



PATIENT

Sally Jarke

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

16y

WEIGHT

12.18 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Christa Williams, DVM,
DABVP

HOSPITAL NAME

Caravan Vet

REFERRING VET

Christa Williams, DVM,
DABVP

INVOICE

13394

DATE

4/9/26

PRESENTING CLINICAL SIGNS

History: Client reports that cat has seemed lethargic and has decreased mobility in the last 2 weeks. We took xrays of hips, elbows, stifles and lumbar spine last week, all of which were normal. Labs last week showed elevated GGT (7) and low Potassium (3.3). Client reports no improvement. Cat returned today for additional diagnostics. She has had a very strong appetite and no GI symptoms during this period. T4 is normal.

Current Medications: Cat was started on a potassium supplement and gabapentin.

Abnormal PE/Chem/CBC/UA Results: On PE she is grumpy and hunched. TPR is normal. Her chemistry today is normal (GGT= 1) and snap fPLi was normal, as was in-house UA. Potassium is now normal at 4.3. Hematocrit 35% last week, increased MCHC and RDW with some anisocytosis A new heart murmur (grade 2) was heard on exam last week. BNP on 4/3 was normal. Blood pressure is normal. She has had a 1 cm sq swelling on the inside of her left mandible (sort of under her tongue) for a few months. I attempted FNA today but did not get a meaningful cell sample. She is not having any trouble swallowing and her oral exam is normal (no sublingual swelling, mass, etc.)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Moderate, echogenic to particulate non-dependent 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 size and margination was 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 3.5 cm in length. The right kidney exhibited subtle, hypoechoic medullary rim. The right kidney measured 3.4 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape measuring 0.34 cm. The right adrenal gland was indistinctly visualized with no obvious pathology in the area of the right adrenal gland subjectively measuring 0.37 cm.

Spleen

The spleen was normal in size and contour with primarily homogeneous parenchyma. Solitary, non-capsule-deforming, centrally echogenic to peripherally hypoechoic splenic nodule was present mid to caudal spleen measuring 0.73 cm in diameter. The spleen measured 0.8 cm width level of the mid spleen.

Liver

The liver presented subjective borderline possible mild enlargement in size with symmetrical to mildly rounded capsule contour. Homogeneous, mildly hyperechoic hepatic parenchyma echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with



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a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic, non-shadowing ingesta and mild lumen gas.

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. Duodenum wall measured 0.28 cm width and jejunum wall measured 0.24 cm width.

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

Pancreas

The area of the pancreas presented sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Urine sediment
- Mild chronic renal changes with subtle nonspecific right kidney medullary rim
- Overtly normal adrenal glands
- Centrally echogenic to peripherally hypoechoic splenic nodule – possible target lesion type nodule
- Mildly hypoechoic liver exhibiting subjective borderline to mild hepatomegaly
- Mild gallbladder debris
- Normal gastrointestinal tract with mild gastric ingesta – consistent with food echogenicity
- Normal area of pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using 25-gauge needle, hepatic and splenic nodule FNA cytology warranted for further clarification. No evidence of adrenal pathology as a contributing factor to the previous hypokalemia. Correlation with urinalysis, +/- C/S if inflammatory sediment, 3-view chest radiographs, monitoring of hepatic enzymes and potassium level, neurological exam and most recent meal ingestion is recommended.



