



PATIENT

OAKLEY MARTONE

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13yr

WEIGHT

9.37

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Veterinary
Clinic

REFERRING VET

Dr Katrina lobst

INVOICE 24585

DATE

04/24/2026

PRESENTING CLINICAL SIGNS

12-13yo MN DSH with 1-week history of decreased appetite & lethargy; ~25% body weight loss over 2mo (lost 3.5lbs since Feb 2026). Indoor-only but goes outside/on patio while supervised by O on leash. Os report a mouse trap with PB (no poison) was out while Os were on vacation, saw mouse droppings but trap was not set off and have not seen mouse since they came back - possibly P ate? No known toxicity but have observed P licking pellet stove in the past and observed eating cat litter ~1 week prior to presentation.

Abnormal PE/Chem/CBC/UA Results: CBC: 10.1 (L; N = 10.6-16.7), Monos 0.819 (H; N = 0.042-0.467), Eos 0.158 (L; N = 0.209-1.214) Chem: ALT 228 (H; N = 27-158), AST 162 (H; N = 16-67), ALP 74 (H; N = 12-59), GGT 6 (N = 0-6), tBili 1.3 (H; N = 0.0-0.3), uBili 0.6 (H; N = 0.0-0.2), cBili 0.7 (H; N = 0.0-0.2) UA: SG = 1.046, 2+ Bili, 3+ Bilirubin crystals, UPC = 0.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. 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 were present in the kidneys. 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. A thinly walled left kidney cortical cyst was present measuring 1.0 cm in diameter. The left kidney measured 4.1 cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width. 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

Generalized hepatomegaly with areas of asymmetrical contour. Non-homogenous hypoechoic parenchyma exhibiting variable coarse echotexture. Normal vascular volume. The gallbladder was non-distended in size yet thickened in appearance with subjective wall edema. Mild anechoic fluid with mild



PATIENT
OAKLEY MARTONE

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13yr

WEIGHT

9.37

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jessica Green

HOSPITAL NAME

Stanglein Veterinary
Clinic

REFERRING VET

Dr Katrina lobst

INVOICE
24585

DATE
04/24/2026

non-mineralized bile sediment. Indistinctly visualized yet subjective mildly thickened torturous visible proximal common bile duct without overt post-hepatic obstruction.

Transdiaphragmatic view revealed moderate to significant comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

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 mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.24 cm in width.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Minor perihepatic to peritoneal effusion.

No obvious visualized omental lymphadenopathy with overall normal omental echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary

- Enlarged non-homogenous hypoechoic liver
- Non-distended mildly thickened edematous gallbladder with subjective non-obstructive visible proximal common bile duct dilation
- Moderate to significant transdiaphragmatic comet tail artifact
- Sonographically unremarkable empty gastrointestinal tract
- Minor perihepatic to peritoneal effusion

Secondary

- Mild chronic renal changes with left kidney cortical cyst
- Mild urine sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific, primary considerations for the hepatopathy may include acute or acute on chronic hepatobiliary inflammation i.e. cholangiohepatitis (viral bacterial toxin) in conjunction with ALT elevation and evidence of biliary tract inflammation or neoplasia. Further assessment may include assuming normal clotting status and using 25ga needle hepatic FNA cytology as well as correlation



PATIENT
OAKLEY MARTONE

with three view chest radiographs. No overt evidence of gastrointestinal or pancreatic pathology as a contributing factor. Pending hepatic sampling and thoracic radiographs a GI panel to include PLI/TLI/cobalamin/folate may be considered given significant patient weight loss. A guarded prognosis is indicated pending additional diagnostics.

