0 cm width level of the mid spleen.

Liver

The liver presented subjective borderline enlarged in size with symmetrical contour. Mild homogeneous, hypoechoic parenchyma with mild increased prominence of portal vascular borders. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen with a mild coarse echotexture. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with normal wall and without evidence of edema. Primarily anechoic bile with mild, dependent lumen hyperechoic debris to emerging mineral. The proximal common bile duct was dilated and mildly tortuous. Not definitively visualized to the level of the duodenum without overt post hepatic obstruction.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained gastric fluid.



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The small intestine presented borderline thickened 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. Small intestine wall measure 0.26 cm width.

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

Pancreas

The pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

PRIMARY FINDINGS

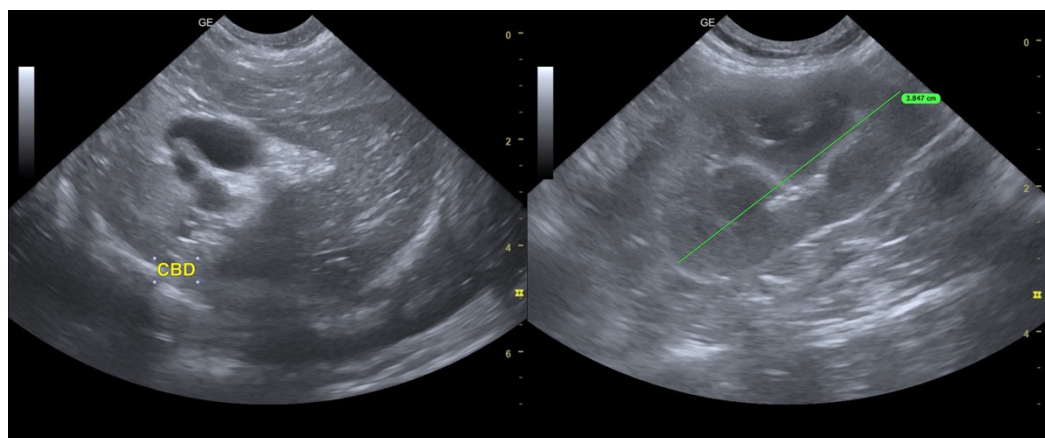
- Hepatopathy – subjective acute
- Non-distended gallbladder with mild, dependent lumen, hyperechoic sediment/mineral, non-obstructive common bile duct dilation
- Pancreatitis
- Mild hypomotile stomach with intact borderline thickened small intestine wall

SECONDARY FINDINGS

- Borderline splenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Acute cholangiohepatitis in conjunction with pancreatitis and potential triaditis suspected. Mild potential for occult hepatic or multicentric neoplastic process, i.e. lymphoma thought less likely. No evidence of mechanical gastrointestinal obstruction. If normal clotting status and using 25-gauge needle, hepatosplenic FNA cytology is recommended for further clarification. Hospitalization with empirical therapy for cholangiohepatitis/triaditis with clinical and as needed sonographic monitoring would be reasonable. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.





