



PATIENT

Lilo Qiu

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

3.7 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Douglas Square Pet
Clinic

REFERRING VET

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Clinic

INVOICE

15541

DATE

04/28/26

PRESENTING CLINICAL SIGNS

Occasional vomiting, picky with food. Periodic hyporexia but overall clinically well. No reported weight loss

Abnormal PE/Chem/CBC/UA Results: History of elevated liver enzymes from last year. Current moderate elevations, ALT 503, ALP 410, AST 196, GGT 7, tбили 23.9 Mild monocytosis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be mildly thickened and hyperechoic resulting in an altered cortex: medulla ratio. Mild indistinct loss of corticomedullary border demarcation was also present. The left kidney measured 3.9 cm in length. The right kidney measured 3.7 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 0.31 cm width.

The right adrenal gland was not definitively visualized without overt evidence of pathology.

Spleen

The spleen presented normal in size with symmetrical contour and subtle nonhomogenous micronodular splenic parenchyma. The spleen measured 0.90 cm width level of the mid spleen.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild biliary sludge. The proximal to mid common bile duct was dilated and mild tortuous without overt post hepatic obstruction.

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 intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily involving the jejunum extending to the ileocolic junction. The jejunum wall measured 0.33 cm wall width. The ileocolic wall measured 0.40 cm wall width.



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Normal visible colon wall layers were present with semi formed fecal matter.

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Pancreas

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The pancreas presented mildly prominent in size with capsule asymmetry and mild nonhomogenous hypoechoic parenchyma and mildly prominent pancreatic duct.

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Free Abdomen

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Intermittent mildly prominent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild perilymphatic hyperechoic omentum. Mild primarily peri-intestinal hyperechoic omentum and scant effusion.

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ULTRASONOGRAPHIC FINDINGS

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- Hepatopathy with mild gallbladder debris.
- Enteropathy.
- Associated mild mesenteric lymphadenopathy, peri-intestinal hyperechoic omentum and scant effusion.
- Chronic/chronic active pancreatitis.
- Nonenlarged subtle micronodular spleen.
- Mild chronic renal changes.
- Mild urine sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IBD or other inflammatory enteropathy in conjunction with chronic/chronic active pancreatitis and hepatopathy, which may suggest triaditis is favored. Intestinal to possible multicentric round cell neoplasia, such as lymphoma cannot be definitively excluded and may present in a similar sonographic manner.