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13yr

WEIGHT

9.37

INTERPRETED BY

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

IMAGING PERFORMED BY

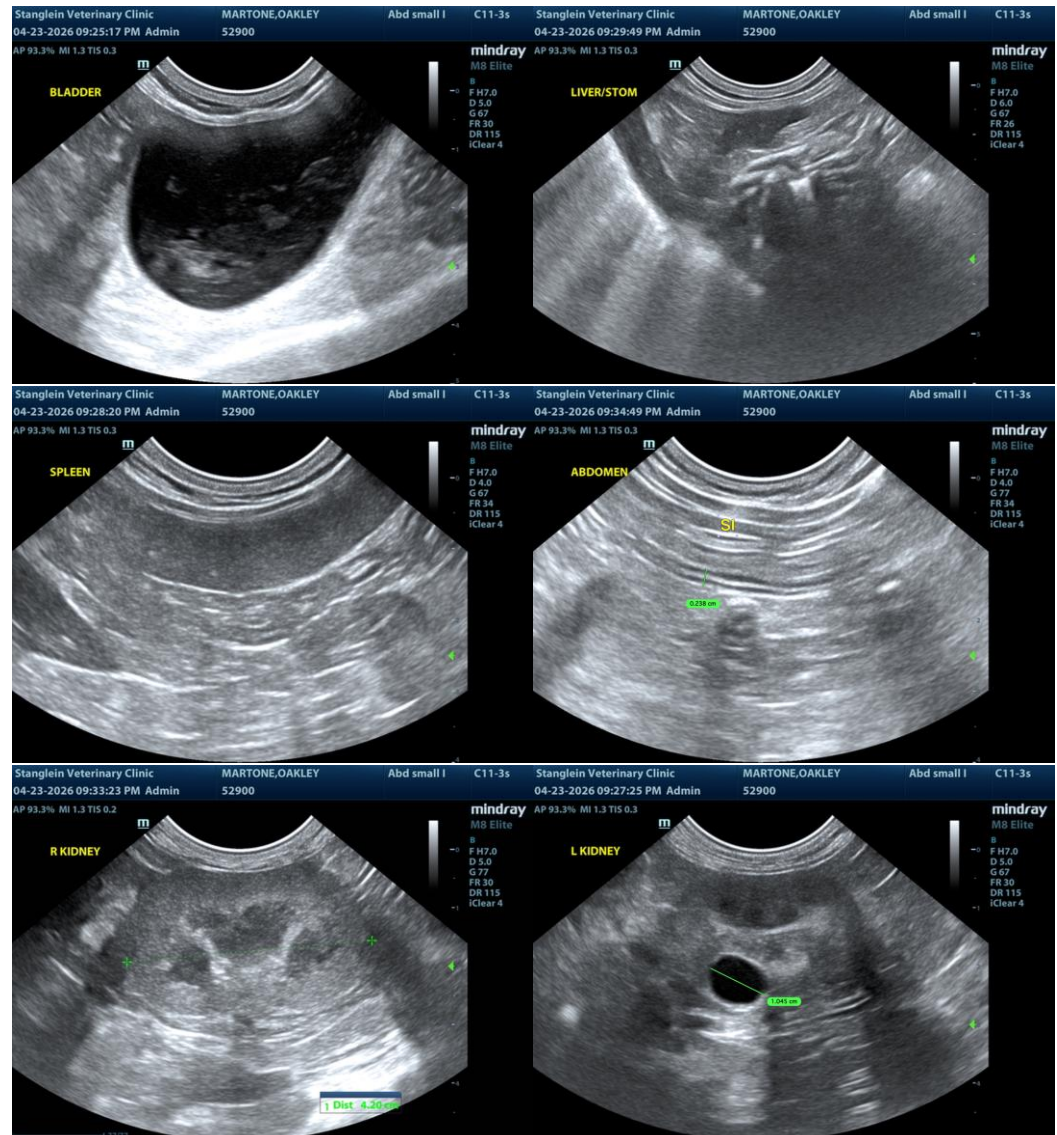
Jessica Green

HOSPITAL NAME

Stanglein Veterinary
Clinic

REFERRING VET

Dr Katrina lobst



INVOICE

24585

DATE

04/24/2026



PATIENT

OAKLEY MARTONE

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13yr

WEIGHT

9.37

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Veterinary
Clinic

REFERRING VET

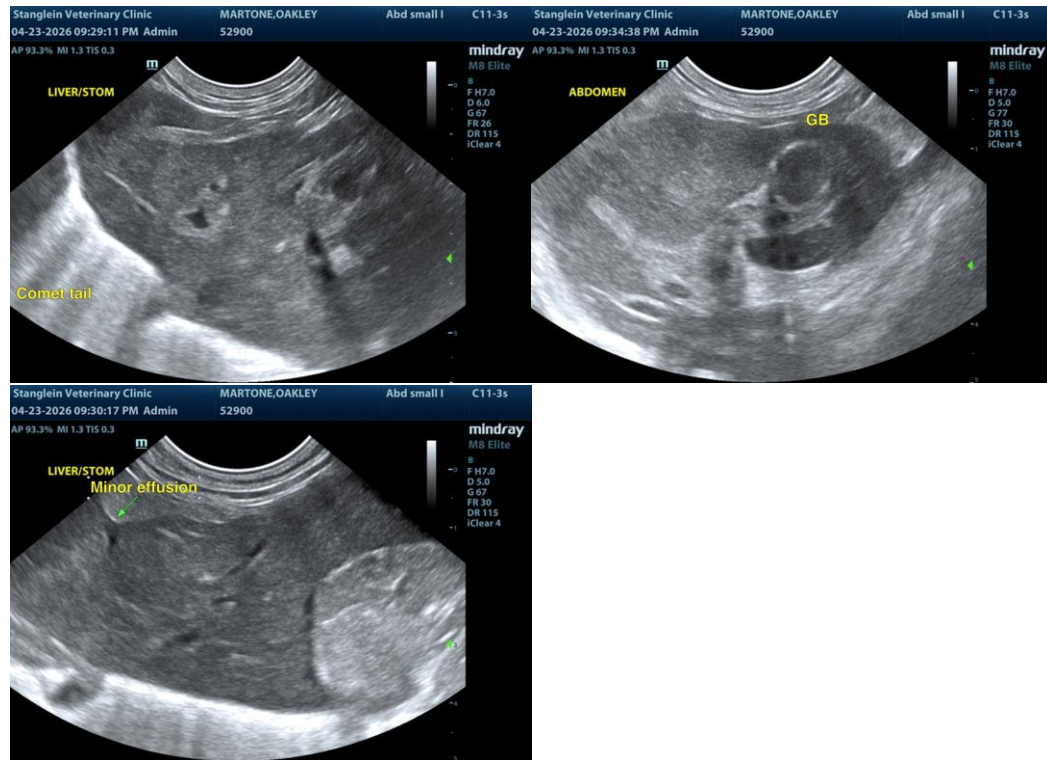
Dr Katrina lobst

INVOICE

24585

DATE

04/24/2026



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