



**PATIENT**

Coco McNutt

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

11Y, 5M

**WEIGHT**

5.04lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe, CVT

**HOSPITAL NAME**

Andover Animal  
 Hospital

**REFERRING VET**

Dr. Kotb

**INVOICE**

74725

**DATE**

4-22-26

**PRESENTING CLINICAL SIGNS**

Elevated ALT, ALKP, amylase, BUN. Elevated chem values, not symptomatic at this time. Recently diagnosed with occult HOcm. Previously hyperthyroid. Methimazole.

**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. 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.

The area of the iliac trifurcation was free of pathology.

The right kidney presents borderline subnormal size, and the left kidney presents mild subnormal size. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 2.7 cm in length. The right kidney measured 3.0 cm in length.

**Adrenal Glands**

No obvious pathology in the area of the left adrenal gland, subjectively measuring 0.30 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 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 was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and moderate, mildly congealed, yet nonorganized, gallbladder debris. The proximal common bile duct was dilated and mildly tortuous without overt post hepatic obstruction.

**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 mildly thickened wall exhibiting mild altered wall layer ratio owing to propensity for subjective mildly thickened mucosal layer. The duodenum wall measured 0.34 cm wall



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width. The jejunum wall measured 0.30 cm wall width. The ileocolic wall measured 0.44 cm wall width. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

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

***Pancreas***

The pancreas was normal in size and contour with mild isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

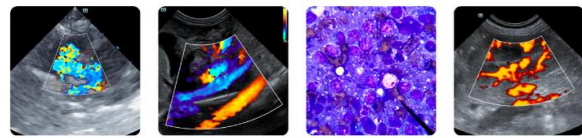
- Hepatopathy
- Gallbladder debris with nonobstructive common bile duct dilation.
- Intact mildly thickened small intestine.
- Heterogeneous pancreas.
- Mild chronic renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although nonspecific, inflammatory hepatobiliary disease, i.e., cholangiohepatitis is suspected. Although patient is nonclinical, potential emerging triad disease could be a consideration in this patient. No overt suspicion of emerging to occult neoplasia which is though less likely.

Further assessment may include, assuming normal clotting status, and using 25-gauge needle, hepatic FNA cytology to assess for inflammatory cell type. Pending cytology, empirical therapy for suspect cholangiohepatitis with monitoring of liver enzymes or for evidence of gastrointestinal signs would be reasonable. Recheck sonogram if progressive hepatopathy, gastrointestinal signs, or weight loss.

Correlation with urinary workup if not done is recommended.



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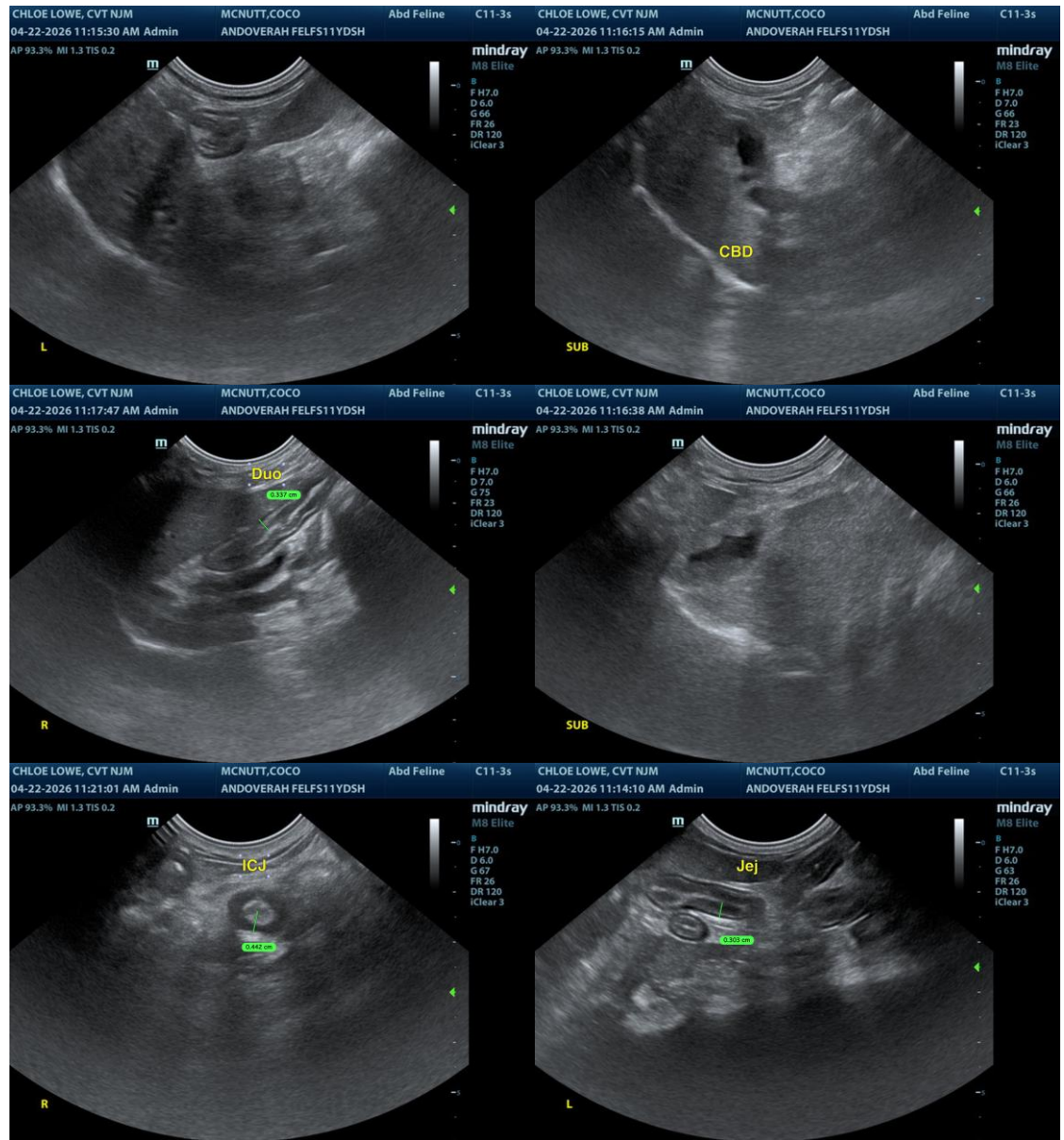
Dr. Kotb

