



## PATIENT

Barnabas Garcia

## SPECIES

Feline

## BREED

DLH

## SEX

MN

## AGE

2yr

## WEIGHT

7.24lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Leslie Buggi, DVM

## HOSPITAL NAME

Akin Hills Pet Hospital

## REFERRING VET

Leslie Buggi, DVM

## INVOICE

24415

## DATE

04/08/2026

## PRESENTING CLINICAL SIGNS

- Wt loss, decreasing appetite, sneezing since Feb
- but has gotten dramatically worse, won't eat now
- Abnormal PE/Chem/CBC/UA Results: mild anemia (29%) Hyperproteinemia (10.5), hyerglobulinemia 7.7 elevated ALP and ALT, patient is icteric today (did not have tbili on small panel ran today)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 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 hypertrophied resulting in an altered cortex: medulla ratio. Mild to moderate loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. 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 0.43 cm width at the caudal pole. No obvious pathology in the area of the right adrenal gland, although not definitively visualized.

### Spleen

The spleen was enlarged in size with capsule asymmetry and non-homogenous parenchyma with an indistinctly marginated, non-homogenous hypoechoic caudal splenic nodule measuring 1.1 cm in diameter. The spleen measured 1.2 cm in width at the level of the mid spleen.

### Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and echogenic with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal vascular volume. The gallbladder was distended in size with thin walls and mild non-organized debris. Proximal to mid tortuous common bile duct dilation was present measuring 0.32 cm common bile duct diameter. Anechoic content subjectively within the dilated common bile duct.

### 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 duodenum wall measured 0.24 cm width. The jejunum wall measured 0.25 cm width.



## PATIENT

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

Barnabas Garcia

## *Pancreas*

## SPECIES

The left and right pancreas was enlarged in size with capsule asymmetry and non-homogenous hypoechoic parenchyma.

Feline

## *Free Abdomen*

No visualized overt lymphadenopathy was present.

## BREED

Minor volume peritoneal effusion was present.

DLH

## ULTRASONOGRAPHIC FINDINGS

## SEX

### Primary

MN

- Splenomegaly exhibiting asymmetrical capsule contour, non-homogenous parenchyma, and indistinctly marginated splenic nodule
- Hepatopathy
- Distended gallbladder with primarily generalized mild common bile duct dilation
- Enlarged non-homogenous hypoechoic pancreas
- Sonographically normal empty gastrointestinal tract
- Mild volume peritoneal effusion
- Bilateral chronic renal changes

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the spleen is highly concerning for neoplastic criteria, i.e. round cell neoplasia, or other. Cholangiohepatitis with potential emerging post-hepatic obstruction secondary to pancreatitis with potential for multicentric neoplasia is possible.

Further assessment may include assuming normal clotting status using 25ga needle and with Benadryl pretreatment, hepatosplenic FNA cytology in correlation with effusion analysis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Pending additional diagnostics, empirical therapy for cholangiohepatitis/ pancreatitis with gastrointestinal support and clinical and sonographic monitoring would be a reasonable. A guarded prognosis is indicated.

