

PATIENT

Petey OCarroll

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

11.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

MountainView Animal
Hospital

REFERRING VET

Dr. Sarah Kalivoda

INVOICE

16437

DATE

05/22/26

PRESENTING CLINICAL SIGNS

Weight loss and recent elevated liver values; intermittent vomiting. Owner initially thought it was dental disease however we canceled dental procedure once we received blood work results. Indoor only. 1 other cat in household. Comprehensive blood panel otherwise completely normal. Patient just started on Denamarin Advanced and Ursodiol around 4/30/26 blood work however owner expressing difficulty to give meds. On no other oral medications or supplements at this time. Offered to wait 1 month to see if liver values improve vs. ultrasound immediately and owner elected to perform ultrasound.

Test 4/17/26 (recheck with no liver supplements) 03/21/2026 Reference Range Glucose 118 141 72 - 175 mg/dL IDEXX SDMA 9 11 0 - 14 µg/dL Creatinine 1.2 1.7 0.9 - 2.3 mg/dL BUN 27 20 16 - 37 mg/dL Phosphorus 5.3 4.7 2.9 - 6.3 mg/dL Calcium 10.3 10.1 8.2 - 11.2 mg/dL Sodium 148 154 147 - 157 mmol/L Potassium 3.7 4.0 3.7 - 5.2 mmol/L Chloride 118 116 114 - 126 mmol/L TCO2 (Bicarbonate) 12 19 12 - 22 mmol/L Total Protein 8.2 8.1 6.3 - 8.8 g/dL Albumin 3.4 4.1 2.6 - 3.9 g/dL Globulin 4.8 4.0 3.0 - 5.9 g/dL ALT 253 155 27 - 158 U/L AST 90 48 16 - 67 U/L ALP 104 24 12 - 59 U/L GGT 5 1 0 - 6 U/L Bilirubin - Total 1.1 0.1 0.0 - 0.3 mg/dL Bilirubin - Unconjugated 0.5 0.0 0.0 - 0.2 mg/dL Bilirubin - Conjugated 0.6 <0.1 0.0 - 0.2 mg/dL Cholesterol 289

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. 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 with no evidence of pelvic dilation. The left kidney measured 4.4 cm in length. The right kidney measured 4.5 cm in length.

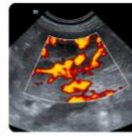
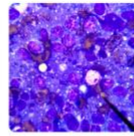
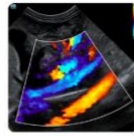
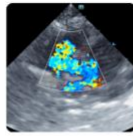
Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.48 width and the right adrenal gland measured 0.44 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



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The liver was subjectively borderline to mildly enlarged in size. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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The gallbladder was non distended in size with mild biliary sludge. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction.

Gastrointestinal

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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. No evidence of obstruction to pyloric outflow. The pylorus wall measured 0.28 cm wall width.

SEX

Neutered Male

The small intestine presented intact wall layering with generalized nonthickened wall. Segmental propensity for mildly prominent jejunal muscularis layer, yet without evidence of mural hypertrophy or loss of wall layering. The jejunum wall measured 0.22 cm wall width.

AGE

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

Pancreas

WEIGHT

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mildly prominent left limb pancreatic duct.

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Free Abdomen

Focal, mildly prominent to enlarged jejunocolic nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of the lymph nodes measured 1.8 cm x 0.51 cm. No evidence of peritoneal effusion.

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatopathy.
- Mild gallbladder debris with non-obstructive common bile duct dilation.
- Non-thickened intestine exhibiting subjective segmental, mildly prominent jejunal muscularis layer.
- Heterogeneous remodeled pancreas.
- Intermittent mild jejunocolic lymphadenopathy.

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Secondary Findings

- Bilateral focal adrenal dystrophic mineral- normal/age variant in a cat.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given ALT/AST elevation, cholangiohepatitis in conjunction with gallbladder debris and suspect mild cholangitis is probable. Chronic pancreatitis with pancreatic remodeling and suspect low-grade enteropathy suggests probable triaditis. Minor potential for emerging to occult intestinal to multicentric neoplasia is thought less likely.

