



## PATIENT

Jalapeno Carvelli

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

1yr

## WEIGHT

4.27kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Alyssa Huntington

## HOSPITAL NAME

Wilvet South

## REFERRING VET

Alyssa Huntington

## INVOICE

24554

## DATE

04/22/2026

## PRESENTING CLINICAL SIGNS

Inappetence and lethargy for 3 days

Recent UO

Abnormal PE/Chem/CBC/UA Results: Inappetence- urinary related vs stress vs metabolic vs infectious vs pain vs other On exam, shallow and quick breathing was noted. The bladder was palpated found to be very soft but could not be expressed. CBC: HCT 38.1 Blood Glucose 116 Chem 17: ALP 135, bil 2.8, amylase 339, BUN 11, ALT too high to read, diluted multiple times. 1:6 dilution will not read. SQ fluids 120 LRS Patient urinated when sedated blood clot and large volume of urine FAST scan of bladder thickened wall Palpate bladder- small and soft through the stay. Icteric Hepatopathy

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Mild anechoic urine was present in the lumen with no evidence of urine/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.

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. An indistinct to subtle hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated with interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.8 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

### 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 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



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margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained mild to moderate retained mildly echogenic fluid without obstruction to pyloric outflow.

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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 retained fluid, mechanical/metabolic ileus, obstruction or foreign material.

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

## SEX

### **Pancreas**

MN

The left pancreas was sonographically normal.

## AGE

1yr

### **Free Abdomen**

No omental masses or overt lymphadenopathy was present.

Minor perihepatic effusion was present.

## WEIGHT

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## ULTRASONOGRAPHIC FINDINGS

### **Primary**

- Hepatopathy with minor perihepatic effusion
- Normal gallbladder and common bile duct
- Moderate hypomotile stomach
- Sonographically unremarkable empty small intestine
- Sonographically unremarkable visible pancreas
- Bilateral indistinct to subtle non-specific renal medullary rim sign
- Non-distended urinary bladder

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Without evidence of mechanical pyloric or upper intestinal obstruction, metabolic gastric ileus potentially secondary to underlying hepatopathy or possible mild pancreatitis which may present sonographically normal is possible. The hepatopathy is non-specific and may suggest non-specific inflammatory disease in conjunction with ALT elevation. No evidence of post-hepatic obstruction.

Further assessment may include assuming normal clotting status and using 25ga needle, hepatic FNA cytology to assess for inflammatory criteria and a spec FPL. Occult neoplasia is considered unlikely.

Hospitalization with hepatogastrintestinal support, empirical therapy for cholangiohepatitis or similar with clinical monitoring and sonographic reassessment if progressive clinical signs or hepatopathy is recommended.



