



PATIENT

General Hugs Cameron

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years

WEIGHT

4.36 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Acton Veterinary Clinic

REFERRING VET

Dr. Hess

INVOICE

16508

DATE

05/26/26

PRESENTING CLINICAL SIGNS

Weigh Loss. Jaundice. Fever of unknown origin. tachycardia, HM grade 1/6. Elevated ALP/ALT/Bili/GGT/WBC. Monocytosis. Neutrophilia. Current Medications: Gabapetin May 26, 2026 at 9:55am

Abnormal PE/Chem/CBC/UA Results: Elevated ALP/ALT/Bili/GGT/WBC Radiographic Findings N/A Primary Question to Be Answered in This Exam Dx

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size with normal tone. The 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 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 4.4 cm in length. The right kidney measured 4.6 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 0.36 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width.

Spleen

The spleen revealed generalized splenomegaly with suspect mild cranial splenic folding and minor asymmetrical to scalloped medial capsule contour and subtle heterogeneous splenic parenchyma. No mass or nodules were evident. The spleen measured 1.4 cm width level of the mid spleen.

Liver & Gallbladder

The liver presented subjective moderately enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild to moderate nonmineralized biliary sludge. The proximal to mid common bile duct was mild/moderately dilated and tortuous without overt post hepatic obstruction. Obvious extension into the duodenum 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.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental mild non-shadowing intestinal ingesta. The duodenum wall measured 0.25 cm wall width. The jejunum wall measured 0.24 cm wall width. The ileocolic wall measured 0.30 cm wall width.

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

Pancreas

The left pancreas was mildly prominent in size exhibiting mild nonhomogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

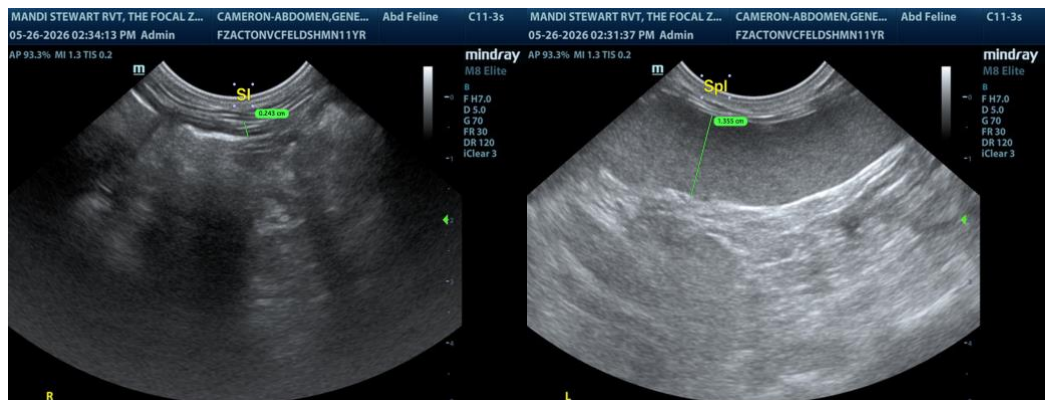
No obvious visualized significant or swollen mesenteric lymphadenopathy was present. Scant perihepatic effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy- reactive, vacuolar, inflammatory hepatopathy, occult neoplasia or other.
- Splenomegaly with suspect mild splenic folding- hyperplasia, hematopoiesis, sedation, inflammation, neoplasia are all possible.
- Gallbladder debris with subjective non-obstructive common bile duct dilation.
- Normal gastrointestinal tract with mild non-shadowing intestinal ingesta.
- Suspect mild to chronic active pancreatitis.
- Mild age-related renal changes.
- Minor perihepatic effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, hepatosplenic FNA cytology is recommended for further clarification. No overt current post-hepatic obstructive criteria, yet sonographic monitoring is indicated if evidence of progressive hepatopathy, cholestasis or jaundice. Three view chest radiographs and GI panel to include PLI, TLI, cobalamin, and folate to assess for occult disease and correlation with the pancreas given weight loss and fever is recommended. Empirically, supportive care for potential cholangiohepatitis and pancreatitis with clinical and sonographic monitoring would be reasonable.