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Further assessment may include (assuming normal clotting status and using a 25-gauge needle) hepatosplenic FNA cytology. A definitive diagnosis would require biopsies for histopathology. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Gastrointestinal support and empirical therapy for triaditis with clinical and as-needed sonographic monitoring if progressive gastrointestinal signs or weight loss would be more conservative. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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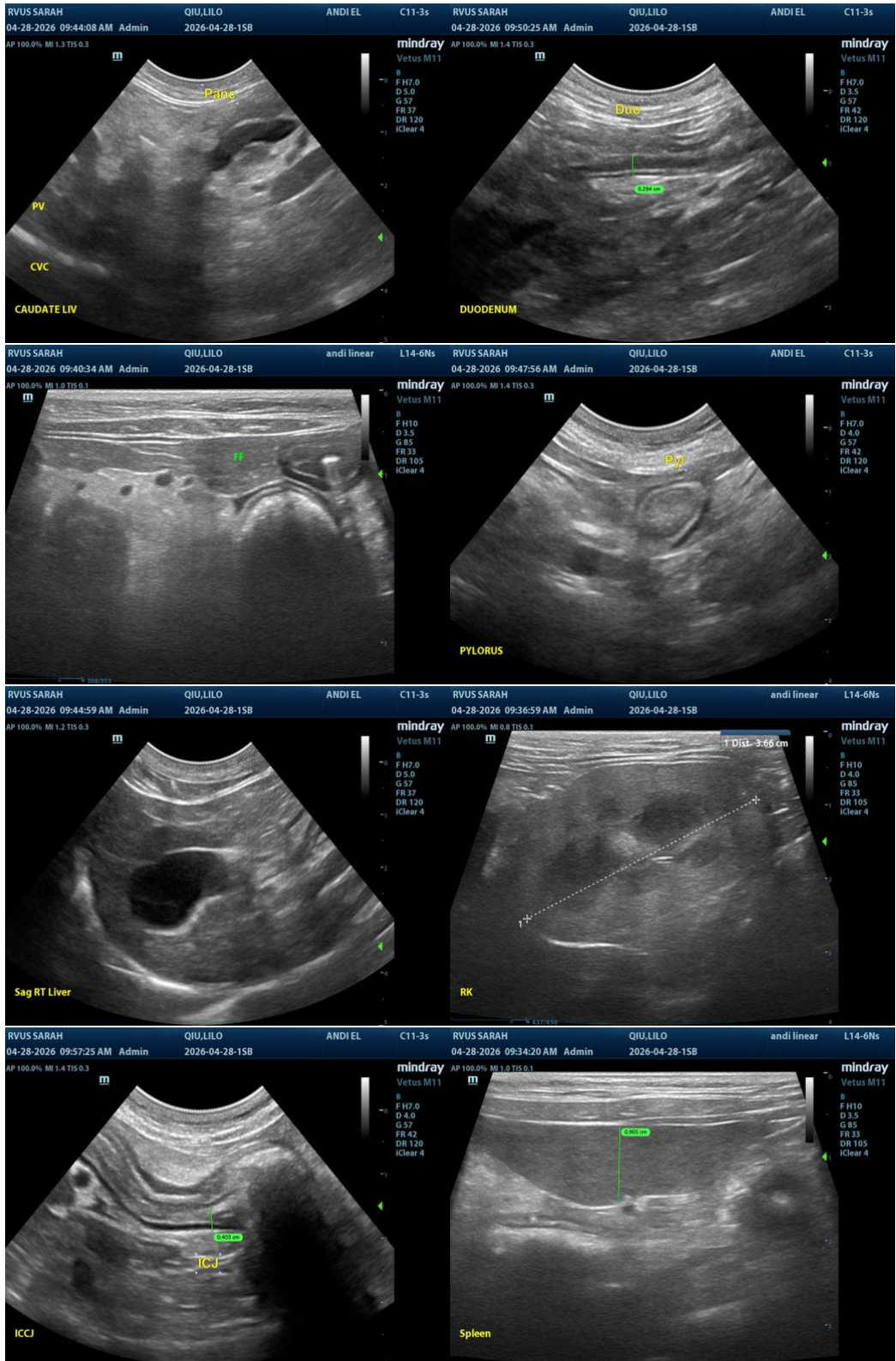
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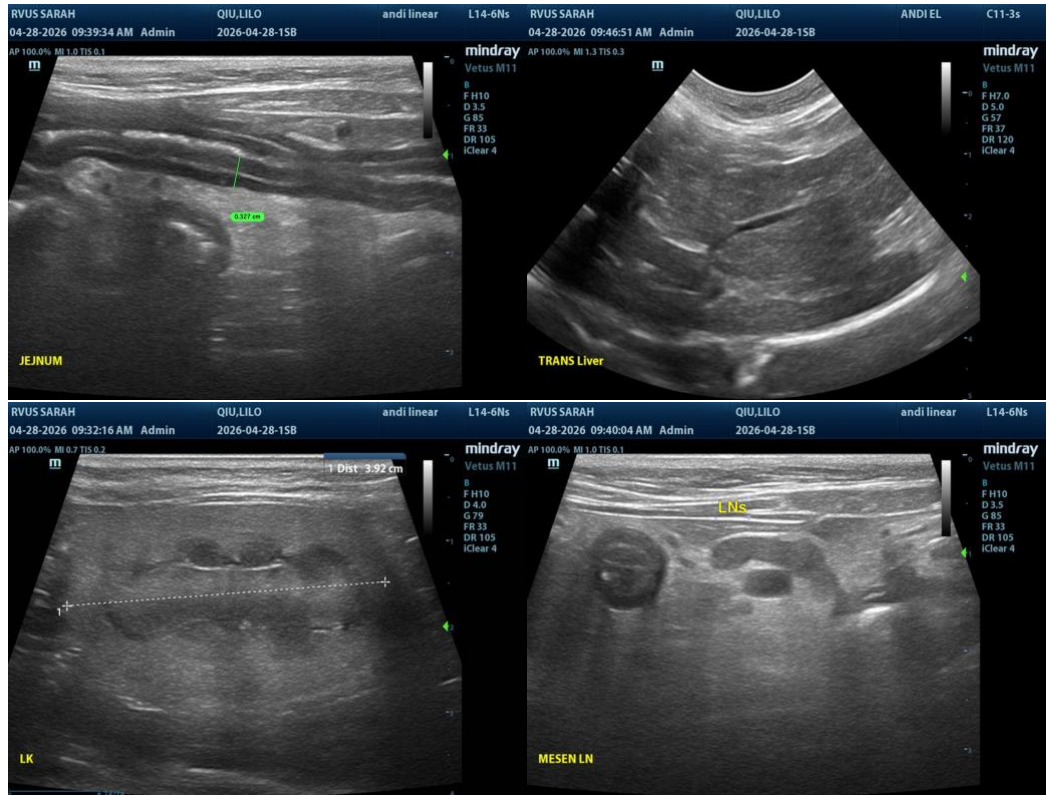
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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