



PATIENT	PRESENTING CLINICAL SIGNS
Daisy Sablynski	Elevated GGT found on BW O reports no concerns doing well at home Abnormal PE/Chem/CBC/UA Results: GGT 5
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	<i>Urinary System</i>
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild to moderate particulate nondependent 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 was noted.
DSH	
SEX	No evidence of pathology in the area of the aortic trifurcation.
FS	
AGE	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 pyelectasia. The left kidney measured 4.0 cm in length. The right kidney measured 4.1 cm in length.
10	
WEIGHT	<i>Adrenal Glands</i>
16	The left and right adrenal glands were not definitively visualized.
INTERPRETED BY	<i>Spleen</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
IMAGING PERFORMED BY	<i>Liver/ Gallbladder</i>
Jenn	The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The common bile duct was not visualized. No evidence of post-hepatic stasis or obstruction.
HOSPITAL NAME	<i>Gastrointestinal</i>
Rockaway Animal Hospital	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.
REFERRING VET	
Dr. Maniar	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.
INVOICE	Normal visible colon wall layers were present with formed feces in lumen.
75206	
DATE	<i>Pancreas</i>
5-29-26	



PATIENT

Daisy Sablynski

SPECIES

Feline

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DSH

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INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

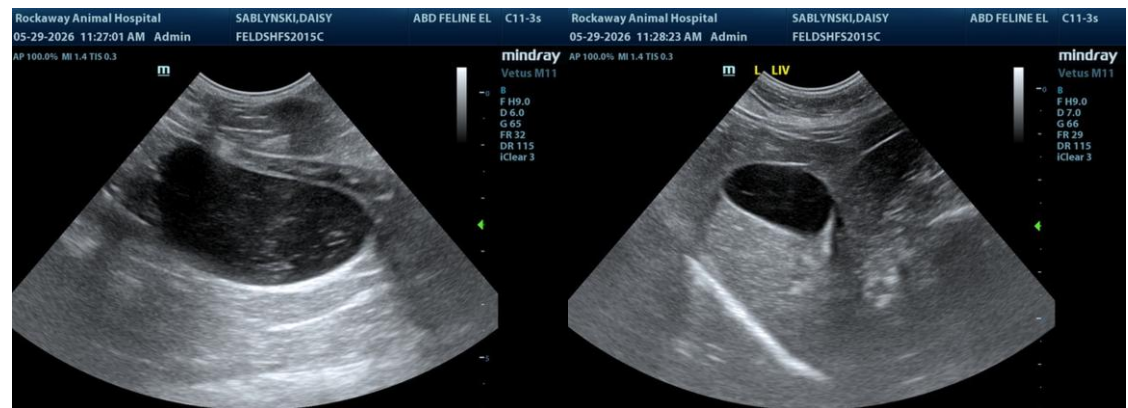
ULTRASONOGRAPHIC FINDINGS

- Sonographically normal liver/gallbladder.
- Normal gastrointestinal tract/area of the pancreas.
- Mild age related renal changes.
- Urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of hepatobiliary pathology or post-hepatic stasis. Monitoring of liver enzymes going forward are suggested for evidence of emerging hepatic or hepatobiliary disease given short half life of hepatic enzymes in cats.

The urinary bladder sediment may indicate cellular or crystalline debris, lipid, or mucus. Correlation with urinalysis +/- C/S, if inflammatory sediment, is recommended.





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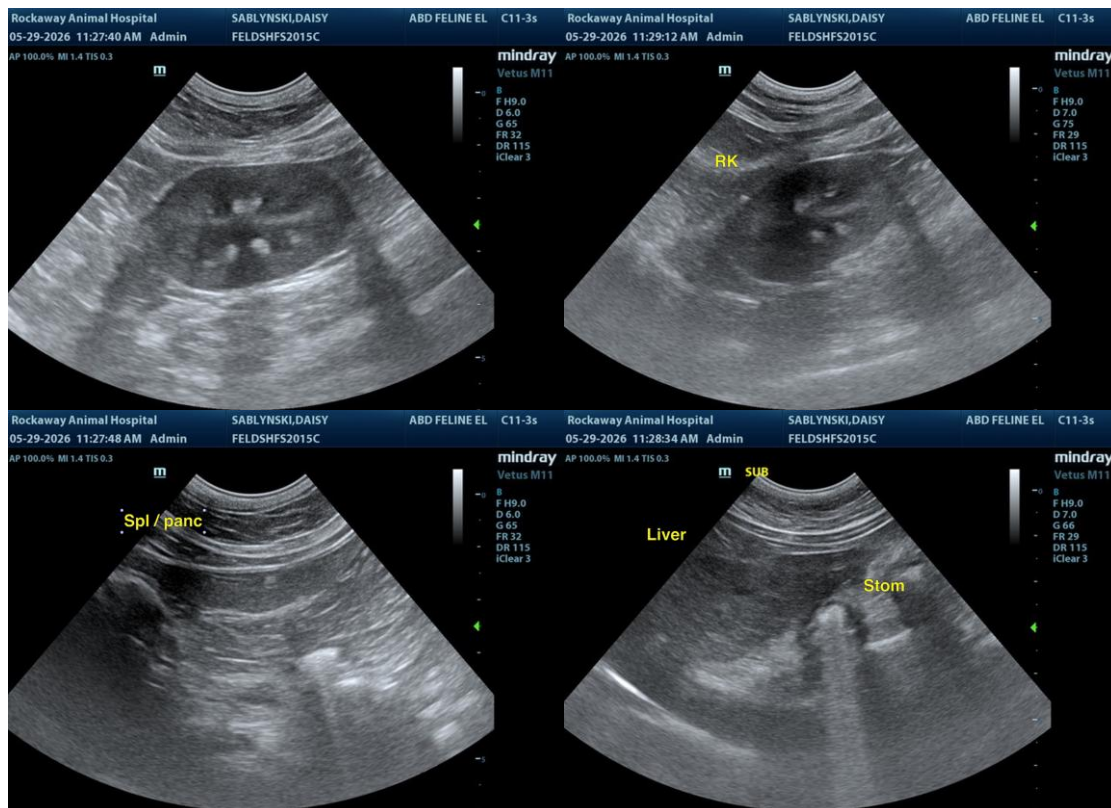
Dr. Maniar

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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