



PATIENT

Daisy Mae Roach

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years

WEIGHT

8.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Celene Hendricks

HOSPITAL NAME

Grove Small Animal
Hospital

REFERRING VET

Dr. Trevor Hendricks

INVOICE

15625

DATE

05/01/26

PRESENTING CLINICAL SIGNS

Presented 4/27 for ADR/vomiting. October 2025 was 13.3#, weight was 8.75#. Has had a lot of recent change in the household. Was hospitalized for 2 days on IV fluids, Cerenia, mirtazapine, and Denamarin. Pt started eating a little and was discharged to the owner. Pt returned today 5/1 for continued decline at home

Abnormal PE/Chem/CBC/UA Results: ALT 703 ALP 365 GGT 6 Tbili 6.4 (icteric) BW done 4/27

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex. Mild medullary mineral was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.9 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 0.40 cm width.

The right adrenal gland was not definitively visualized.

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

The liver presented with generalized hepatomegaly with homogenous mildly hyperechoic parenchyma compared to the spleen exhibiting mild coarse echotexture. No mass or nodules were evident with normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The common bile duct was not visualized.

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 gastric body wall measured 0.25 cm wall width.



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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. The small intestine wall measured 0.20 cm wall width.

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

Pancreas

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The area of the pancreas was sonographically normal.

Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Enlarged hyperechoic liver.
- Normal gallbladder.
- Normal gastrointestinal tract and area of the pancreas.
- Bilateral medullary mineral/small renoliths.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver was nonspecific but may indicate hepatitis/cholangiohepatitis, lipidosis, vacuolar or cholestatic hepatopathy or fibrosis while round cell hepatic neoplasia such as lymphoma cannot be excluded. No evidence of posthepatic obstruction. Assuming normal coagulation parameters, ultrasound guided FNA of the liver using a 25-gauge needle would be warranted for cytology, primarily to assess for evidence of inflammatory cells and to rule out round cell neoplasia. Vitamin K administration would be suggested prior to FNA if elected.

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A GI panel to include PLI, TLI, cobalamin and folate to assess for non-obvious intestinal or pancreatic disease as a contributing factor or if lipidosis is confirmed. No evidence of mechanical gastrointestinal obstruction. Hospitalization with empirical therapy for cholangiohepatitis/lipidosis with gastrointestinal supporting and consideration for feeding to placement if continued anorexia with clinical monitoring is recommended. Recheck sonogram is indicated if progressive hepatopathy, clinical signs or icterus.