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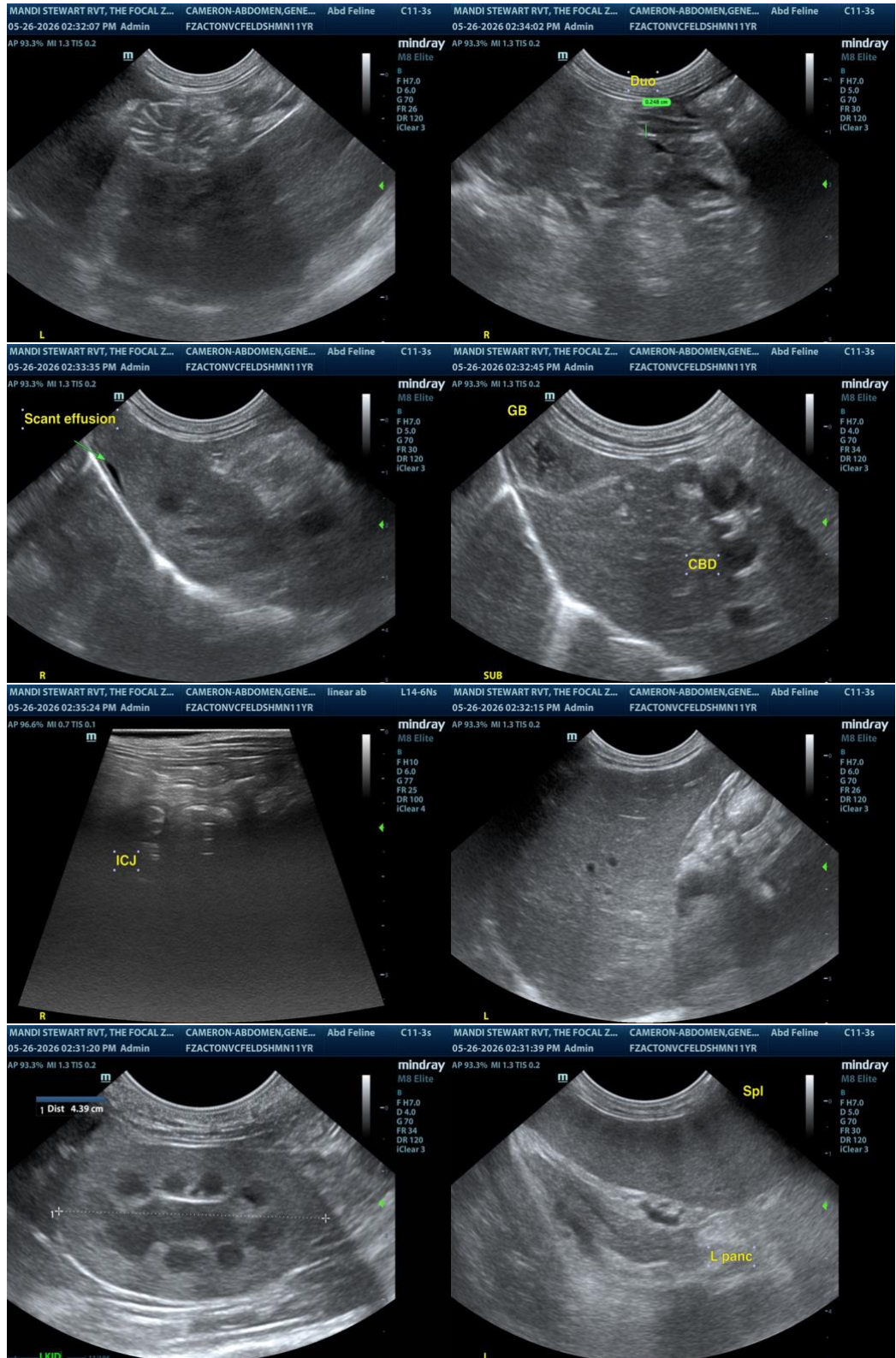
Dr. Hess

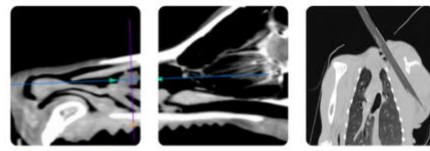
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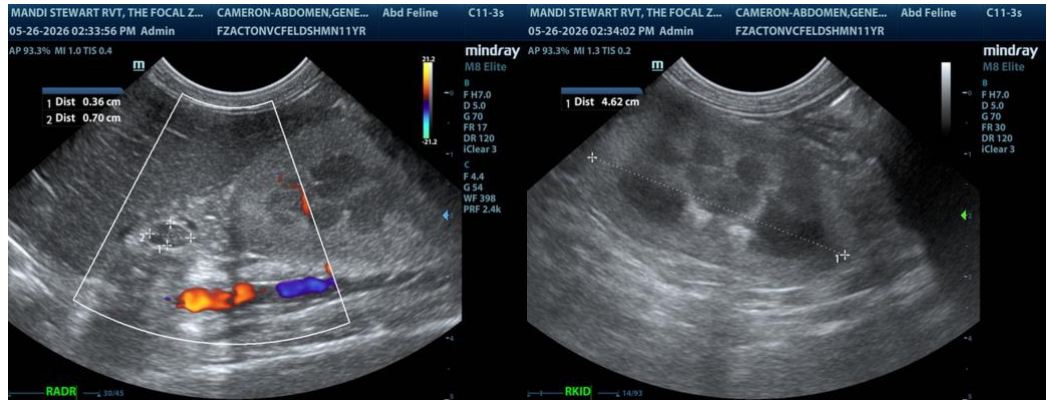
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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