



**PATIENT**

Maureen Dumuk

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

7Y, 6M

**WEIGHT**

12.6lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe, CVT

**HOSPITAL NAME**

Denville Animal  
 Hospital

**REFERRING VET**

Dr. Reddy

**INVOICE**

74742

**DATE**

4-23-26

**PRESENTING CLINICAL SIGNS**

Vomiting since 4/20. Not eating since 4/21. Ear infection found 4/21. Enema administered 4/22. Tresaderm 15 ml 3-4 drops BID  
 Abnormal PE/Chem/CBC/UA Results: ALT 435, albumin 4.0, RBC 12.28

**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 aortic trifurcation was free of pathology.

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. A mild 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 interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 4.1 cm in length. The right kidney measured 4.1 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 0.33 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 cm.

*Spleen*

The spleen was normal in size, contour and otherwise homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, small, well-demarcated, hyperechoic nodules were present. An example of a hyperechoic splenic nodule measured 0.25 cm in diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

*Liver/ Gallbladder*

The liver presented mildly enlarged with a rounded contour. Homogeneous mildly hypoechoic parenchyma compared to adjacent omentum. No masses or nodules were noted. Normal hepatic vascular volume was present. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

*Gastrointestinal*



**PATIENT**

Maureen Dumuk

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

7Y, 6M

**WEIGHT**

12.6lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe, CVT

**HOSPITAL NAME**

Denville Animal  
 Hospital

**REFERRING VET**

Dr. Reddy

**INVOICE**

74742

**DATE**

4-23-26

The stomach presented intact wall layering with a normal wall layer ratio. Variably echogenic to progressively shadowing ingesta was present with no obstruction to the pyloric outflow.

The intestinal walls demonstrated intact wall layering, maintained 1:3 muscularis / mucosa ratio, and non-thickened wall. A mild ileus pattern is present without obstruction or foreign material. The small intestinal wall measured 0.20 cm.

Normal visible colon wall layers were present with formed feces in lumen. Sonographic determination of colon size is limited.

***Pancreas***

The pancreas presented mildly enlarged in size with capsule asymmetry and nonhomogeneous hypoechoic parenchyma. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

***Free Abdomen***

Mild generalized increased omental echogenicity with minor perihepatic to peritoneal effusion was present.

No visualized significant omental lymphadenopathy.

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

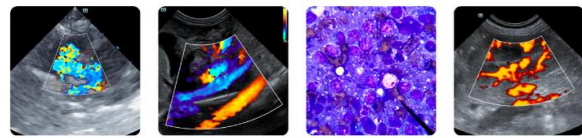
- Hepatopathy, sonographically unremarkable nondistended gallbladder.
- Mild pancreatitis
- Structurally unremarkable gastrointestinal tract with variably echogenic gastric ingesta and mild nonspecific enteritis pattern.
- Mild omental hyperechogenicity and minor perihepatic / peritoneal effusion.
- Bilateral nonspecific renal medullary rim sign.

**Secondary**

- Small hyperechoic splenic nodules – suggestive of benign criteria i.e., small myelolipomas.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The liver suggests acute or acute on chronic hepatopathy although nonspecific. Hepatic or hepatobiliary inflammatory disease i.e., cholangiohepatitis in conjunction with ALT elevation may be favored with occult hepatic neoplasia not definitively excluded. The presence of gastric ingesta may suggest metabolic or non-refractive gastric stasis potentially secondary to pancreatitis and without evidence of obstruction to pyloric or upper intestinal outflow. Minor potential for a small amount of intermixed hairball type foreign material in the stomach not definitively excluded. Further assessment may include, assuming normal clotting status, and using a 25-gauge needle, hepatic FNA cytology and if possible, effusion analysis.



**PATIENT**

Maureen Dumuk

Empirical therapy for suspect cholangiohepatitis and pancreatitis with gastrointestinal support and monitoring of gastric emptying would be reasonable. Recheck sonogram if progressive hepatopathy, effusion, or clinical signs.