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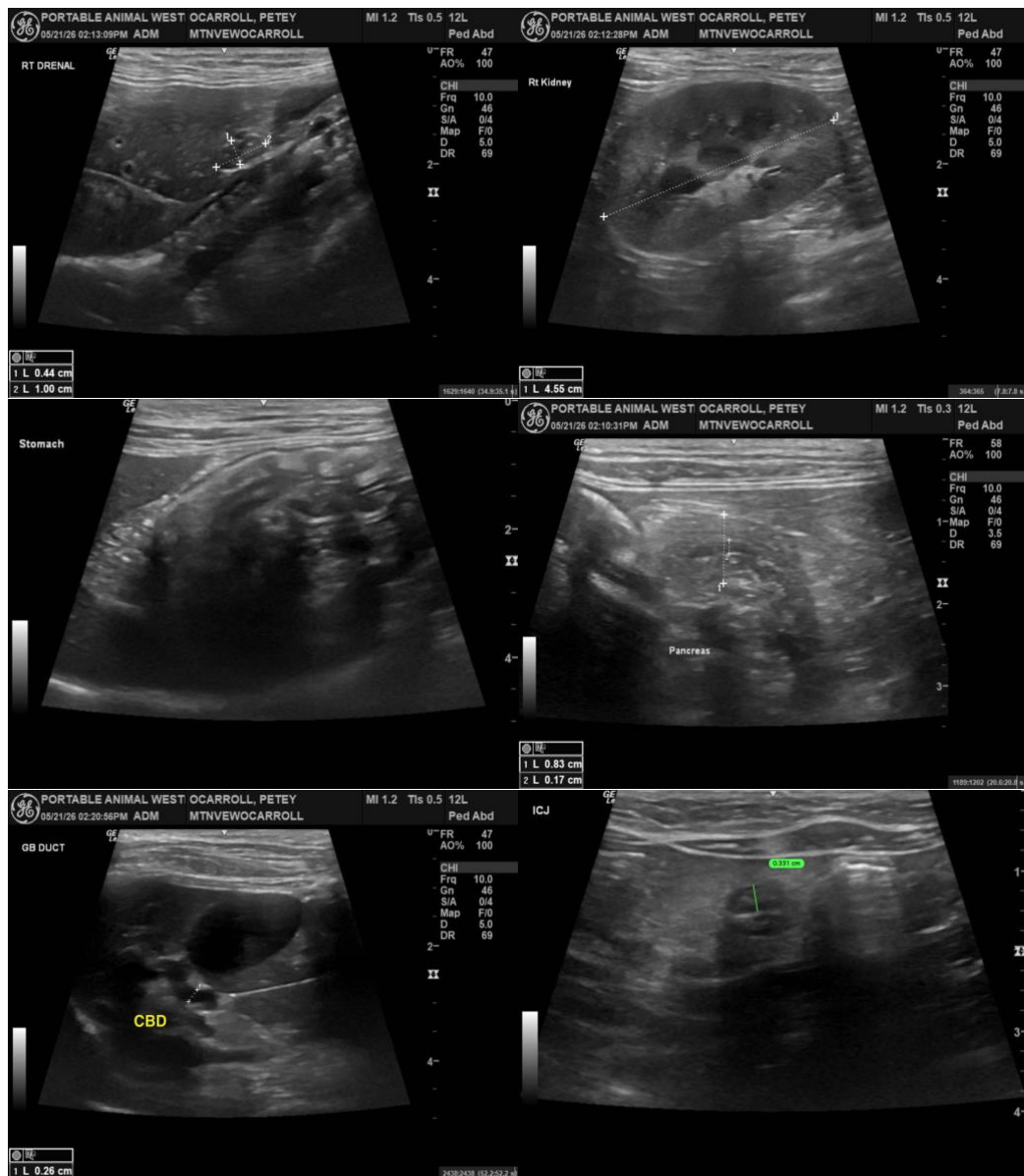
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Further assessment may include (assuming normal clotting status and using a 25-gauge needle) hepatic FNA cytology primarily to assess for inflammatory cell type, a GI panel to include PLI, TLI, cobalamin and folate and if not recently done, screening three view chest radiographs.

