

**PATIENT**

Killer "Kyler" Love

**SPECIES**

Feline

**BREED**

DLH

**SEX**

MN

**AGE**

9yr

**WEIGHT**

10.35lb

**PRESENTING CLINICAL SIGNS**

Febrile, inappetant but slightly improved 5/6, weight loss

ABNORMAL Labwork Values

WBC 10.3 (3.9-19.0)

Mono 0.56 (0.04-0.46)

Plt Adequate...clumping present

PT 10.8

PTT 24.6

Current Medications Convenia SQ 5/5, Cerenia IV 5/5, LRS SQ 5/5

Radiographic Findings N/A

**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 mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

Borderline to mildly enlarged 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 loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.4 cm in length. The right kidney measured 5.0 cm in length.

The area of the aortic trifurcation was free of pathology.

**INTERPRETED BY**

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

**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 at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width at the caudal pole.

**IMAGING PERFORMED BY**

Sara Hansen

**Spleen**

The spleen exhibited mild enlargement (1.1 cm at the mid spleen) with subtle heterogeneous parenchyma. No visualized masses or nodules were present.

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**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. 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 cystic and common bile ducts were normal.

**REFERRING VET**

Dr Heider

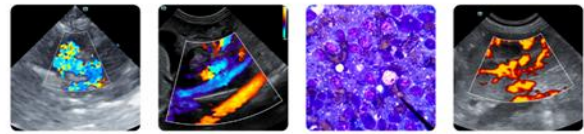
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**Gastrointestinal**

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained mild non-shadowing chyme/fluid and lumen gas.

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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 mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.23 cm width. The jejunum wall measured 0.23 cm width.

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

**Pancreas**

The left pancreas was normal in size and contour with minor non-homogenous parenchyma with mildly prominent pancreatic duct.

**BREED**

DLH

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**SEX**

MN

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Mildly enlarged, non-homogenous spleen- sedation, hyperplasia, hematopoiesis, inflammation, emerging occult neoplasia possible
- Sonographically normal gastrointestinal tract with mild gastric chyme/fluid
- Possible mild left limb chronic/chronic active pancreatitis
- Bilateral borderline/mild renomegaly exhibiting thickened cortex and hyperechoic corticomedullary echogenicity-nonspecific, nonspecific nephritis, i.e. interstitial nephritis or other, unilateral or bilateral emerging renal neoplasia thought less likely
- Urinary bladder sediment

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Correlation with pending splenic cytology is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for occult intestinal disease in correlation with the pancreas pending splenic cytology could be considered.

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A urinary workup including UA C/S if evidence of inflammatory sediment +/- UPC level if non-inflammatory proteinuria given possible bilateral nonspecific nephritis is recommended.

