



PATIENT

Emma Schatzel

PRESENTING CLINICAL SIGNS

Weight loss, ravenous appetite, thin BCS
Abnormal PE/Chem/CBC/UA Results: ^ ALT, Alkphos, Anemia

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

The urinary bladder presented nondistended with urine prohibiting full evaluation of the urinary bladder walls. Subjective diffuse mildly thickened bladder wall, mild asymmetrical luminal surface contour, minimal urine present with urine sediment, and mild adhered lumen mineral were present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

SEX

FS

The area of the iliac trifurcation was free of pathology.

AGE

13Y

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mildly increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.6 cm in length.

WEIGHT

5.8lbs

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm.

IMAGING PERFORMED BY

Rebecca Hamilton

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.

HOSPITAL NAME

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Liver/ Gallbladder

The liver presented subjectively mildly enlarged in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. 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.

REFERRING VET

Dr. Black

The gallbladder was non-distended in size with thin walls and mild gallbladder debris. The common bile was not visualized.

INVOICE

75106

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material. The gastric body wall measured 0.25 cm.

DATE

5-21-26



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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 duodenum wall measured 0.23 cm. The jejunum wall measured 0.23 cm. The ileocolic wall measured 0.33 cm.

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

Pancreas

BREED

DSH

The left pancreas was normal in size with capsule asymmetry and mildly heterogeneous remodeled parenchyma. Mild prominent left limb pancreatic was present. No signs of active inflammation or neoplastic disease were evident.

SEX

FS

Free Abdomen

No visualized significant or swollen mesenteric lymphadenopathy.

AGE

13Y

No evidence of peritoneal effusion was present.

WEIGHT

5.8lbs

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting mild hyperechoic parenchyma – suspect cholangiohepatitis or other inflammatory criteria, lipidosis, vacuolar or cholestatic hepatopathy, or fibrosis. Less likely occult round cell hepatic neoplasia.
- Mild gallbladder debris.
- Overall sonographically unremarkable gastrointestinal tract.
- Possible mild left limb chronic pancreatitis.
- Chronic renal changes.
- Cystitis pattern with mild adhered lumen mineral.

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IMAGING PERFORMED BY

Rebecca Hamilton

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Despite lack of sonographic gastrointestinal mural changes, triaditis may be a primary consideration in this patient given gastrointestinal signs, weight loss, and possible mild left limb chronic pancreatitis. If normal clotting status, using a 25-gauge needle, and with Vitamin K pre-treatment, hepatic FNA cytology is warranted for further clarification in conjunction with a GI panel to include PLI/TLI/Cobalamin/Folate. Pending diagnostics, gastrointestinal support and consideration for empirical triaditis protocol may be considered. Correlation with urinalysis is recommended.

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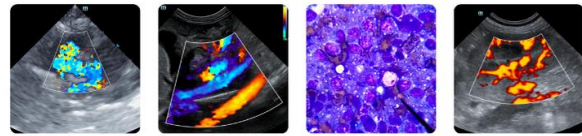
Dr. Black