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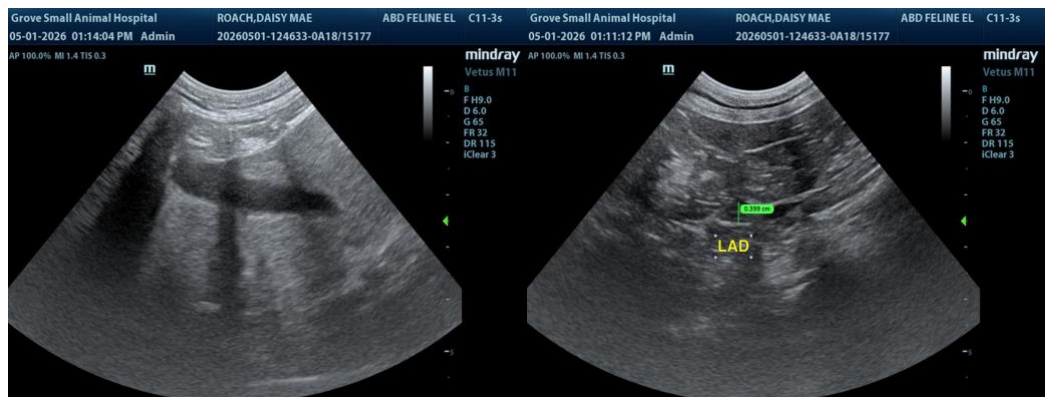
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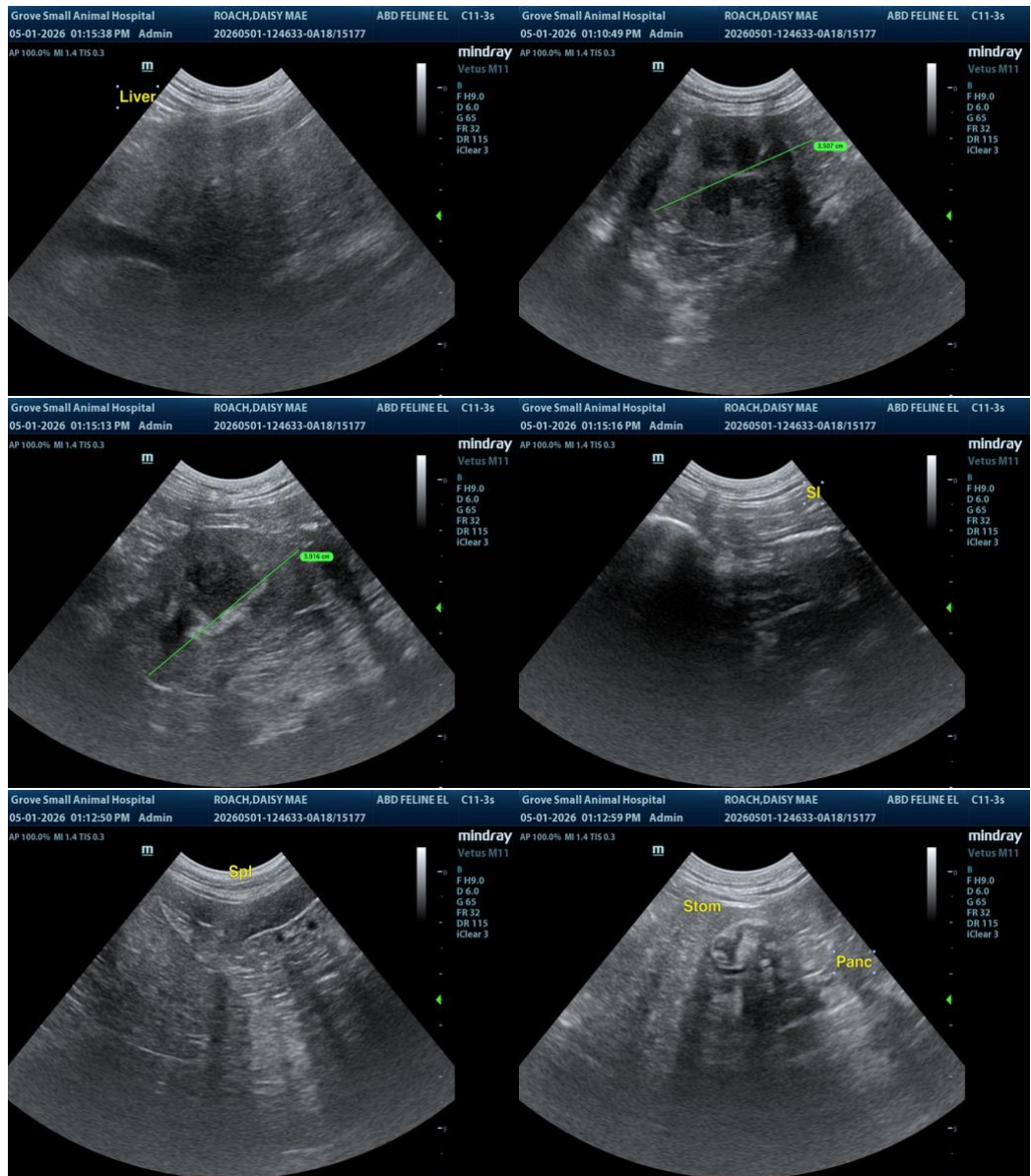
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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