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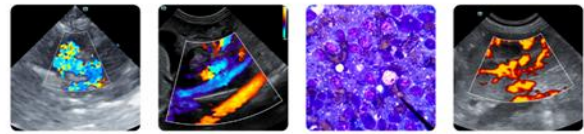
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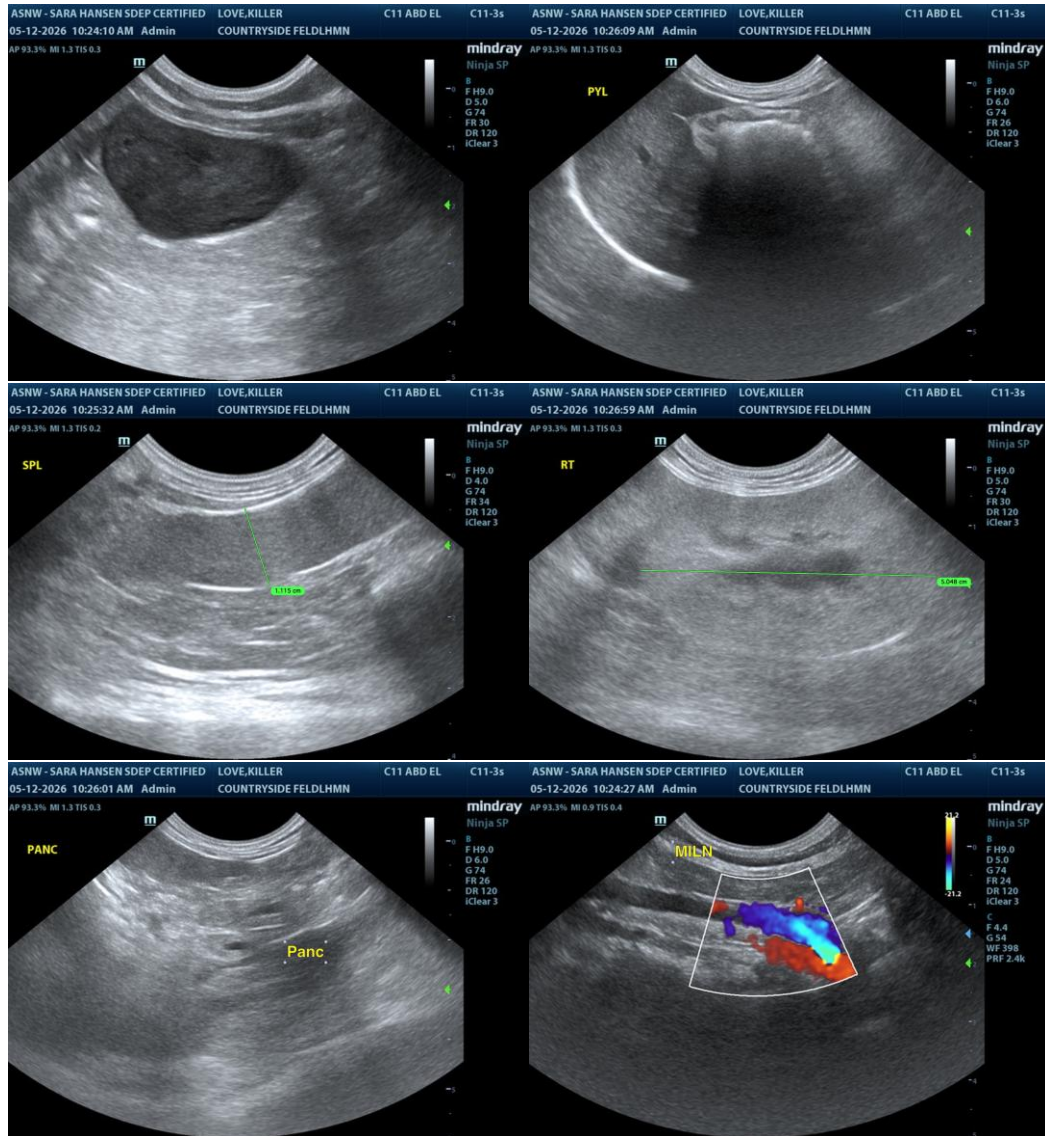
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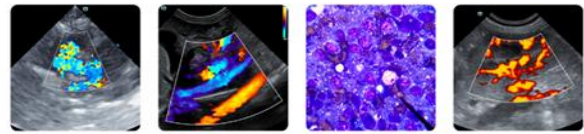
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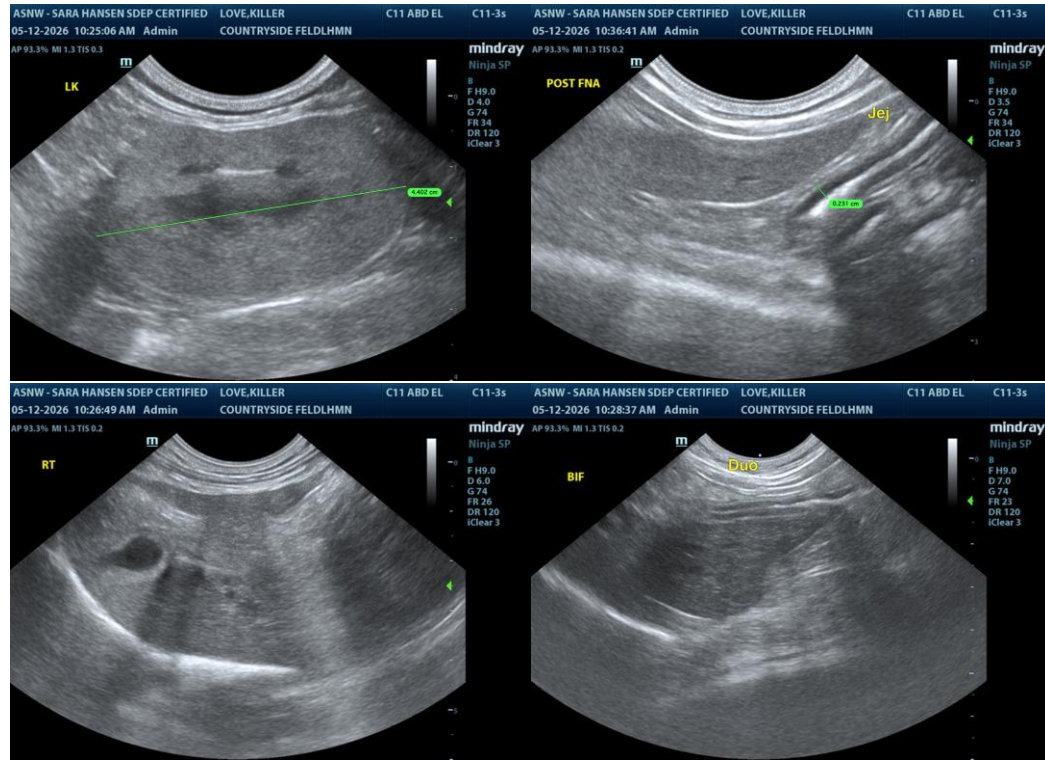
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)