



PATIENT

Penny Gardner

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years 9 Months

WEIGHT

5.65 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brittney Beigel DVM

HOSPITAL NAME

Bayside Animal
Medical Center

REFERRING VET

Brittney Beigel DVM

INVOICE

16086

DATE

05/11/26

PRESENTING CLINICAL SIGNS

Elevated ALT/AST. P was fasted for US scan. No sedation needed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder presented normal in size and tone with overall normal urinary bladder wall. The visible pelvic urethra to a depth of 3.0 cm 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. Focal area of dependent lumen mineral and adjacent thickened dorsal trigone to cystourethral junction wall measuring approximately 0.5 cm width.

The area of the aortic trifurcation was free of pathology.

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 3.7 cm in length. The right kidney measured 4.2 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 0.30 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm width.

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 exhibited a homogenous parenchyma which was hyperechoic with mild enlargement. The echotexture of the liver parenchyma was uniform with 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. Intermittent noncapsule deforming mildly nonhomogenous microcystic intraparenchymal nodules were present with an example measuring 1.9 cm in diameter.

The gallbladder was non distended in size with minor biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, nonshadowing ingesta without signs of obstruction or foreign material.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Segmental similar appearing nonshadowing ingesta to the level of the colon. The small intestine wall measured 0.27 cm wall 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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting parenchymal heterogeneity with intermittent nonhomogenous microcystic nodules- inflammatory disease i.e. cholangiohepatitis, lipidosis, suspect biliary cystadenomas, neoplasia thought less likely, or other.
- Minor gallbladder debris.
- Intact thickened small intestine with gastrointestinal ingesta- IBD or other inflammatory enteropathy, emerging to occult intestinal round cell neoplasia are primary considerations with gastrointestinal ingesta consistent with food echogenicity.
- Normal area of the pancreas.
- Mild age-related renal changes.
- Mild urine sediment with focal dependent lumen mineral, mildly thickened dorsal trigone to cystourethral junction wall- focal cystitis potentially secondary to lumen mineral, emerging tumor is not definitively excluded yet thought less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting statics and using a 25-gauge needle and with suggested vitamin K pretreatment, hepatic FNA cytology is warranted for further clarification. A GI panel to include PLI, TLI, cobalamin and folate is suggested if non-reported gastrointestinal signs or weight loss or if evidence of hepatic inflammation or lipidosis. Correlation with most recent meal ingestion is recommended.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Sonographic monitoring of the liver nodules and focal urinary bladder wall thickening for evidence of progression with initial recheck in four weeks would be ideal.



