



PATIENT

Chyna Shuma

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10

WEIGHT

12.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Shane Stafford

HOSPITAL NAME

West Newton Animal
Clinic

REFERRING VET

Shane Stafford

INVOICE

24642

DATE

04/27/2026

PRESENTING CLINICAL SIGNS

History: The owner reports that China has not been feeling well since Monday evening (04/20/2026). On Tuesday, she was noted to be anorexic and adipsic. She has been moving slowly, taking a few steps before needing to lie down. She is normally very vocal but has been quiet. She seemed slightly improved yesterday, as she was purring, but was still not eating. She has started vomiting foamy liquid. She is still urinating, but is doing so outside of the litter box. This morning, she was observed near her water bowl and licked some water from her fur but did not appear to drink. The vomiting occurs at random times.

Diet: Meow Mix adult cat food, but also has access to and eats kitten food.

Abnormal PE/Chem/CBC/UA Results: .Elevated liver enzymes and bilirubin - ddx: Triaditis, inflammatory bowel disease, hepatic lipidosis, cholangiohepatitis, neoplasia, dental disease. Anorexia, vomiting, lethargy - ddx: Secondary to underlying hepatic, GI, or cardiac disease. Diagnostics: Radiographs (2 views) were performed and showed no signs of gastrointestinal obstruction. Senior blood panel (CBC/Chemistry), T4, fCPL, and Cardiopet proBNP were performed. Lab Abnormalities: Elevated ALT, ALKP, and bilirubin. Mild hypocalcemia. Evidence of dehydration and a stress leukogram on CBC. T4, fCPL, and proBNP were within normal limits. Treatments: Patient received subcutaneous fluids for rehydration and an anti-emetic injection (Cerenia)

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 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 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. The left kidney measured 3.6 cm in length. The right kidney measured 3.6 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



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The liver presented borderline increased in size. The parenchyma of the liver was subjectively mild increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild to moderate coarse echotexture. The capsule of the liver was symmetrical in margination. No visualized masses or nodules were present. 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.

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 borderline thickened wall with mild altered wall layer ratio owing to mildly prominent muscularis layer. The small intestinal wall measured 0.26 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

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy
- Normal gallbladder and visible common bile duct
- Borderline thickened small intestine with mild altered intact wall layering
- Normal area of pancreas
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although non-specific, cholangiohepatitis or similar hepatobiliary inflammatory disease is favored in conjunction with primarily elevated ALT. Vacuolar/ cholestatic hepatopathy, emerging lipidosis or combination possible. The small intestine exhibited mild intact mural changes which suggest concurrent inflammatory disease with potential for triaditis despite sonographic evidence of concurrent pancreatitis. Potential for emerging to occult intestinal and hepatic round cell neoplasia such as lymphoma may present in similar sonographic manner.

Further assessment may include assuming normal clotting status using 25ga needle and with vitamin K pretreatment, hepatic FNA cytology and correlation with full GI panel (PLI/TLI/cobalamin and folate). Biopsies may be required for definitive diagnosis. Hepatogastrointestinal support, consideration for empirical cholangiohepatitis/ triaditis protocol with clinical monitoring would be reasonable. Sonographic reassessment indicated if progressive hepatopathy or clinical signs.