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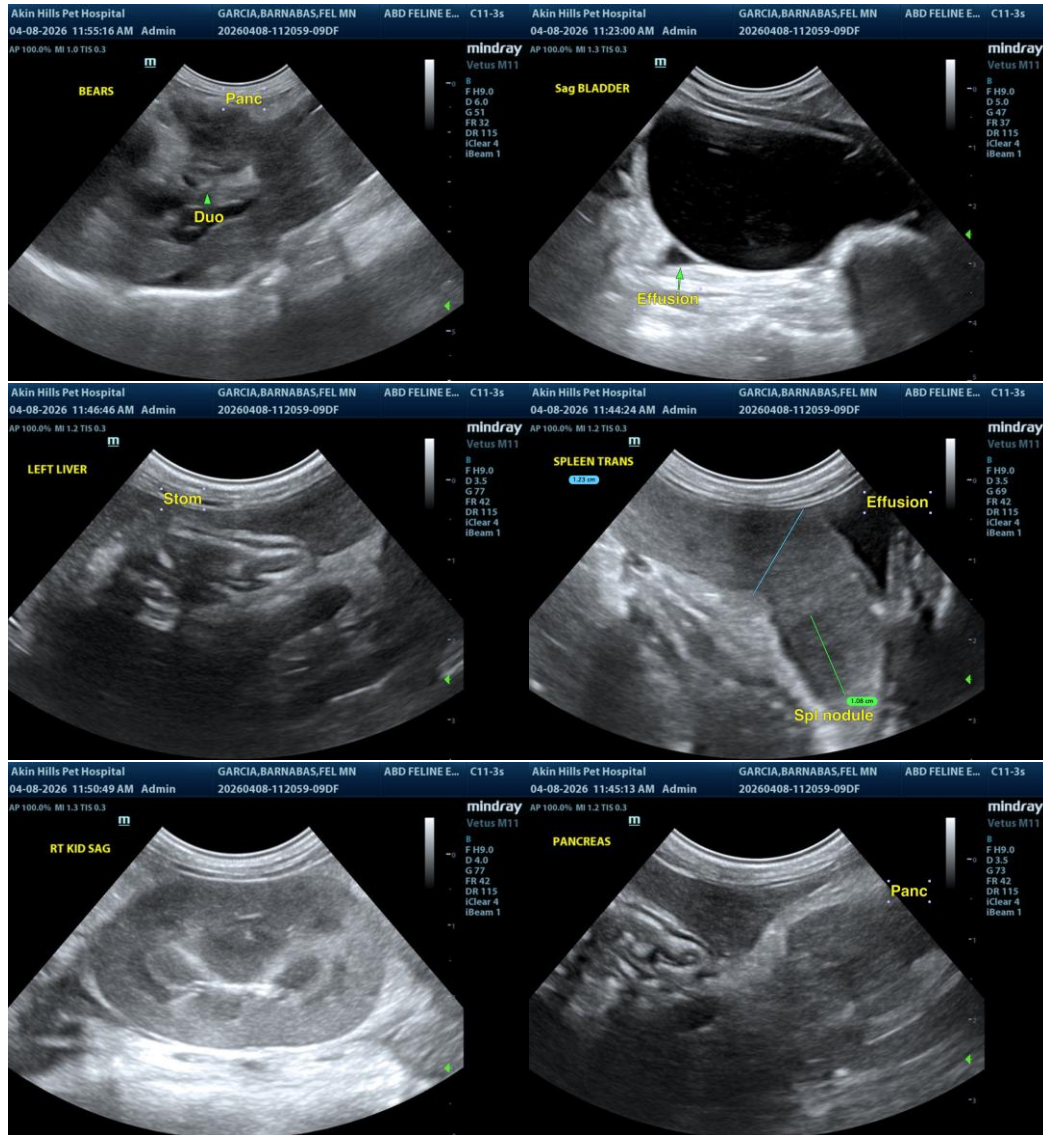
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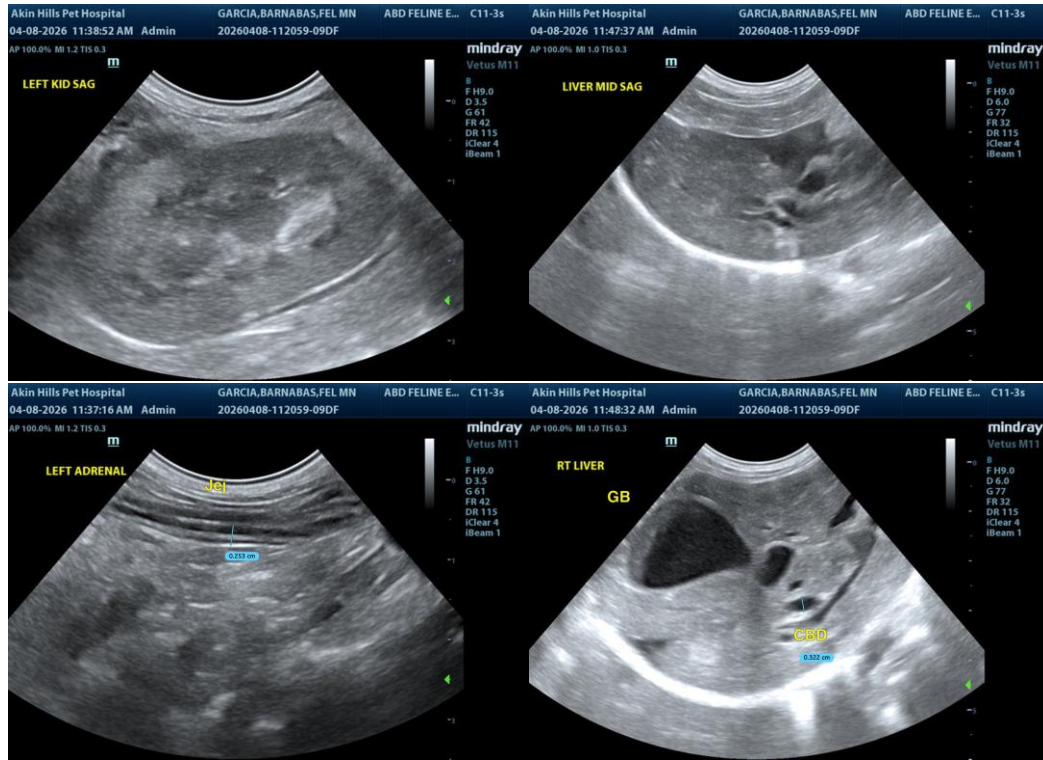
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(Canine and Feline)

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.

**IMAGING PERFORMED BY**

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