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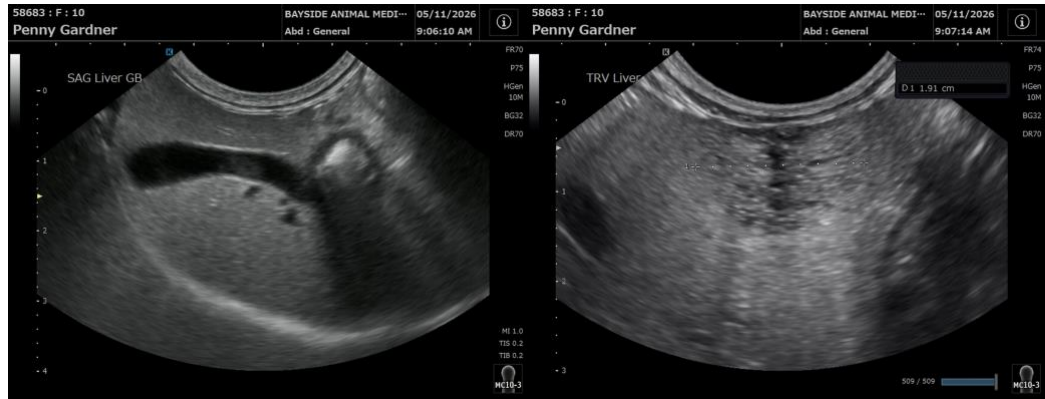
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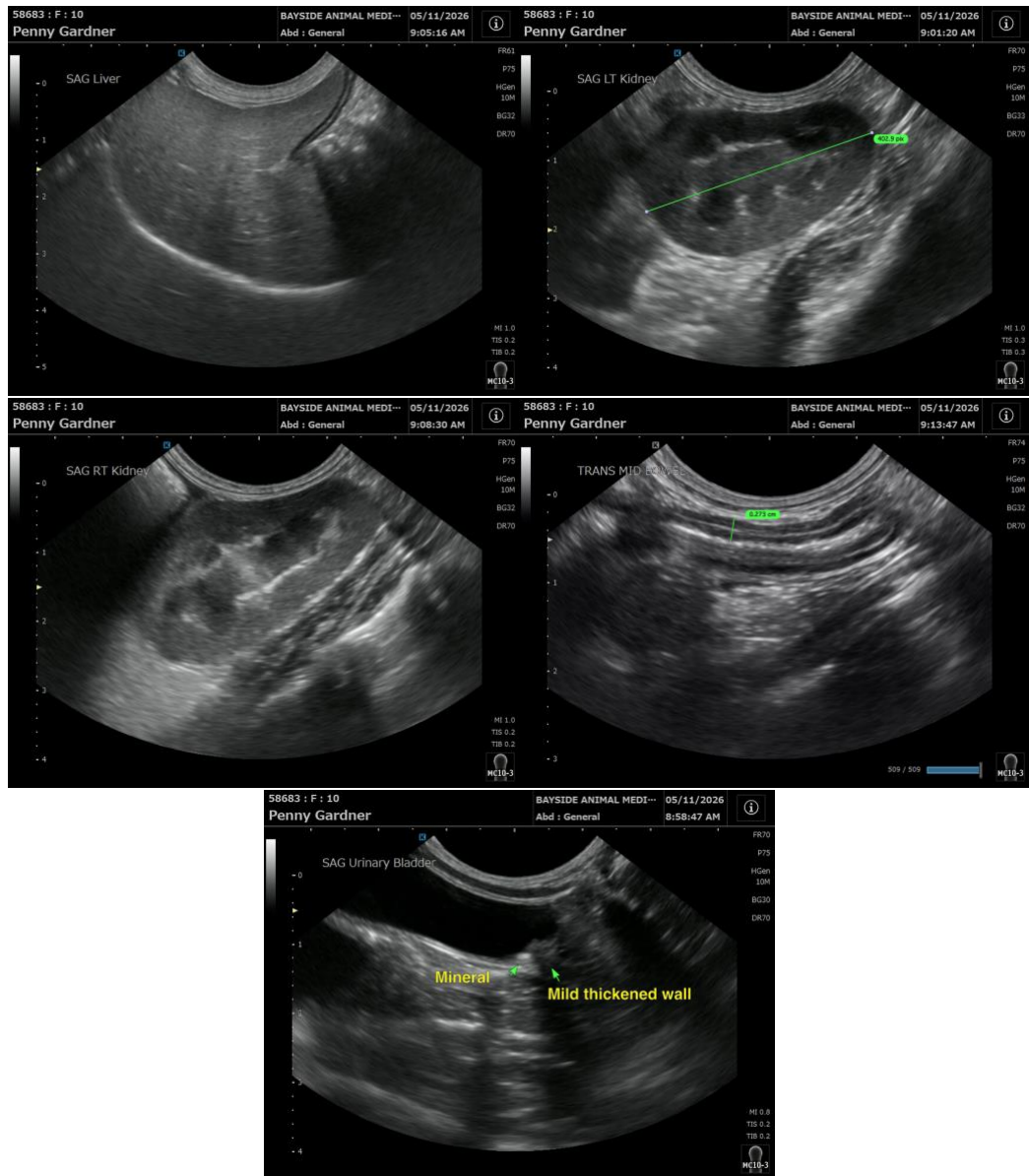
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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