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

7Y, 6M

**WEIGHT**

12.6lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe, CVT

**HOSPITAL NAME**

Denville Animal  
 Hospital

**REFERRING VET**

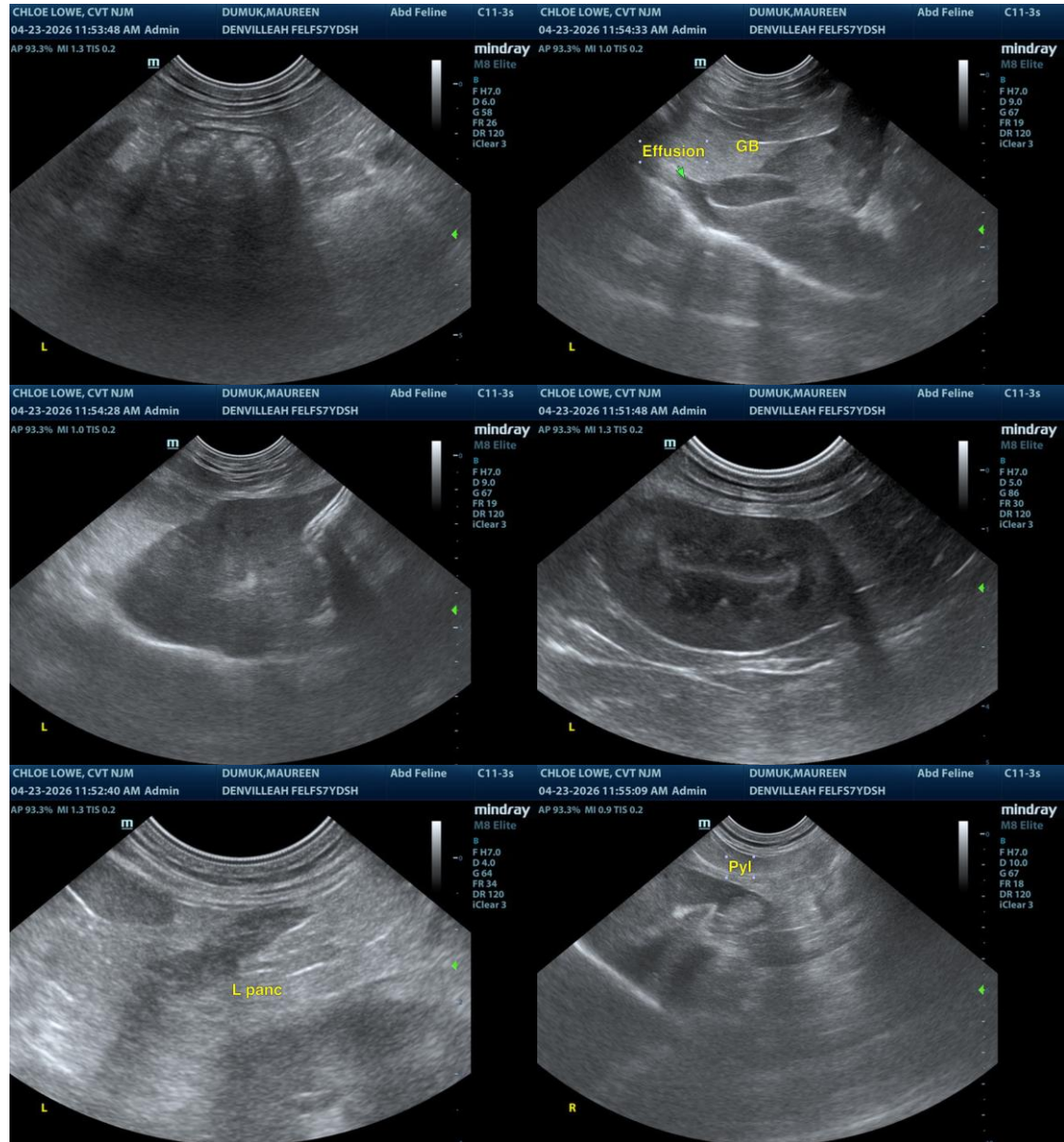
Dr. Reddy

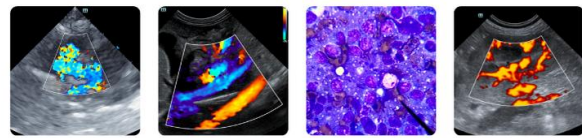
**INVOICE**

74742

**DATE**

4-23-26





**PATIENT**

Maureen Dumuk

