



## PATIENT

Goji Falcker

## SPECIES

Feline

## BREED

DLH

## SEX

Male Neutered

## AGE

7.5y

## WEIGHT

10.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Brandi Kurzowski

## HOSPITAL NAME

Corfu VC

## REFERRING VET

Dr. Nicole Kelper

## INVOICE

13435

## DATE

4/24/26

## PRESENTING CLINICAL SIGNS

History: P presented 3/27/26 for dental extractions due to lower jaw misalignment- p not able to close mouth all the way from 304 and 404 being misaligned. All canine teeth were extracted. Liver values elevated on preop bloodwork, plan to recheck them one month after tooth extractions. P came back for recheck PE on 4/16/26, p had been vomiting for 2 days- p treated with cerenia. Liver values still elevated. Vomiting resolved, but p was anorexic- started mirtazapine 4/21/26. 4/24/26- o elects to pursue ultrasound to find cause for anorexia and elevated liver enzymes. No repeat bw today- o has financial constraints. P is visibly icteric today. P has lost almost 3 lb since 3/24/26.

Abnormal PE/Chem/CBC/UA Results: 3/26/26 Chem 17- BUN 15mg/dL, ALT 205 U/L, ALP 101 U/L  
CBC- PLT 452 k/uL 4/16/26 CBC- WNL Chem 17- ALT 312 U/L, ALKP 323 U/L, AMYL 421 U/L,  
Lipase 0.8 U/L

## 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.

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 4.0 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 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

The liver presented moderately enlarged in size with normal vascular volume. Homogeneous, mild increased hepatic parenchyma compared to the spleen and renal cortices. No mass or nodules present. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder is non-distended in size with mildly thickened edematous wall. The gallbladder contained anechoic bile with mild bile sediment. The cystic duct and proximal to the mid mild torturous common bile duct dilation with concurrent mildly thickened common bile duct edematous wall. Definitive obstructive pathology was not visualized.



## PATIENT

Goji Falcker

## SPECIES

Feline

## BREED

DLH

## SEX

Male Neutered

## AGE

7.5y

## WEIGHT

10.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Brandi Kurzowski

## HOSPITAL NAME

Corfu VC

## REFERRING VET

Dr. Nicole Kelver

## INVOICE

13435

## DATE

4/24/26

## Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction 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.

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

## Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

## Free Abdomen

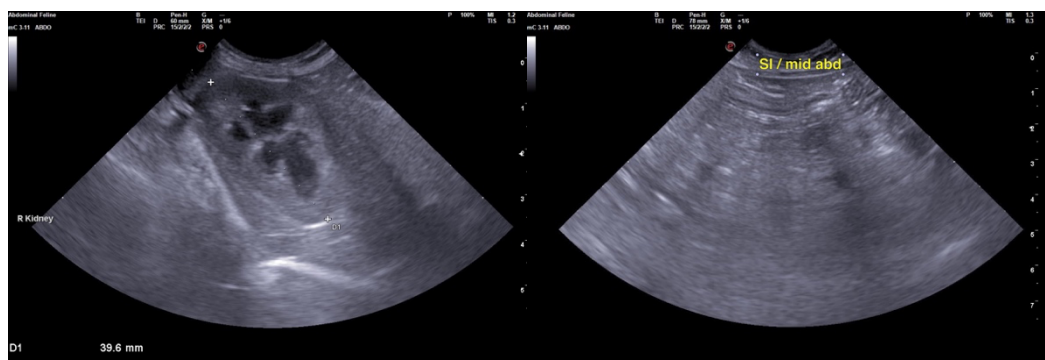
No visualized significant omental lymphadenopathy and no evidence of perihepatic or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Cholangitis/cholangiohepatitis hepatobiliary pattern with potential for lipidosis
- Sonographically normal gastrointestinal tract/area of pancreas

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of current post hepatic obstruction with primarily inflammatory hepatobiliary criteria present. Sonographically, given anorexia in this patient, a primary or concurrent lipidosis is suspected. Occult hepatic round cell neoplasia such as lymphoma or other cannot be definitively excluded. Assuming normal clotting status and using 25-gauge needle as well as with vitamin K pre-treatment, hepatic FNA cytology could be considered for further clarification. Concurrent GI panel to include PLI/TLI/Cobalamin/Folate suggested to assess for occult intestinal or pancreatic disease as a contributing factor and if evidence of hepatic lipidosis is present. Empirical therapy for cholangiohepatitis/lipidosis with consideration for feeding tube placement if patient remains anorectic and clinical monitoring is recommended.