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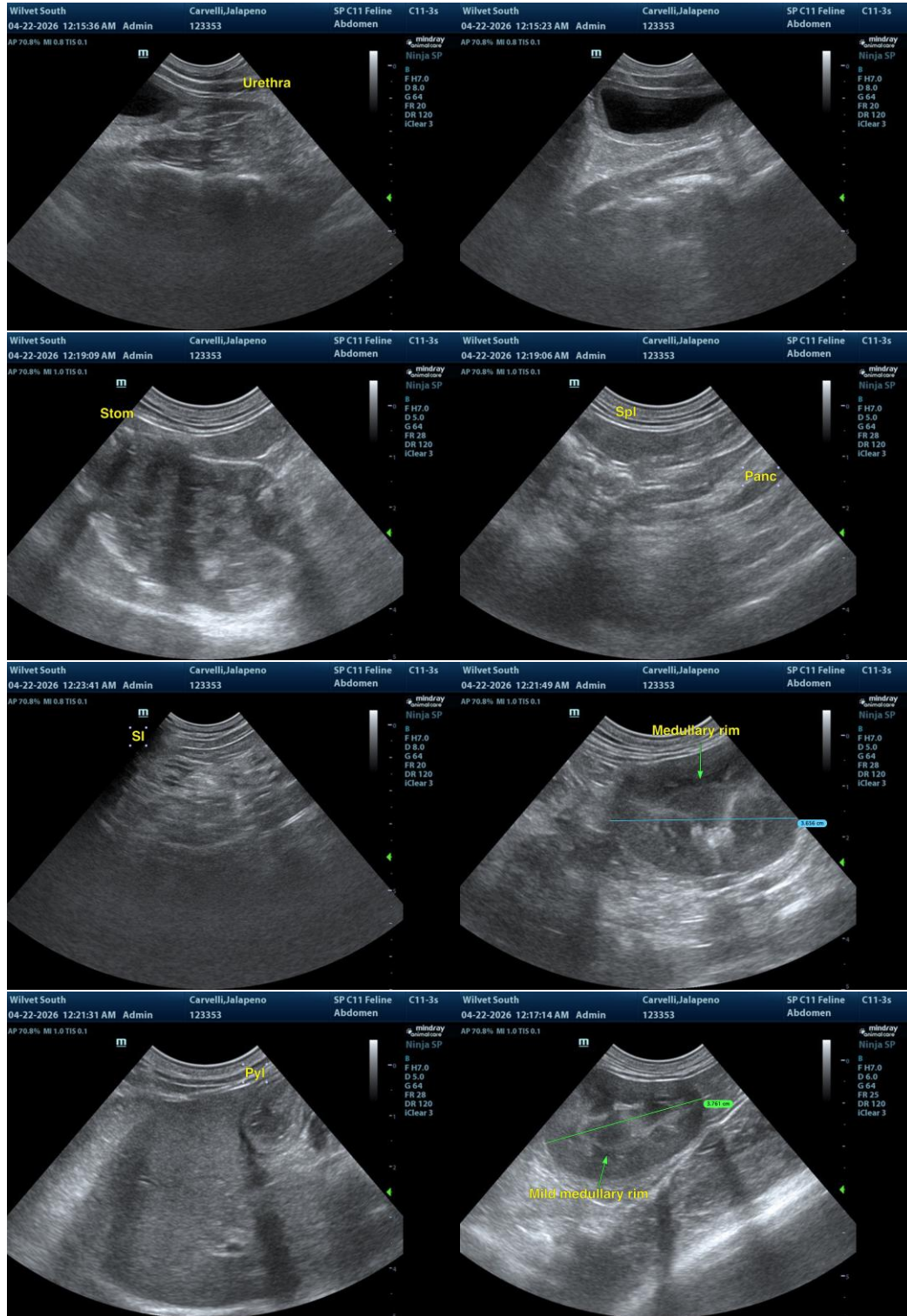
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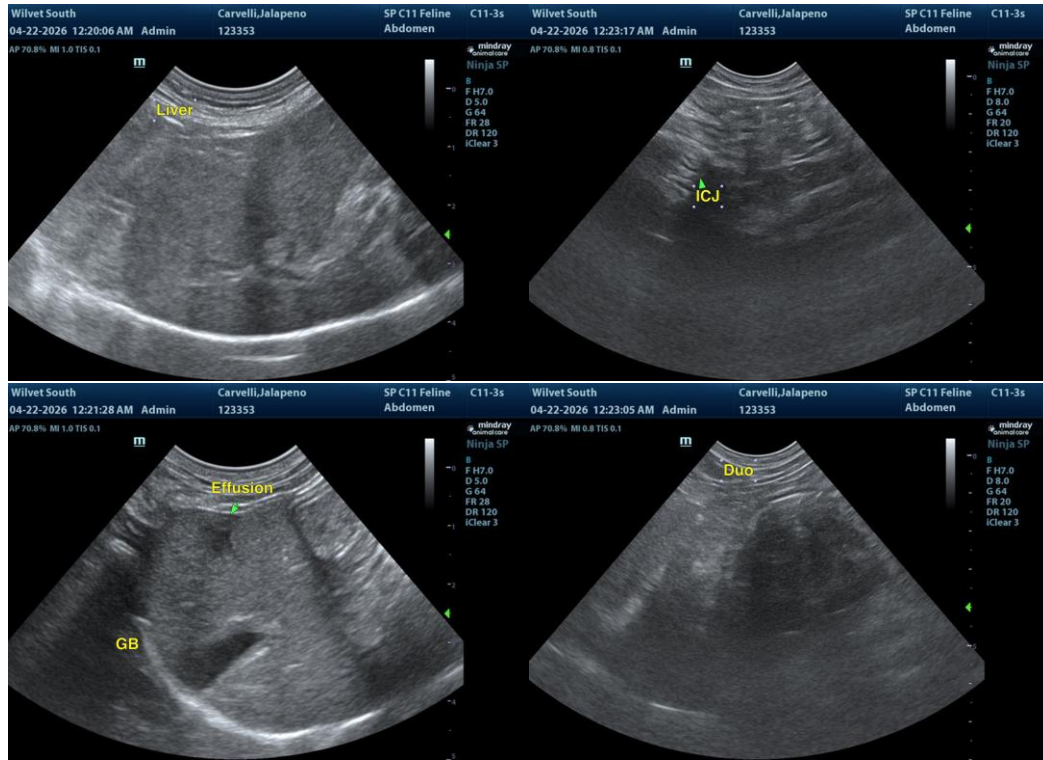
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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DVM, DABVP  
(Canine and Feline)

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.

**IMAGING PERFORMED BY**

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