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

7Y, 6M

**WEIGHT**

12.6lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe, CVT

**HOSPITAL NAME**

Denville Animal  
 Hospital

**REFERRING VET**

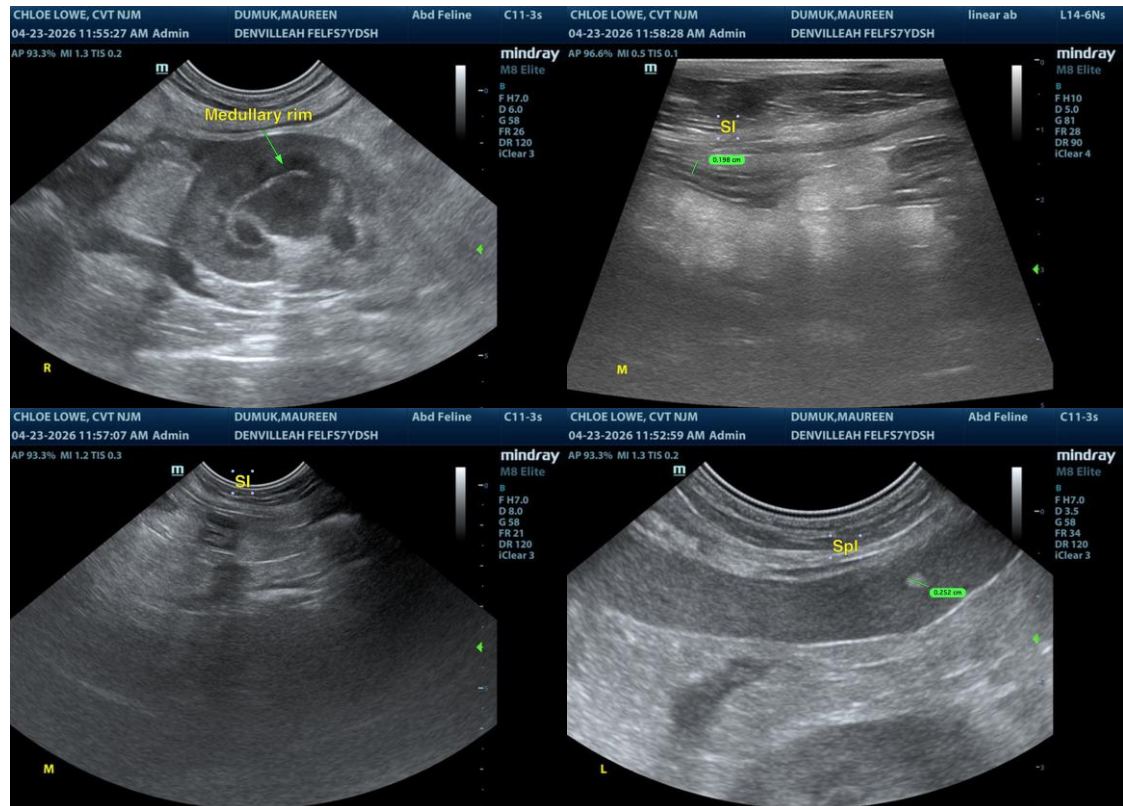
Dr. Reddy

**INVOICE**

74742

**DATE**

4-23-26



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)