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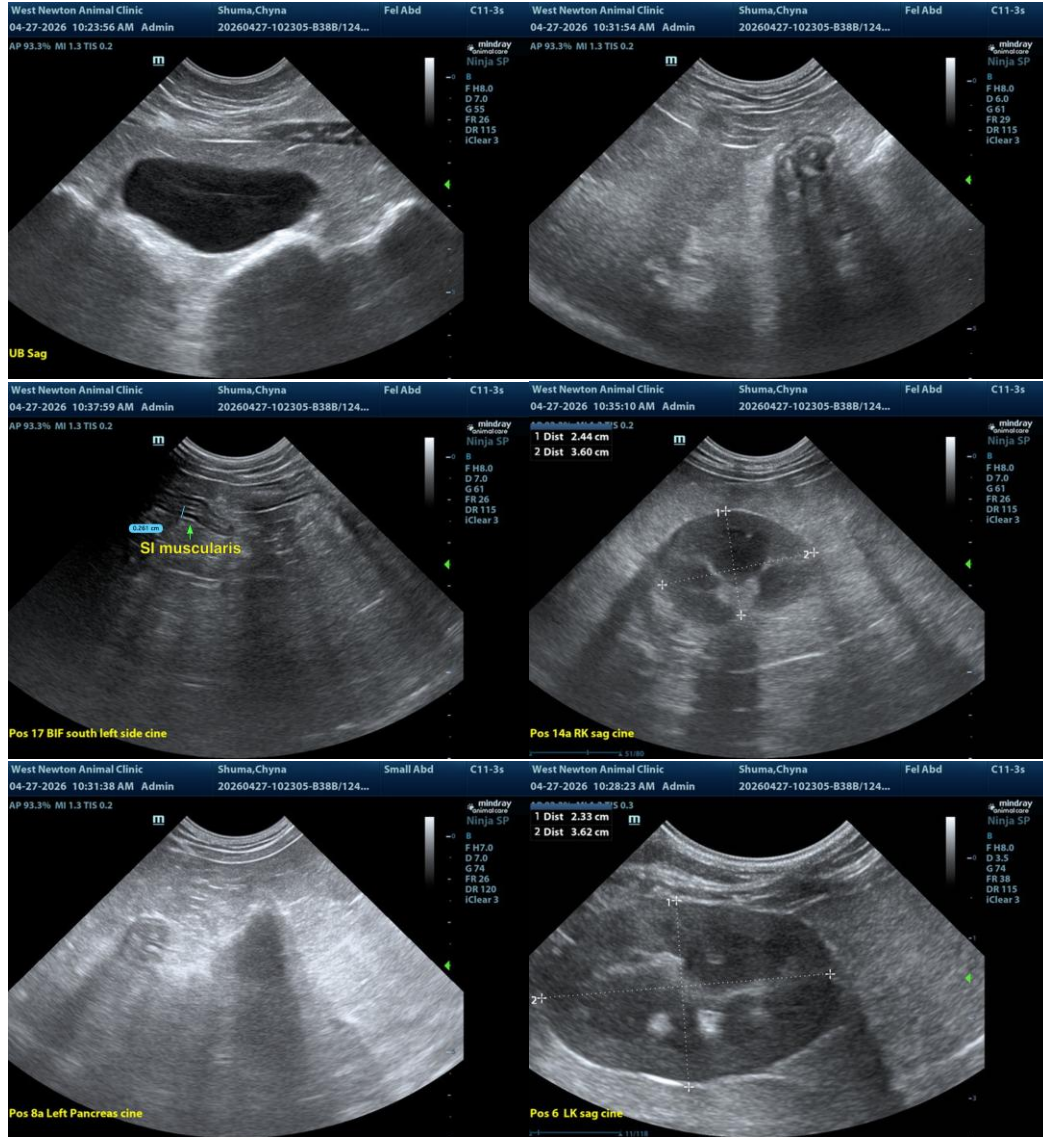
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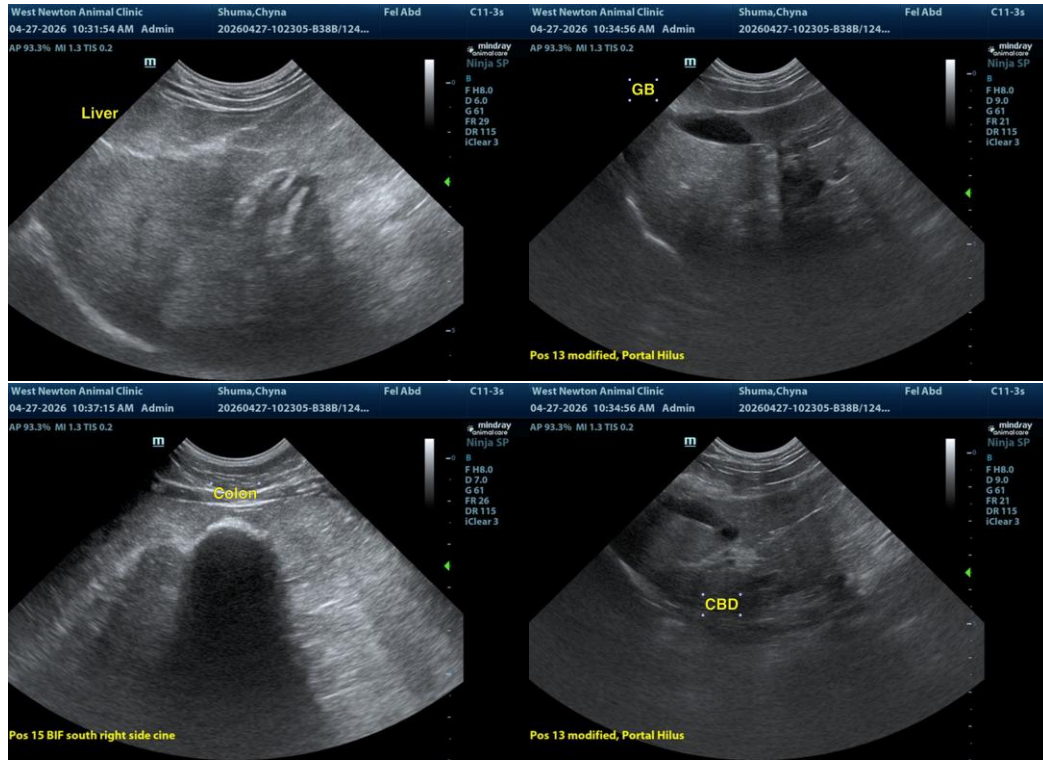
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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