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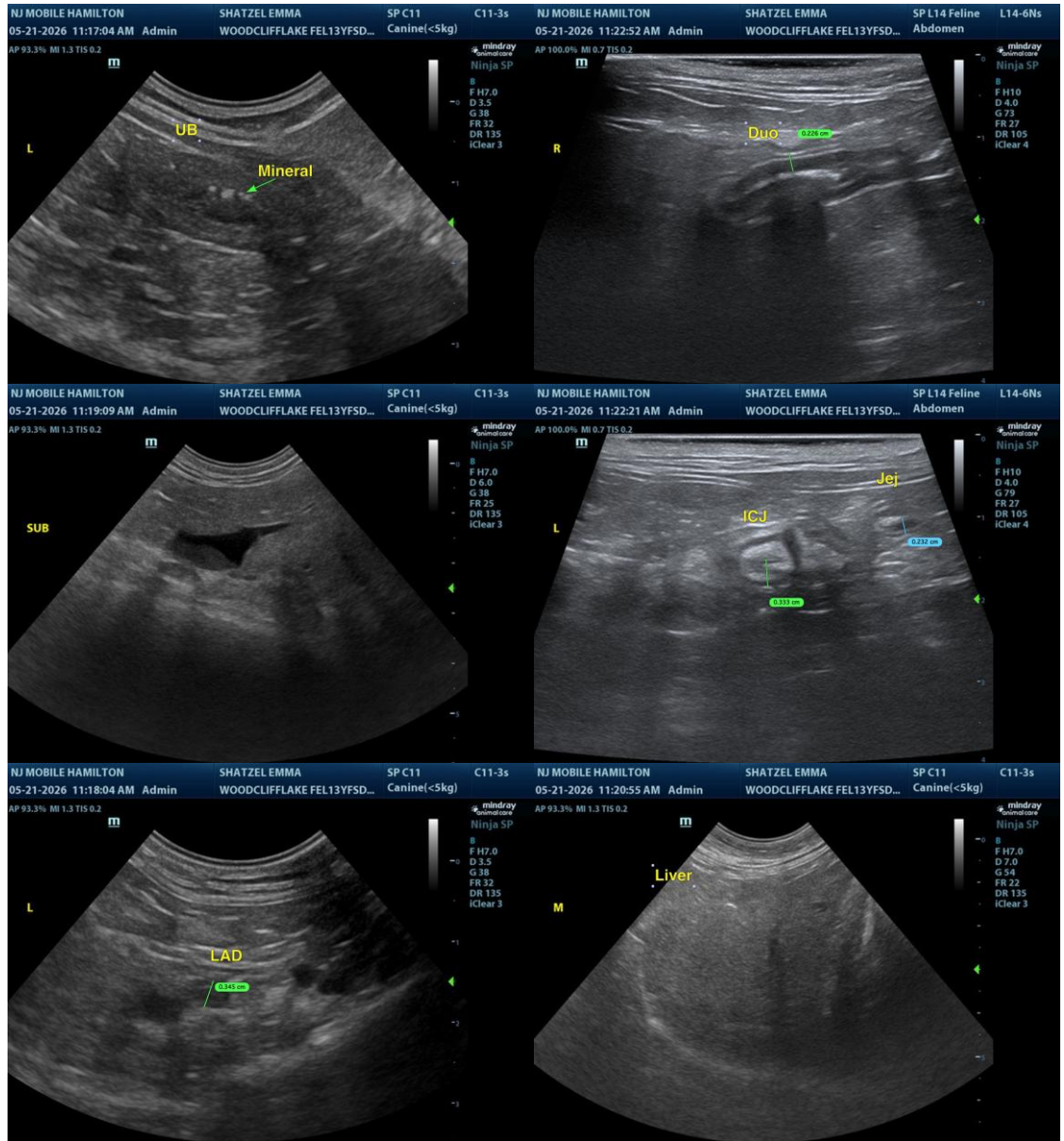
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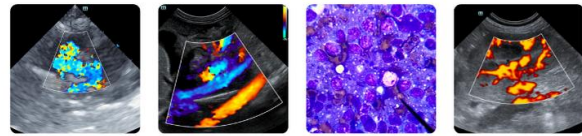
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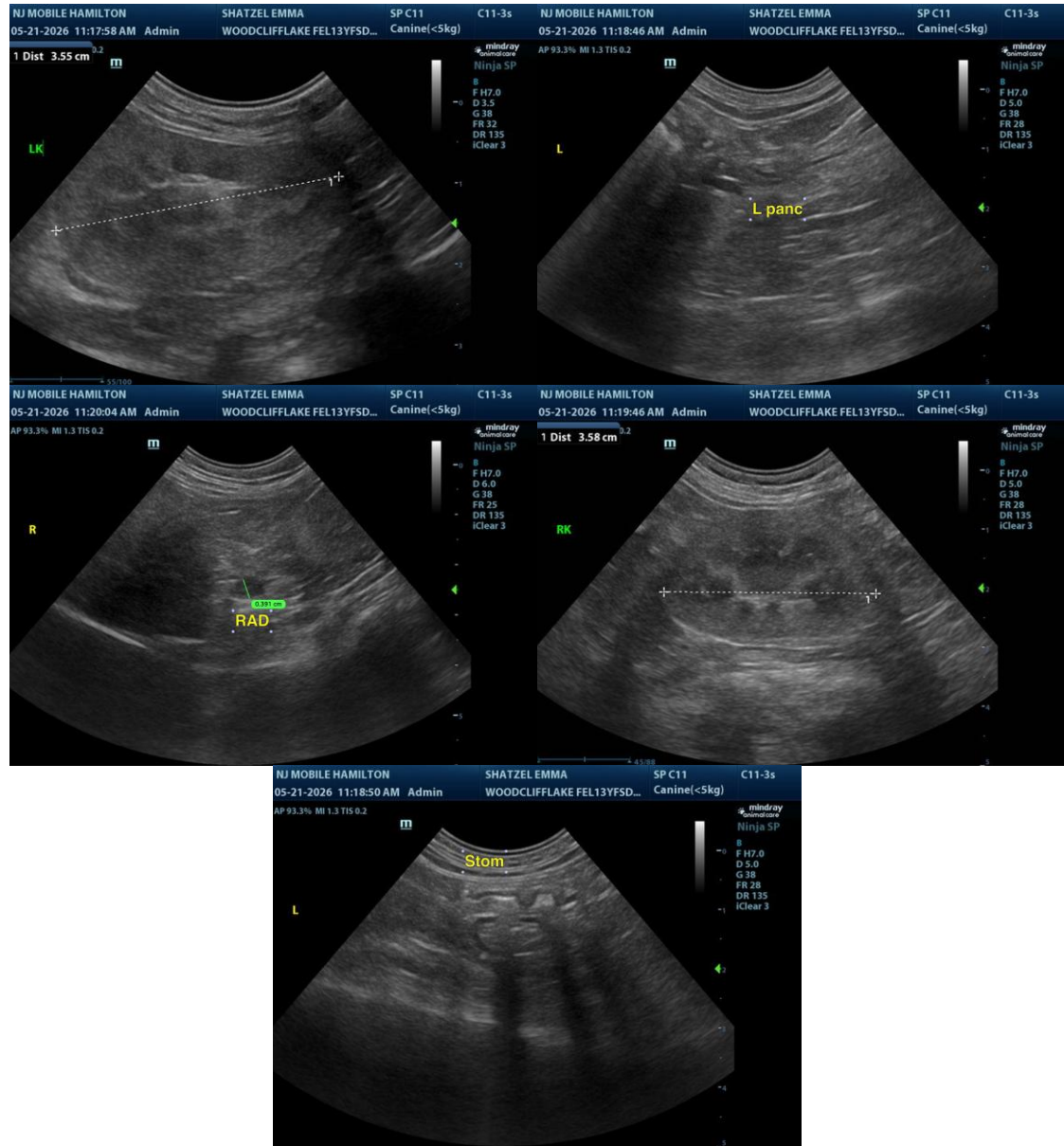
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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