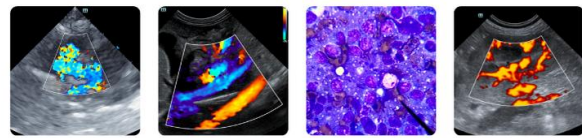
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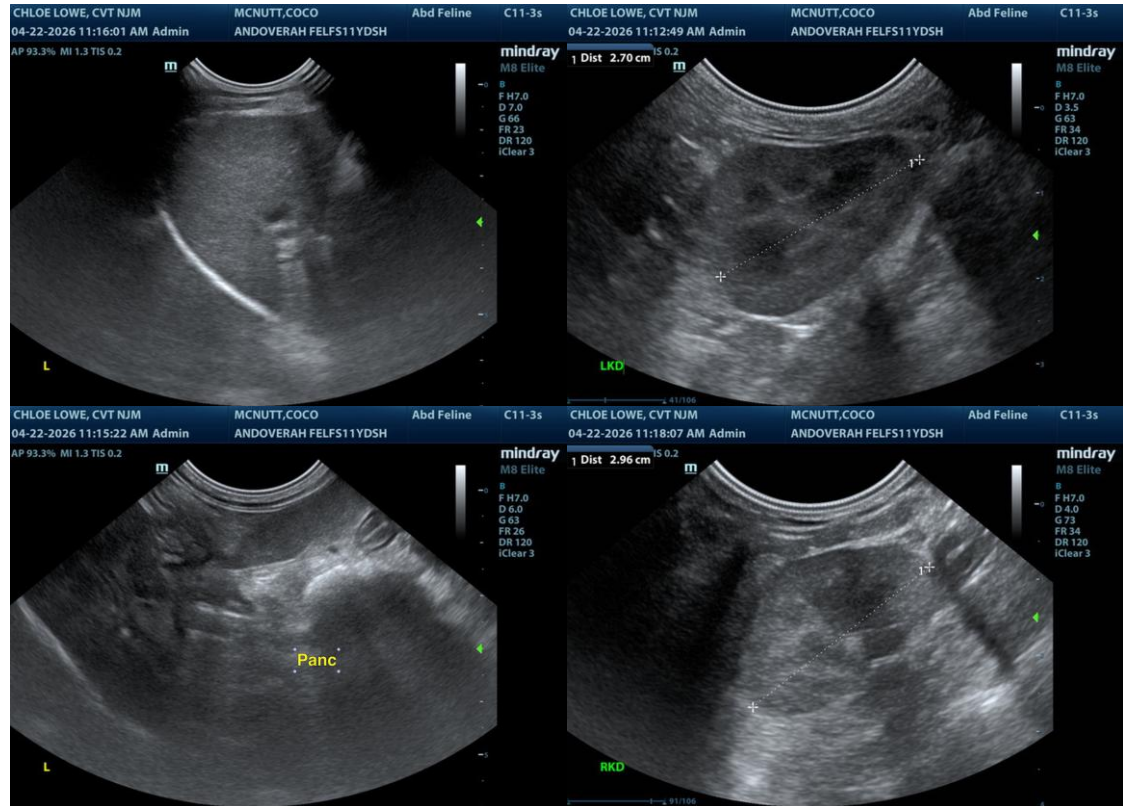
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)