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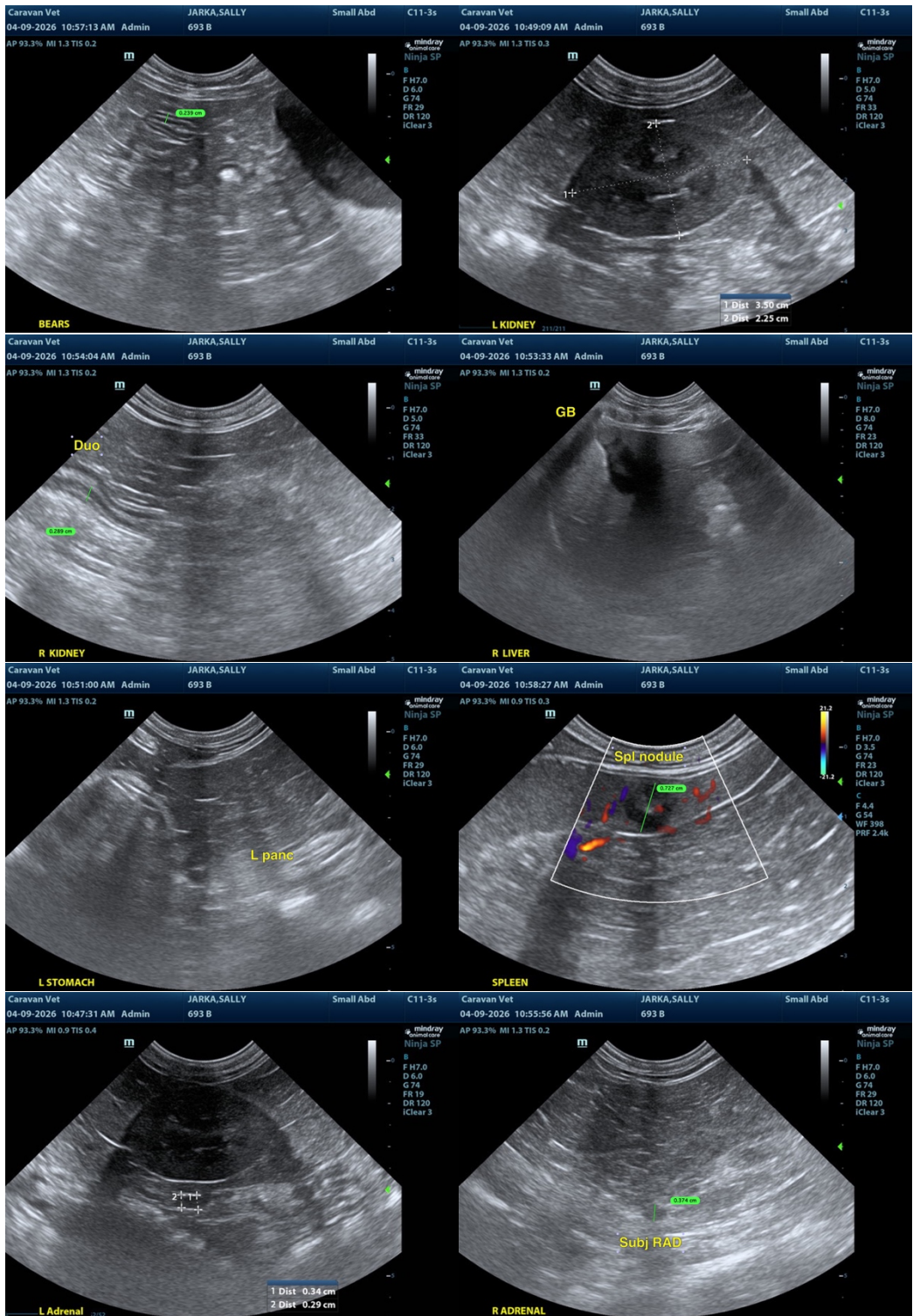
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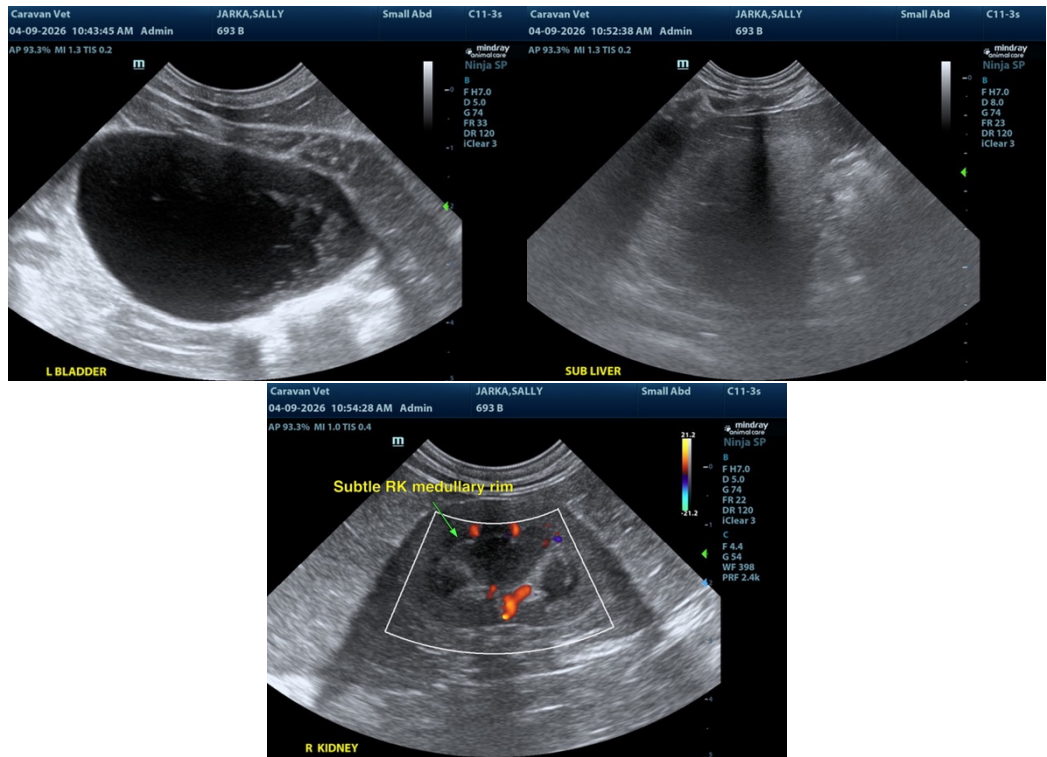
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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