Hepatogastrintestinal support and consideration for empirical triaditis protocol with clinical and sonographic monitoring may prove beneficial. Sonographic reassessment is indicated if progressive hepatopathy, gastrointestinal signs or weight loss. Gold standard biopsies are likely required for a definitive diagnosis.



Imaging performed by



MountainView Animal Hospital, Inc.
pawsonography@gmail.com
530-786-8340



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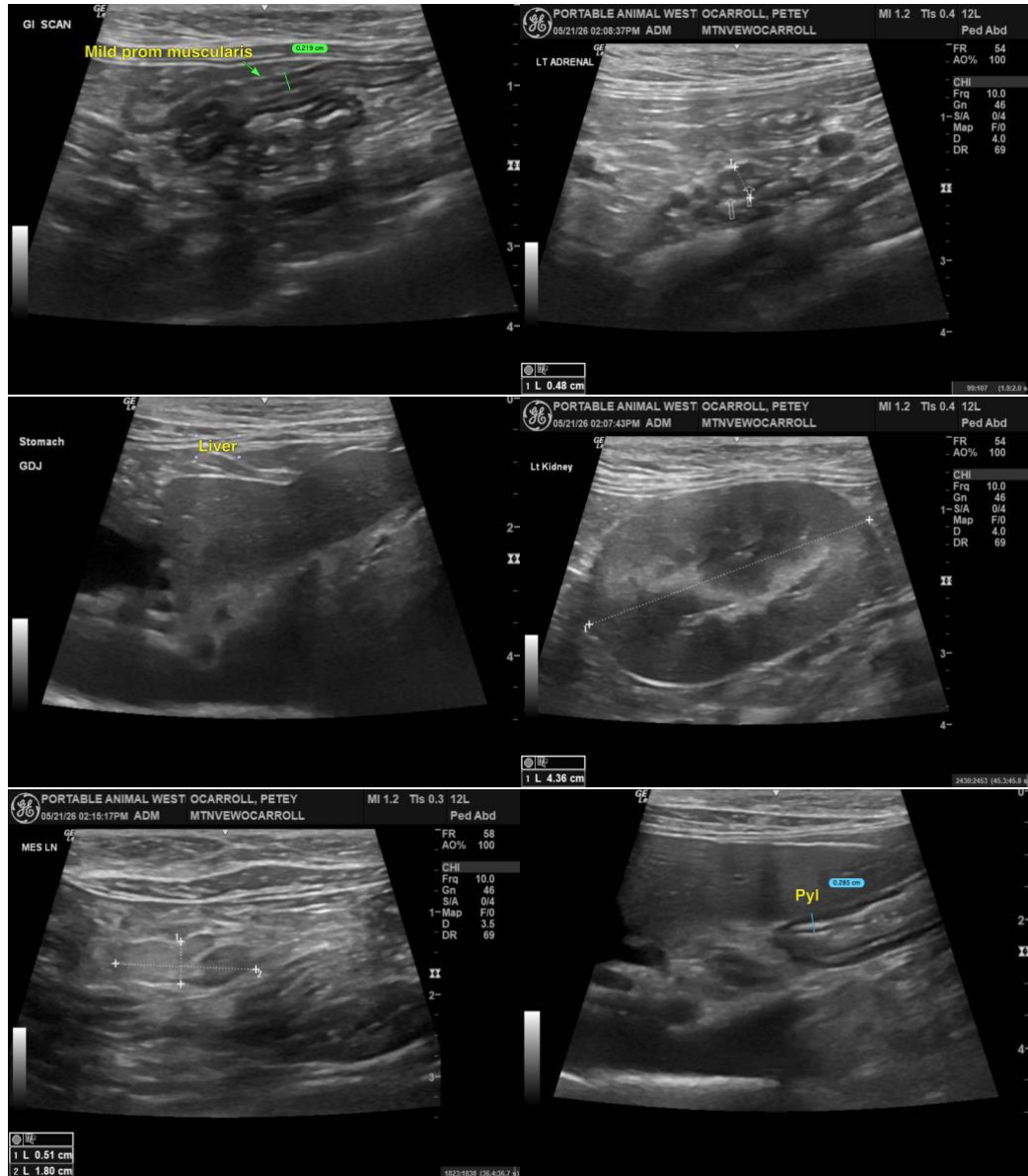
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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