## PATIENT

Goji Falcker

## SPECIES

Feline

## BREED

DLH

## SEX

Male Neutered

## AGE

7.5y

## WEIGHT

10.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Brandi Kurzowski

## HOSPITAL NAME

Corfu VC

## REFERRING VET

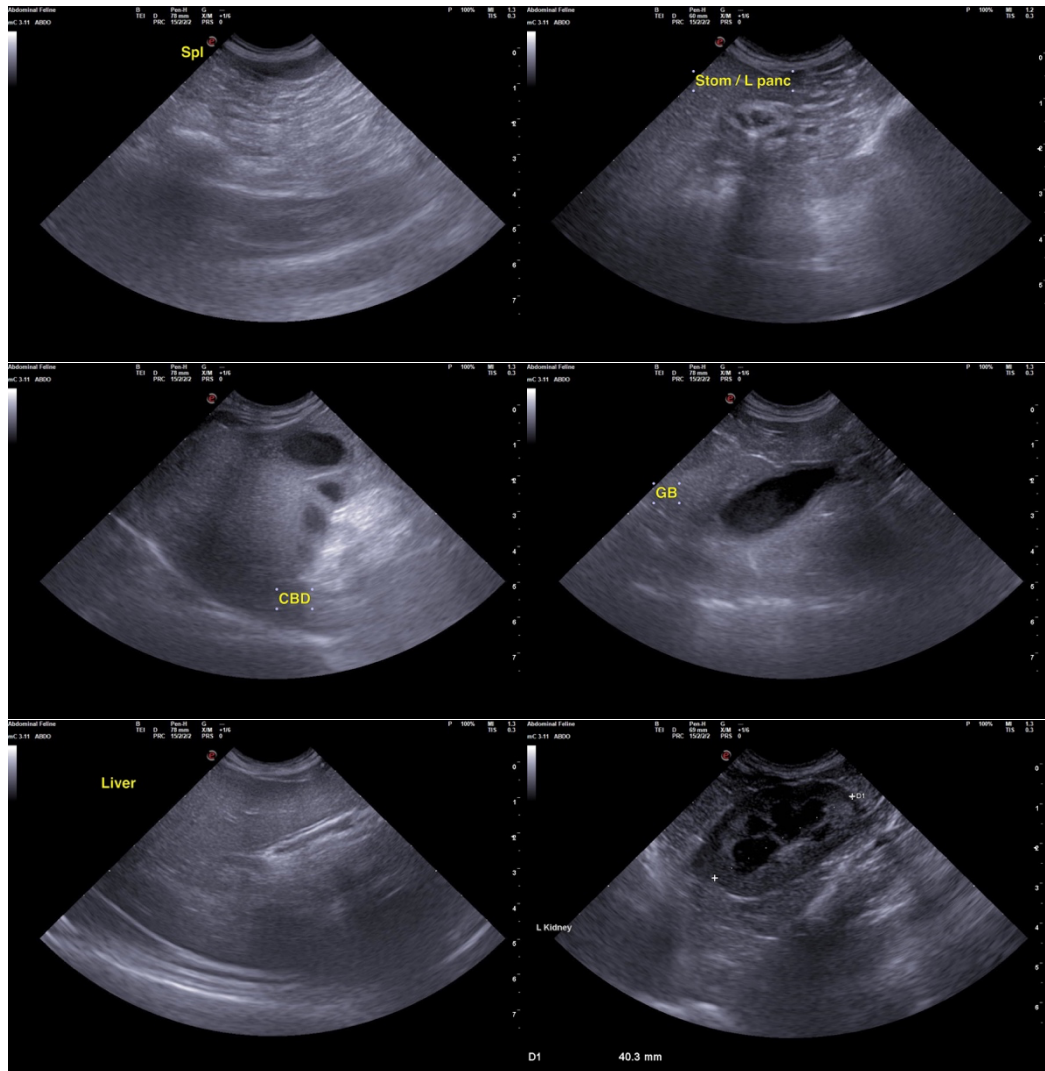
Dr. Nicole Kelver

## INVOICE

13435

## DATE

4/24/26



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)