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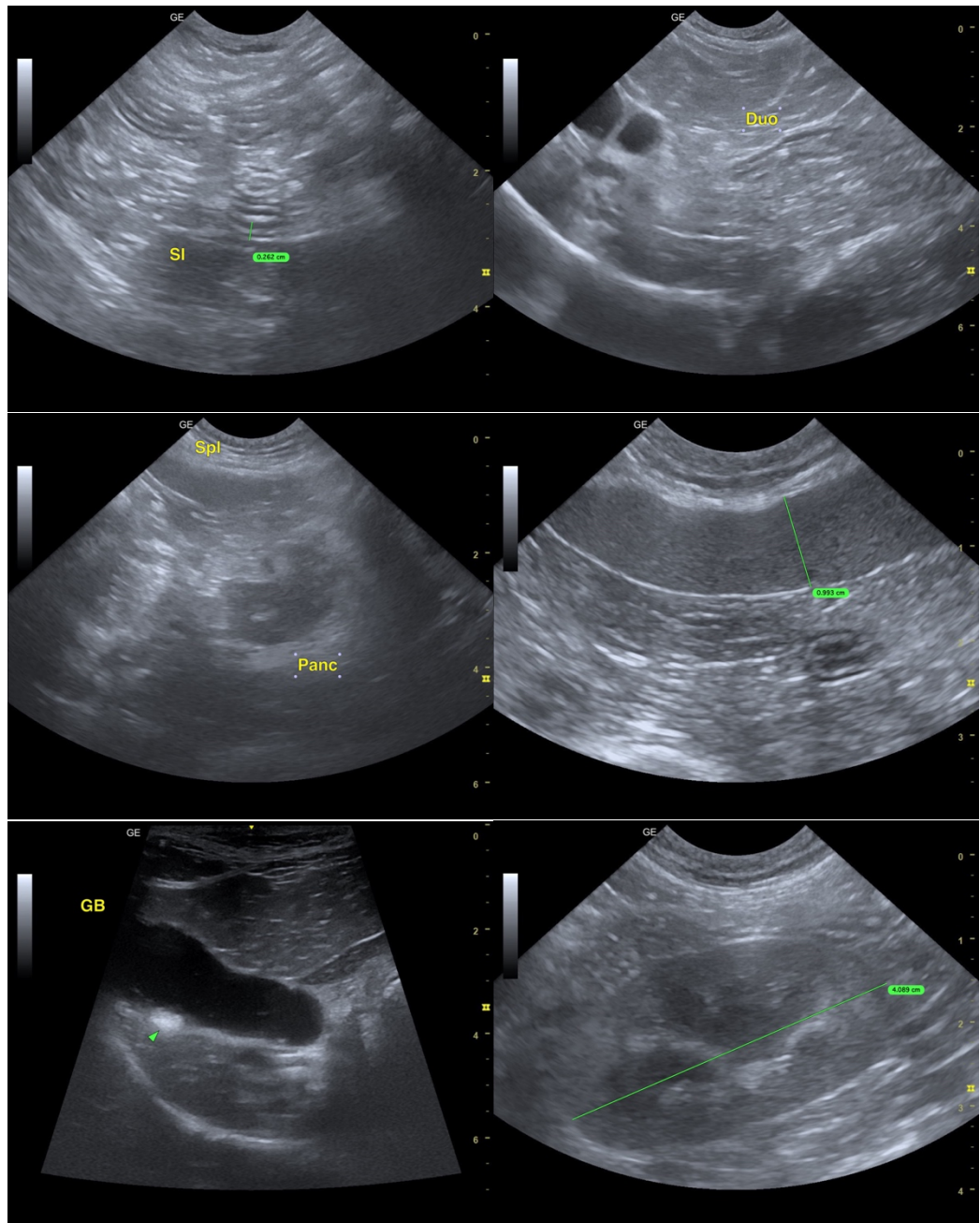
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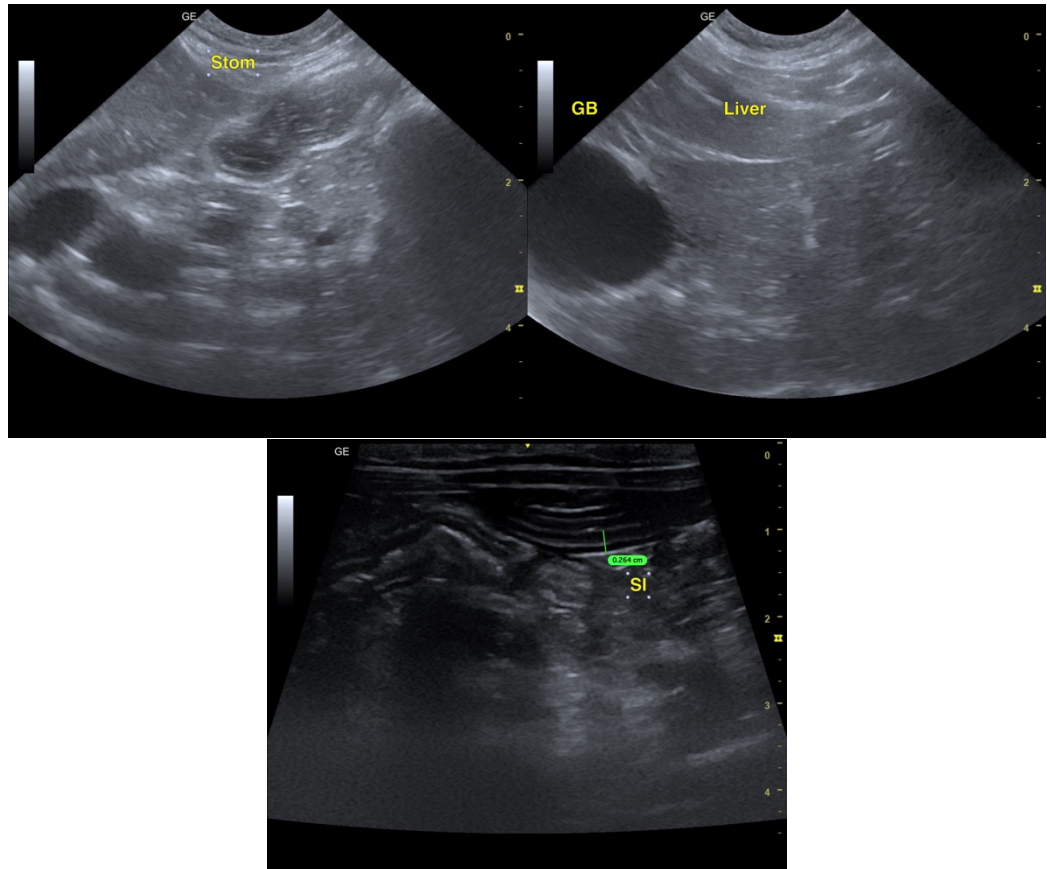
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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